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Perceived Leadership Styles and its Relation to Burnout and Job Satisfaction among Nurses

A Thesis Submitted

by

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بِسْمِ اللَّهِ الرَّحْمَٰنِ الرَّحِيمِ

﴿فَبِمَا رَحْمَةٍ مِّنَ اللَّهِ لِنتَ لَهُمْ ۖ وَلَوْ كُنتَ فَظًّا غَلِيظَ الْقَلْبِ لَانفَضُّوا مِنْ حَوْلِكَ ۖ فَاعْفُ عَنْهُمْ وَاسْتَغْفِرْ لَهُمْ وَشَاوِرْهُمْ فِي الْأَمْرِ ۖ فَإِذَا عَزَمْتَ فَتَوَكَّلْ عَلَى اللَّهِ ۚ إِنَّ اللَّهَ يُحِبُّ الْمُتَوَكِّلِينَ﴾

صدق الله العلي العظيم

(سورة آل عمران، الآية ١٥٩)

I certify that this thesis, which entitled (Perceived Leadership Styles and its Relation to Burnout and Job Satisfaction among Nurses), submitted by (Israa Nama Hashem), was prepared under my supervision at the College of Nursing, the University of Kerbala in partial fulfillment of the requirements for the degree of master in nursing sciences.

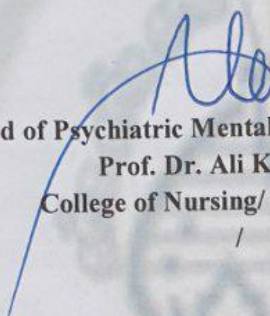Supervisor

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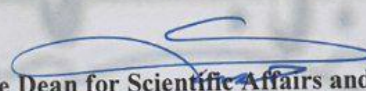
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Dedication

To the quiet moments of solitude that allowed my thoughts to flourish, and to the bustling conversations that challenged and shaped my ideas—I dedicate this thesis to the spaces, both physical and mental, that fostered my growth as a scholar.

To the late nights and early mornings, to the endless cups of coffee and the stacks of books—I dedicate this work to the pursuit of knowledge that has been both a labor and a joy.

To my childhood dreams and to the aspirations that have evolved with time—this thesis is a testament to the journey of self-discovery and intellectual exploration.

To the unexpected encounters and serendipitous discoveries, to the setbacks that taught resilience and the successes that brought fulfillment—this thesis is dedicated to the tapestry of experiences that define my academic path.

And most importantly, to my family, friends, mentors, and colleagues—who have been my pillars of support and my sources of inspiration—I dedicate this thesis with deepest gratitude and profound appreciation for your unwavering belief in me.

I also dedicate this work to my soulmate (The Hoopoe), whose love, encouragement, and understanding helped me overcome challenges and achieve victories. Your unwavering belief in me has been my source of strength and inspiration.

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Acknowledgments

Abstract

Leadership styles in healthcare play a significant role in shaping nurses' work experiences. However, the relationship between different leadership styles and their effects on burnout and job satisfaction remains underexplored.

This descriptive correlational study was conducted from September 26, 2023 to August 1,2024 to investigate the influence of leadership style on burnout and job satisfaction among nurses working in teaching hospitals. Purposive (non-probability) sampling of 324 nurses from four teaching hospitals in Karbala was selected using specific criteria.

The Data were gathered through self-reporting questionnaire, Leadership Style (15items), Maslach Burnout Scale (22items), and Specter Job Satisfaction Survey (36items). The IBM 28 version of the Statistical Package for the Social Sciences (SPSS) was used to analyze and interpret the data.

The current study showed significant correlation between democratic leadership style with Emotional exhaustion and depersonalization while the autocratic leadership style was highly statistically significant with job satisfaction among nurses.

Current study show that leadership styles can increase or decrease the burnout and job satisfaction and that effect on nurses wellbeing and lead to poor patient care and many problems.

Nursing management should implement targeted workshops, training programs and development courses to prepare leaders specifically for the nursing context to enhance job satisfaction and reduce burnout. Implement strategies to lower work's efforts and prevent burnout, such as workload management tools, flexible scheduling options, and staffing levels for adequate human resources.

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List of Symbol

Symbol	Meaning
%	Percentage
=	Equal to
&	And
-	Minus
±	Minus/plus
>	More than
<	Less than
≤	Less than or Equal

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List of Abbreviations

Abbreviation	Meaning
PA	Personal Achievement
WHO	World Health Organization
HP	Health Professional
SET	Social Exchange Theory
ICU	Intensive Care Unit
MBI	Maslach Burnout Inventory
EE	Emotional exhaustion
PA	Personal achievement
DP	Depersonalization
No.	Number
SPSS	Statistical Package for Social Sciences
R	Reliability Coefficient
P	Probability
F	Frequency
P-Value	Probability Value
S	Significant
NS	Not significant
N	Number of Samples
Sig	Significance
i.e.	id est (that is)
et al	And others
Fig	Figure
JSS	Job satisfaction survey
Post-Traumatic Stress Disorder	PTSD

Chapter One

Introduction

Chapter One

1.1. Introduction

Nursing staff forms the backbone of all social services, and their work is extremely diverse and complex, in performing their jobs, nurses encounter a variety of situations and patients, including patient-level situations and workloads (Naseem et al.,2018). As a result, nursing leaders and educators face an enormous challenge to provide a healthy workforce prepared to respond to the ongoing public health crisis (WHO, 2020).

Leadership has been described in nursing literature as a challenging and diverse process. Effective patient care involves offering guidance and assistance, motivating, coordinating, collaborating, communicating effectively, and advocating for optimal outcomes. In nursing, leadership entails showing people how to accomplish things, leading them, and determining the course of action (Al-Dossary., 2017).

Leadership styles are determined by leaders' behaviour patterns in motivating others to achieve a common goal. Effective leadership styles can boost employee motivation by fostering autonomy, developing relationships, providing resources, and implementing techniques to advise, mentor, and coach employees (Alluhaybi et al., 2023).

Three of the most common leadership styles are democratic, autocratic and laissez-faire, as described in the Kurt Lewin Styles of Leadership (Lewin et al., 1939). Also, leadership styles: Autocratic leaders make decisions and expect their subordinates to follow their instructions. Democratic leaders, in turn, seek input from team members to develop their own skills. The laissez faire leadership principle is about promoting job satisfaction and skill development through the involvement of others (Bolarinwa et al.,2022). Psychological Burnout become a global problem, especially for healthcare workers such as doctors and nurses, is a

physiological syndrome brought on by ongoing stress from the workplace. since a result, it has grown to be a significant global threat to the efficacy of health organizations, since it impacts nurses' well-being and fosters job discontent that can result in subpar treatment or even absence (Alrobai, 2020).

Job satisfaction is crucial for critical care nurses, and it has been proven to have a high association with organizational dedication, and that the leadership style of the head nurse affects the team (Alshahrani & Baig ,2016). In recent study was found between relationship leadership style and job satisfaction. These results suggest that each organization requires unique leadership style, and staffs undoubtedly know that their success would give more efficiency for their organization and higher satisfaction would lead to increased self-efficacy and creativity toward thin achieving the goals of the organization, in a way accepted by the community (Rashidi et al., 2019).

Healthcare management employs various leadership styles, which all impact nurse burnout outcomes. These factors can be either detrimental or beneficial, with the latter increasing nursing burnout and the former decreasing it (Roshida, 2023). Leadership style has a significant influence on how subordinates deal with stress (García-Rivera et al., 2013). Democratic leadership provides the least psychological stress for nurses, whereas authoritarian leadership causes the most (Laschinger &Fida,2014).

Leadership styles and job satisfaction are also correlated with emotional exhaustion (Noureen et al., 2020). Nursing leaders are critical to fostering healthy work environments that keep an engaged and motivated team, positive and supportive leadership styles can boost nurses' job satisfaction, organizational commitment, and intent to stay in their post, while also reducing emotional exhaustion (Specchia et al., 2021). Another study found that leadership styles were positively correlated with nurses' job satisfaction. In terms of work features that provided satisfaction,

respondents were somewhat satisfied with the work environment and professional relationships; however, they were undecided about their satisfaction with aspects such as autonomy, work worth, role enactment, and benefits, as evidenced by their neutral responses (Albagawi, 2019).

1.2. The Importance of Study

Leadership in nursing is a crucial tool for coping with the workplace and thus concerns like burnout. Work-related stress, which leads to burnout, has highlighted the need for empowering and supporting leadership. Effective leadership styles foster a positive work environment by promoting psychological empowerment, organizational commitment, and workplace empowerment (Alrobai, 2020).

Studies on nursing leadership style have revealed that leadership in a nursing profession has an impact on patient outcomes including patient safety (Al-Dossary., 2017). However, little research has been conducted on nursing staff outcomes like morale, burnout, stress, and job satisfaction, the ndegree of stress and job satisfaction of nursing professionals (Montoro-Rodriguez & Small, 2006).

Nurse burnout is a critical concern among healthcare providers. It influences nurse turnover and the nursing shortage. Positive leadership style in nursing coordinators provides a healthy work environment for nurses by reducing disputes, burnout, and psychosomatic disorders, as well as limiting the appearance of negative workplace indicators (Ebrahimzade et al., 2015).

1.3. Problem statement

Nurses operate in high-pressure environments that can significantly impact their levels of burnout and job satisfaction. Leadership within healthcare settings plays a pivotal role in shaping these experiences, with different leadership styles potentially influencing outcomes in varied ways.

Recent studies have emphasized the importance of understanding how specific leadership styles—namely autocratic, democratic, and laissez-faire—affect nurses' well-being and job satisfaction (Labrague., 2021). Autocratic leadership, characterized by centralized decision-making and limited input from staff, may exacerbate stress and reduce job satisfaction among nurses (Salanova et al., 2020). Conversely, democratic leadership, which involves staff participation in decision-making and fosters a collaborative environment, is often associated with higher job satisfaction and lower burnout levels (Zhao et al., 2023). Laissez-faire It is a style of leadership in which followers have entire authority to make choices in the leader's absence. This is why it is regarded as the most passive form of leadership on the leadership continuum (Specchia et al., 2021).

There is limited research on how leadership styles should be adapted to specific situations in nursing management. While some studies address leadership style adaptation, they do not clearly define which styles are most effective for different contexts or how to implement these adaptations. Future research needs to explore which leadership styles are best suited for various situations and develop guidelines for effective adaptation. Addressing this gap is crucial for developing targeted leadership strategies that promote a healthier work environment and improve job satisfaction for nursing professionals (Alharbi etal.,2017). Therefore, this study aims to investigate the relationships between perceived autocratic, democratic, and laissez-faire leadership styles and their effects on burnout and job satisfaction among nurses. The goal is to provide actionable insights that can help refine leadership practices to better support the nursing workforce.

1.4. Objectives of the study

1. To determine the leadership styles as perceived by nurses.

2. To evaluate the levels of psychological burnout (emotional exhaustion, depersonalization, and personal accomplishment) and job satisfaction among nurses.

3. To find out the correlation between leadership styles and nurse's outcome (burnout, and job satisfaction)

4. To identify the relationship between burnout, and job satisfaction with their demographic characteristics.

1.5. Research Questions:

How do supportive leadership styles compare to non-supportive leadership styles relation to burnout and job satisfaction among nurses in teaching hospitals?

1.6. Hypotheses

1.6.1. Null hypothesis (H0)

Perceived leadership style have no relation to burnout or job satisfaction among nurses.

1.6.2. Alternative hypothesis (H1)

Perceived leadership style have relation to burnout or job satisfaction among nurses.

1.7. Key Terms Definition

1.7.1. Leadership Styles

A. **Theoretical:** A leader's qualities, habits, and actions that they use when interacting with their subordinates are referred to as their leadership style. Additionally, it is described as the manner in which a leader engages subordinates in order to inspire cooperation toward a shared purpose or aim (Rana, 2022).

B. **Operational:** behaviors or characteristics and ways of interacting with nurses that affect the nurse's outcomes (burnout and job satisfaction). The study examined the autocratic, democratic and laissez-

faire styles and what is their impact on the burnout and satisfaction of nurses and how they help reduce burnout and increase their satisfaction by relying on the leadership policies followed by them.

1.7.2. Burnout

A. Theoretical: Burnout syndrome, also known as occupational fatigue syndrome, is a mental illness characterized by symptoms of excessive fatigue, stress, and physical exhaustion brought on by demanding jobs that require high levels of responsibility and competition (Paes et al., 2022).

B. Operational: chronic work-related stress that leads to a range of negative outcomes for individuals, particularly in their professional roles. It encompasses several dimensions and affects various aspects of nurse well-being and it was measured by maslach burnout inventory in teaching hospitals.

1.7.3. Job Satisfaction

A. Theoretical: Job satisfaction is generally understood as the positive relationship between employees' well-being, job performance, and the satisfaction and enjoyment they derive from their work. Control over vacation time, sufficient resources, and positive relationships with coworkers are further indicators of job happiness (Patricia&Asoba,2021).

B. Operational: Job satisfaction refers to the degree to which a nurses feels satisfied, fulfilled and positive about their job and work environment and how leadership styles relation to job satisfaction and measured by job satisfaction survey (JSS) by Paul E. Spector.

Chapter Two
Review of Literature

Chapter Two
Review of Literature

2.1. Overview on Leadership and Leadership Styles

Management can be interpreted such as coordination and integration of resources through planning, organizing, coordinating, directing, and controlling to establish goals focused on systems and structures (Arisa & Syah,2018). Leadership style in organization is one of factors that plays a vital role in growing or slowing down the hobbies and involvement of people in the organization (Wijayanti & Aini, 2022).

Leadership concept development has emerged as a result of changes in technology, globalization, work practices and demographics. Various studies have shown how leadership influences the functioning of organizations and in what way different leadership styles influence organizational culture, employee effectiveness, productivity, retention, motivation and job satisfaction in organizations (Muttalib et al., 2023).

Style represents a characteristic behavior, a certain way of acting. This term was first coined by G.W. introduced. Allport (1937) refers to different types of personality or behavior and is specific to psychology (Vasilescu, 2019). Leadership defined as the ability to organize a group of people to achieve a common goal, as mentioned, Burns (1978), leadership involves the mobilization of various resources to inspire, engage and satisfy followers (Nidadhavolu, 2018).

Leadership is a multi-dimensional process that involves identifying goals, inspire people to take action and provide support and encouragement to achieve negotiation goals, maintain strong relationship with employees, managers and the achievement of organizational goals (Gashaye et al.,

2023). Although there are many challenges facing nurse managers as leaders today – new roles, new technology, financial constraints, increased emphasis on engagement, cultural diversity and education – it must be emphasized that leadership should not be viewed as an optional role or position for nursing managers (Saleh et al.,2018). Nursing leaders face an extremely difficult task because they are expected to care about the health of their employees, lead, be present, and lead by example at the departmental and organizational levels (Niinihuhta & Häggman-Laitila, 2022). The biggest challenge is undoubtedly improving the quality of training and the need for continuous development of management personnel (Haxhihfedsyseni et al.,2023). Healthcare facilities, including those with titles like Director of Nursing, Nurse Consultant, and Nurse Educator, require a leadership culture. However, leadership skills alone are not enough for company effectiveness (Ukirde et al., 2022).

2.1.1. Importance of Effective Leadership Styles in Nursing

In hospitals, leadership is an essential component of coordinated and integrated health care delivery, and structural measures influenced by the nurse manager's leadership style are key determinants of nurse job satisfaction, morale, and it has been shown to improve productivity and retention rates (Gebreheat et al., 2023).

Effective leadership in nursing is critical for several reasons:

1. **Improved Patient Outcomes:** Effective leadership styles positively impact patient care by fostering a supportive and collaborative environment. Leaders who adopt transformational or participative styles can motivate and engage their teams, leading to higher quality care and better patient outcomes (Afolabi, 2022).

2. **Enhanced Job Satisfaction:** Nursing leaders who use supportive and participatory approaches can improve job satisfaction among staff. This is important in reducing turnover rates and maintaining a stable workforce, which is essential for continuous, high-quality patient care (Cummings et al., 2018).

3. **Increased Team Performance:** Effective leaders are able to align team goals with organizational objectives, enhance communication, and facilitate professional development. This results in improved team performance and efficiency, which are crucial in a fast-paced healthcare environment (Sfantou et al., 2017).

4. **Adaptability to Change:** Nursing leaders who exhibit transformational leadership are better equipped to manage changes and challenges within the healthcare system. Their ability to inspire and guide their teams through transitions is vital in adapting to new practices and technologies (Harris & McGregor, 2022).

5. **Enhancement of Patient Safety:** Effective leadership styles such as transformational and servant leadership are crucial for fostering a culture of safety within healthcare settings. Leaders who prioritize safety and encourage open communication among staff can significantly reduce the incidence of medical errors and improve overall patient safety (Smith et al., 2020).

6. **Fostering a Positive Work Environment:** Leaders who engage in supportive and democratic leadership styles create a positive work environment. This environment is characterized by trust, mutual respect, and collaborative relationships, which are essential for reducing nurse burnout and increasing job satisfaction (Bagnasco et al., 2020).

7. **Promotion of Evidence-Based Practice:** Leaders who advocate for evidence-based practice and provide adequate resources and support enable their teams to implement best practices. This leadership approach is linked to improved patient outcomes and the advancement of clinical standards (McEwen et al., 2021).

8. **Development of Future Leaders:** Effective leaders in nursing not only manage current challenges but also mentor and develop future leaders. By investing in the growth of their team members, they ensure a pipeline of skilled professionals who are prepared to take on leadership roles (Wong & Cummings, 2019).

9. **Adaptability and Innovation:** In the rapidly evolving field of healthcare, effective leaders who embrace adaptive leadership styles are better positioned to manage change and drive innovation. They help their teams navigate new technologies and practices, which is crucial for maintaining high standards of care (Gordon & Gilley, 2023).

2.1.2. Factors Influencing Nurses' Perceptions of Leadership Styles

Organizational Culture: The overall culture of the healthcare facility plays a significant role in shaping nurses' perceptions of leadership. A culture that values collaboration, open communication, and employee engagement tends to foster positive perceptions of leadership styles that align with these values (Sfantou et al., 2017).

Leadership Experience and Competence: The experience and competence of leaders can significantly impact how their leadership style is perceived. Leaders who demonstrate a high level of expertise and experience are often viewed more positively, regardless of their specific leadership style (Wong et al., 2018).

Communication Skills: Effective communication is critical in shaping perceptions of leadership. Leaders who communicate clearly, provide regular feedback, and listen actively are generally perceived more favorably by nurses (Morsiani et al., 2018).

Support and Resources: The level of support and resources available to nurses can influence their perception of leadership. Leaders who provide adequate resources, support professional development, and advocate for their staff are often viewed more positively (Kubu et al.,2021).

Work Environment: The work environment, including staffing levels, workload, and working conditions, affects how leadership styles are perceived. Leaders who effectively address these environmental factors are generally seen as more effective and supportive (Hayes et al., 2020).

Personal Values and Expectations: Nurses' personal values and career expectations influence how they view different leadership styles. For instance, nurses who value collaborative and participative work environments may have a more favorable perception of democratic or transformational leadership styles (Lambert et al., 2022).

Workplace Relationships: The quality of relationships between nurses and their leaders impacts perceptions of leadership. Positive, respectful relationships enhance the perception of leadership effectiveness, while negative interactions can lead to dissatisfaction and negative perceptions (Laschinger& Leiter, 2017).

Training and Development: Opportunities for professional development and leadership training for both leaders and nurses can shape perceptions of leadership styles. Leaders who are well-trained and who promote ongoing development are often perceived more positively (Stordeur et al, 2017).

2.1.3. Leadership Strategy Training

Based on Kurt Lewin's Change Theory is able to offer leaders' perspectives and expertise in assessing the traits of their constituents and the necessity of change inside their company. This approach also offers direction on the gradual implementation of reforms by a leader. It is envisaged that the hospital will provide training that will enhance the expertise and caliber of nursing room heads in doing their jobs (Yestiana et al., 2019).

Fig (2-1) Kurt Lewin's change model

Implementing Lewin's change model in a hospital setting involves clear, structured steps:

1. **Unfreezing:** Begin by diagnosing the need for change through data analysis and stakeholder consultations. Communicate the urgency and benefits of the change to staff, addressing potential resistance by involving key stakeholders early (Kotter, 2012).

Unfreezing is the first stage shaped by theories of human behavior and organizational behavior and involves three stages related to readiness for change and the need to change the situation because there is a large gap between goals and reality Contains sub-stages (Bhayangkara et al., 2020).

It can be divided into This change process is led by people in senior positions, such as managers. Managers must first understand the importance of the change and then educate others about the change. At current Level, discussion or re-education process is required, carried out through team building (Gandolfi & Tran, 2021).

Lewin believed that the stability of human behavior depends on a complex balance of driving forces and strong inhibitions. He said that the equilibrium is stable (quiet) before the old behavior is abandoned (unlearned) and the new behavior is successful. To prepare an organization effectively, you must start from its essence, you need to question the beliefs, values, attitudes and behaviors that define you now (Stoian, 2021).

The leader must create inspiration in this unfreezing or unfreezing phase and, in part, mediate between members by presenting to them innovative ideas, a common need and vision of what could be, and a willingness to cooperate in the next phase. To overcome this stage, leaders must gain the trust and loyalty of students to teach and influence them to change and make clear the need for change (Khan et al., 2023). Therefore, viewed unfreezing as a challenging process of re-education in which, as Benne notes, "men and women change, replace, or transcend patterns of thought, evaluation, will, or apparent behavior." Thawing provides "the fluidity Chang needs." Lewin also believed that acquired knowledge better prepared people for future changes (Burnes, 2020).

2. **Changing:** Implement the new processes or practices. This phase involves training staff, modifying workflows, and introducing new technologies or procedures. Support and feedback mechanisms are crucial, as is the establishment of pilot programs to test changes before full implementation (O'Neill & Moffitt, 2019). The second stage of the Lewin model is change. At this stage, it is important to shift the target system toward a new equilibrium state. It is important to emphasize that change is a transitional process, not an event or activity. At this stage, it is important for the organization to be able to reduce fear, anxiety, and uncertainty among individuals within the organization about the upcoming changes (Nurhasanah et al., 2024). Therefore, during the Change stage, organizations should focus on:

Effective Communication: Clear and transparent communication about the change process helps to mitigate uncertainty and clarify expectations (Kotter, 2012).

Training and Support: Offering training sessions and support systems helps employees acquire new skills and adapt to changes more smoothly (Hiatt & Creasey, 2003).

Emotional Support: Providing emotional support through counseling services or support groups can help individuals manage stress and anxiety related to the transition (Hayes, 2018).

Feedback Mechanisms: Implementing feedback mechanisms allows employees to voice their concerns and feel heard, which can further reduce anxiety and build trust (Kotter, 2012).

3. **Refreezing:** Reinforce the changes by integrating them into hospital routines. Regularly review progress, provide ongoing support, and celebrate successes to solidify new practices. Use performance metrics and

feedback to make adjustments and ensure sustainability (Smith & Lewis, 2023). This is the final stage of the three-stage model. As change unfolds and people embrace new ways of working, the industry is quiet again. Aim of refreezing is to stabilize the group in a new and different equilibrium position, keeping the new behavior relatively safe from decay. This means that changes are being implemented regularly and put into practice on a daily basis. With new stability, employees feel comfortable with their new way of working (Stoian, 2021).

Because without this step the change is not complete. A mistake many managers make is to initiate a change, implement it, and then forget to "freeze" it. The danger of not freezing change is that people fall back into old habits they had before the change process began. If people go back to what they were doing before the change, the change doesn't really exist (Roşca, 2020).

2.1.4. Theoretical Framework of Leadership Styles
2.1.4.1. Behavioral Leadership Theory

The study was based on the theory of behavioral leadership. The behavioral leadership theory proposed by Kurt Lewin and colleagues (1939) identifies three different leadership styles, particularly in decision making. Leadership theory focuses on the actions of leaders rather than mental traits or internal states. From this point of view, people can learn to become leaders through teaching and observation. Leadership behavior is now referred to as leadership style (Kumar,2020). Deeply rooted in behaviorism, these leaders focus on actions rather than internal states. In this sense, anyone can become a great leader with direction and focus (Taiwo,2013).

It is important to emphasize that, once appointed, he will work appropriately to implement measures and behaviors that promote a

relationship of the friendship, mutual trust, respect and familiarity between him and his employees. The main criticism levelled at proponents of the behavioral approach is that one does not necessarily become a leader through conditioning or the ability to interact with the social system, but rather that to become a leader one must be able to must be to take initiative (Aibieyi, 2014).

The style theory emphasizes the key role of specific leadership competencies in helping leaders take action. These skills are related to a leader's existing skills, suggesting that individuals have unique leadership styles that contribute to their satisfaction. In contrast to the universal approach, the theory assumes that a single leadership style may not be universally applicable (Khan & Nawaz, 2016). Behavioural theory relates to leadership styles by providing a framework to understand and classify different approaches to leadership based on specific behaviours. Here's how the two concepts are interconnected:

Identification of Effective Behaviours: Behavioural theory helps identify which specific behaviours are associated with effective leadership. For instance, research has shown that leaders who are supportive and communicative tend to foster better team performance and satisfaction (Northouse, 2022).

Flexibility in Leadership Styles: By focusing on behaviours, leaders can adapt their styles to different situations and needs. For example, a leader might shift from a task-oriented approach to a people-oriented approach depending on the challenges faced by their team (Yukl, 2013).

Training and Development: Behavioural theory supports the idea that leadership skills are not innate but can be cultivated. Organizations can design training programs that focus on developing specific leadership

behaviours, such as effective communication or conflict resolution (Judge & Piccolo, 2004).

2.1.4.2. Kurt Lewin's Leadership Styles Framework

Autocratic Style of Leadership: According to Lewin et al.1939 is defined as strict leader, often hiding information for personal gain, may lead to insecurity among employees. This lack of freedom may result in short-term productivity gains and decreased discipline, potentially affecting trust between the manager and employee (Houlihan, 2020). Autocratic leader believes that he has more talent and abilities than others and that his ideas should be implemented without criticism. He wants to control every step of the decision-making process and rarely accepts feedback from his supporters. Autocratic leaders make their own decisions. Once a decision is made, they enforce it and expect it to be followed (Kiliç et al., 2020).

Democratic Style of Leadership: Democratic leadership style as the process of recognizing the respect and value of each employee and then making decisions. This type of leadership involves listening, understanding and effective conversations with employees. He further added that this type of leadership includes honesty, trust, equality and openness of leaders (Rao & Zaidi,2020). It is a form of consultative leadership that takes the ideas and creativity of its employees into account when making decisions. The flow of correspondence and communication between employer and employee is therefore high. However, despite general acceptance and recognition by scholars as appropriate and relatively effective, some argue that democratic leadership leads to long decision-making processes, delays and, in some cases, poor adherence to established deadlines. This is mainly because the distribution and division of power is high and the roles are often highly interdependent (Dapper, 2019). Some leaders are democratic in the sense that they encourage and influence their followers to reach

higher levels of success through open discussion and consensus building. Furthermore, an organization benefits from democratic leadership because the leader involves his subordinates in decision-making discussions, while the leader ultimately controls the debates and makes the final decision (Moosa et al., 2023).

Laissez-Faire Leadership Style: According to Lewin, 1998 and that explained by Dapper a laissez-faire leadership style allows subordinates greater freedom with little presence or control from the leader. Most researchers consider this form of leadership to be very weak and view it as a position in which the leader has little influence on the behavior of his subordinates in terms of reward or coercive power (Dapper,2019). It is part of a transactional style characterized by an attitude of avoiding responsibility and involvement. It is called "leadership deficit" and is considered ineffective because it reduces trust in superiors and the organization. It is a form of leadership in which subordinates make decisions completely freely in the absence of superiors (Specchia et al., 2021). In other words, the leader has little control or supervision over his or her subordinates. However, some studies have criticized the laissez-faire leadership style, believing it to have a negative impact on organizations. Laissez-faire leaders may lead team members to confusion, disorganization, and inefficiency, which may lead to dismissal or labeling as inconvenient (Mokhtar et al., 2023).

2.1.5. Theories Related to Leadership Styles
2.1.5.1. Great Man Theory (1840s)

Which is based on the idea that leaders are special people with intuitive(Houlihan, 2020). Qualities This theory attempts to explain leadership by focusing on genetics. This theory states that a leader is born with unique characteristics that differentiate him from his followers. At the

beginning of the 20th century, many leadership theorists were inspired by Galton's research into the genetics of great personalities. He believed that great leaders inherit leadership qualities (Subrahmanyam, 2018).

2.1.5.2. Trait Theories (1930s–1940s)

According to Kirkpatrick and Locke in 1991, as explained by (Sivaruban, 2021), trait theory arose from a critique of the great man approach, great man theory is that leaders have natural or genetic traits to take over leadership from individuals, furthermore, this theory states that leaders are born. Trait theory posited that leadership traits can be acquired and learned but cannot be inherited. In this context, "trait theory is considered to be a modified version of the great man theory. Also, (Bird 1940; Jenkins 1947) researchers have developed a series of personality tests to compare the performance of people perceived as leaders. Scientists have compiled long lists of traits based on psychological research by scientists in the 1940s (Alharbi, 2022).

Trait theories stated that all leaders have similar personal characteristics and that leaders are born, not made. Research on leadership traits has included the study of individuals' physical, mental, and social characteristics and the search for relationships between these traits and leadership effectiveness (Subrahmanyam, 2018).

2.1.5.3. Contingency (Situational) Theory (1960s)

Contingency or situational theory focuses on situations or circumstances that influence leaders. An early example is Hemphill's leadership research, which began by testing claims about leadership behavior. Two behaviors seem to be particularly characteristic of effective leaders: consideration and initiative. The theory was developed by Hersey and Blanchard (1977), who linked the theory of situational leadership with

the work of Hersey, Blanchard and Natemeyer (1979) on the influence of the power base of leaders (Alharbi, 2017).

Contingency theory is an organizational theory that holds that there is no one-size-fits-all solution to firm structure, business leadership, or decision-making. The most successful path of action is determined by internal and external factors (Yusuf et al., 2023).

Contingency leadership theory states that an effective leader can use multiple leadership styles depending on the job satisfaction and motivation needs of his team members. According to this theory, an effective leader must know when to use which style (Ngabonzima et al., 2020).

5.1.5.4. Transformational Leadership Theories (1970s)

According to Bass, 1990 transformational leadership was originally described as leadership that empowers employees and instills values through positive interactions at work. This definition was later expanded to include leaders who gain the trust of their subordinates by setting goals and action plans to achieve those goals (Neuhoff, 2023). A transformational leadership style inspires subordinates to achieve more than planned by using leaders' abilities to influence subordinates by changing their beliefs, values, and needs to achieve their goals. They are divided into five categories: idealized ascribed influence, idealized influencing behaviors, Inspiring motivation, intellectual stimulation, and personal interest (Gashaye et al., 2023). Additionally, transformational leaders' management style has been linked to improved employee wellbeing. It appeared that providing employees with a meaningful work experience improves their well-being. It suggests that employees who like working in a satisfying setting will experience fewer health complications (Mansor etal., 2012). Transformational leaders are effective due to their charisma, ability to meet emotional needs, and intellectual stimulation (Bass & Avolio, 1994).

5.1.5.5. Transactional Theories

Transactional leadership is characterized by leader-follower relationships that are based on a number of agreements between followers and leaders. The foundation of the transactional theory was reciprocity, according to which followers are influenced by their leaders as well as being influenced by them (Nawaz, 2016). It allows a manager to lead a team, and the group agrees to follow the manager's example to achieve a given goal in exchange for something else. A leader has the ability to evaluate, correct and guide his subordinates if their productivity is not up to the desired level and to evaluate their efficiency if the expected results are achieved (Kumar, 2020). Transactional leadership styles are only relevant in unusual situations, such as active management by exception and passive management by exception. Likewise, this leadership style identifies a nurse with the ability to assume a caring role and provide patient-centered care. This leadership style is casual and task-oriented, where the leader is concerned with organizing the roles of his subordinates (Nwaorgu, 2021).

2.2. Burnout

2.2.1. Concept of Burnout

Freudenberger (1974) introduced the concept of burnout and described it as a state of emotional exhaustion and reduced performance caused by prolonged stress in helping professions. However, Freudenberger described the syndrome as a condition associated with signs, symptoms, and causal factors consisting of a combination of frustration, disillusionment, and fatigue, which is a threat especially to naive and idealistic young military personnel. Thus, his research provided a new explanation that burnout is associated with negative stress and work interruptions (Lee et al., 2022). Christina Maslach and Susan (1981) Jackson expanded on Freudenberger's initial concept, providing a widely

accepted definition of burnout and developing the Maslach Burnout Inventory (MBI) to measure its three key components: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson,1981).

According to the later conceptualization of Maslach (1976), Burnout is a result of excessive work behavior and is characterized by feelings of emotional exhaustion and emotional exhaustion, emotional burnout, Bad behavior and isolation from others, loss of focus (loss of self-esteem, incompetence, and loss of job performance) have reduced your success (Dall'Ora et al., 2020). In nursing, burnout is a major concern due to the demanding nature of the profession. Nurses often experience high levels of emotional exhaustion, depersonalization, and reduced personal accomplishment, exacerbated by long hours, high patient loads, and emotional labor (Aiken et al., 2018). Burnout syndrome is a combination of stress factors that originate in the work atmosphere and individual characteristics, also a pathology that results from exposure to chronic occupational stress (García-Rivera, 2013).

2.2.2. Link between Leadership styles and burnout

Research indicates that leadership styles play a critical role in influencing nurse well-being and burnout levels. Transformational leadership, characterized by motivating and inspiring staff, generally correlates with lower levels of burnout among nurses. This style encourages personal and professional growth, fosters a supportive work environment, and enhances job satisfaction, which can mitigate the stressors contributing to burnout (Shen et al., 2021). Conversely, autocratic or transactional leadership styles, which are more rigid and directive, have been associated with higher levels of burnout. These styles often result in a lack of autonomy, poor communication, and decreased job satisfaction,

which can exacerbate feelings of stress and exhaustion among nursing staff (Boni & Feryok, 2019).

Recent studies further emphasize the impact of leadership on burnout by highlighting that leaders who employ a participative or democratic approach, where staff input is valued and encouraged, can significantly reduce burnout rates. This leadership style fosters a sense of involvement and control among nurses, leading to improved morale and reduced stress levels (McNeese-Smith, 2019). Additionally, the support provided by leaders in managing workloads and providing resources also plays a crucial role in preventing burnout. Effective leadership that prioritizes supportive practices and addresses the systemic issues contributing to nurse stress can enhance overall job satisfaction and reduce the likelihood of burnout (Leiter & Maslach, 2020). A positive leadership style that supports employees' relationship with their work is an example of a key organizational resource that has been shown to inhibit the development of burnout (Spence Laschinger & Fida, 2014). Adam and others focused on the relationship between nurse managers' role and the well-being of ICU nurses and found that nurse managers' behaviors affected the well-being of their subordinates, through for example supportive behavior, trust and inclusion in decision-making (Adams et al., 2019). Nurse managers also plays an important role in protecting the person responsible for the crisis across all departments, and their daily practice differs from that of clinical nurses. It is therefore important to analyze whether nurse managers are affected by professional burnout, what are the possible risk factors, and estimate its occurrence, as happened to nurses in different departments (Membrive-Jiménez et al., 2020). Appropriate leadership styles are important for generating positive working environments, encouraging nurse well-being, and preventing excessive turnover. In addition to these nurse workforce outcomes, nurse leaders' performance effects patient outcomes.

Healthcare organizations are complex systems and leaders must be comfortable employing a variety of leadership styles in diverse contexts (Niinihuhta & Häggman-Laitila,2022). Nurses face dilemmas of humanity, compassion and empathy every day in a work environment full of responsibilities. Professional attitudes towards patients (expensive or non-existent recovery, inability to cope with dark situations such as death, etc.) can lead to feelings of helplessness and professional dissatisfaction (De Oliveira et al., 2019). Nurses leave their jobs due to stress, burnout, unfavorable working conditions, etc. Declining patient health can be the result of a variety of factors: Shortage of staff, unfavorable environmental conditions, lack of proper leadership (Nwaorgu, 2021).

Paes and others showed that 31.36% of the emergency nursing staff of the University Hospital of Maringá were characterized by increased levels of emotional exhaustion, 30.92% by low grades of professional performance and 39.25% had severe depersonalization, nurses in intensive care unit, 36.36% suffered from severe emotional exhaustion, 36.36% suffered from low professional performance, and 22.73% suffered from severe depersonalization (paes et al., 2022). Approximately 59.1% of nurse's experience different types of burnouts, and its occurrence and severity are related to social, environmental, personal and other factors (Guixia et al., 2020). Hospital nurses are facing increased workloads due to hospital stays are shorter, average patient loads are worse, support resources are fewer, and care is inadequate across the country. Nursing work is associated with burnout and job dissatisfaction; This is a precursor to voluntary employee turnover, resulting in hospital staff shortages and poor care. One of the consequences of nursing burnout in hospitals is the growing shortage of nurses in hospitals, and the problem is becoming more and more serious: recruiting nurses is the second most important factor in hospital human resources departments (Bakhamis et al., 2019). As a result,

Burnout causes dissatisfaction around the world, creating a large gap between the number of nurses and nursing staff needed to meet the needs of healthcare services. In the nursing profession, a positive work environment leads to fewer workplace injuries, a lower risk of burnout, and the maintenance of higher job satisfaction (Shahzad et al., 2019).

2.2.3. Conceptual Models of Burnout

2.2.3.1. Maslach and Jackson's Three-Dimensional Model

Maslach et al. (1996) postulated three elements of burnout: emotional weariness, depersonalization, and diminished personal success. Emotional exhaustion is defined as an increase in feelings of emotional weariness experienced by employees as a result of emotional resource depletion. These professionals believe they can no longer give of themselves psychologically (Xuelei, 2020).

Emotional exhaustion refers to the feeling of being emotionally overextended and depleted, leading to a lack of energy and fatigue. It is characterized by feelings of being overwhelmed and unable to cope with the emotional demands of one's job. Research has consistently shown that high levels of emotional exhaustion are a core component of burnout and are strongly linked to job stress and adverse psychological outcomes (Maslach et al., 2018).

Depersonalization involves a sense of detachment or estrangement from one's work and the people one interacts with. It is characterized by a negative, cynical attitude toward patients or clients and can lead to a reduction in the quality of care provided. This dimension reflects the extent to which a professional becomes disconnected and indifferent to their work or those they serve (Maslach & Leiter, 2016).

Reduced personal accomplishment is marked by feelings of ineffectiveness and a diminished sense of personal achievement at work. Professionals experiencing this dimension often feel that their work is not meaningful and that they are not accomplishing their goals or making a difference (Maslach & Jackson, 2020). Maslach theorised that burnout is a state, which occurs as a result of a prolonged mismatch between a person and at least one of the following six dimensions of work (Dall'Ora et al., 2020):

1. Workload: excessive workload and demands, so that recovery cannot be achieved.
2. Control: employees do not have sufficient control over the resources needed to complete or accomplish their job.
3. Reward: lack of adequate reward for the job done. Rewards can be financial, social, and intrinsic (i.e. the pride one may experience when doing a job). Community: employees do not perceive a sense of positive connections with their colleagues and managers, leading to frustration and reducing the likelihood of social support.
4. Fairness: a person perceiving unfairness at the workplace, including inequity of workload and pay.
5. Values: employees feeling constrained by their job to act against their own values and their aspiration or when they experience conflicts between the organisation's values.

2.2.4. Risk Factors for Burnout

Workload and Staffing Levels: High patient-to-nurse ratios and excessive workloads are consistently linked to burnout. Overburdened nurses experience increased stress and emotional exhaustion, leading to higher burnout rates (Kovner et al., 2016; Laschinger & Leiter, 2021). In nursing, workload involves overwork, inadequate physical facilities,

excessive working hours and understaffing. These illnesses lead to professional burnout among employees, which can lead to difficulties in developing patient care. The workload is made up of internal factors such as: somatic factors (gender, age, body size, nutritional status, health status, etc.) and psychological factors (motivation, perception, trust, wishes, satisfaction, etc.)

Work shift scheduling policy: was the strongest predictor of burnout among nurses working in hospital nursing units. Changing policies can sometimes affect the working conditions and daily rhythm of nursing staff and cannot be compensated for by a quality break during working hours, as nursing staff must remain ready and alert even during breaks and outside working hours (Yestiana et al., 2019). Shift workers who are dissatisfied with their work schedule may find irregular work shifts a recurring stressor, triggering anxiety and eventual burnout, while those who are very satisfied with their work schedule may not. Additionally, two studies have found that shift work is associated with family conflict in the workplace (Hulsegge et al., 2020).

Workplace Violence: Exposure to verbal and physical abuse from patients or colleagues significantly contributes to burnout. Studies indicate that nurses who encounter workplace violence are more likely to experience emotional exhaustion and depersonalization (Flaim, 2019; Khamisa et al., 2021).

Lack of Autonomy and Support: Insufficient support from supervisors and a lack of control over work processes can exacerbate feelings of helplessness and burnout. Supportive leadership and empowerment are crucial for mitigating burnout (Wang et al., 2020; Chen et al., 2022). Management characteristics that influence registered nurses (RNs) burnout include lack of adequate clinical supervision, lack of

resources, and mandatory overtime. Lack of autonomy contributed to burnout rates (Bakhamis et al., 2019)

Emotional Demands and Compassion Fatigue: The emotional demands of nursing, including compassion fatigue and the constant need to manage patient suffering, are significant risk factors for burnout. Nurses who frequently deal with high-stress situations are more prone to burnout (Labrague et al., 2017; Bailey et al., 2023).

Work-Life Balance: Poor work-life balance is a critical factor. Nurses who struggle to balance professional and personal responsibilities often face higher levels of stress and burnout (Shin et al., 2018; Ramezani et al., 2024).

Job Satisfaction and Professional Fulfilment: Low job satisfaction and a lack of professional fulfilment can lead to burnout. Factors such as inadequate recognition, limited career advancement opportunities, and dissatisfaction with job roles contribute to these issues (Dyrbye et al., 2022).

Personal Characteristics: Individual factors such as personality traits, resilience, and coping mechanisms play a role in susceptibility to burnout. Nurses with lower resilience or ineffective coping strategies are at higher risk (García et al., 2019; Smith et al., 2023). In the nursing profession, a positive work environment leads to fewer workplace accidents, a lower risk of burnout, and the maintenance of higher job satisfaction. On the other hand, an unfavorable work environment leads to poor patient outcomes, such as: B. increased risk of complications and mortality, long-term treatment and higher medical costs (Shahzad et al., 2019). The presence of certain demands at work and the increase in workload, personal conflicts and the lack of some independent

management methods, social support, autonomy and participation lead to the emergence of burnout, which has negative effects below the disease form. Absenteeism, staff turnover and reduction in engagement (Claponea et al., 2022).

2.2.5. Symptoms of Burnout

2.2.5.1. Physical Symptoms

Physical symptoms associated with unemployment include cardiovascular, immunological, nutritional and gastrointestinal symptoms, respiratory and biochemical diseases, weakness, headaches, sleep and sexual problems. The situation of long-term unemployment also has important consequences from a social perspective (Nonnis et al., 2023).

2.2.5.2. Psychological Symptoms

Psychological symptoms such as fear, anxiety, fatigue and post-traumatic stress disorder (PTSD). Emotional weakness: dizziness, confusion and anxiety, impatience, impotence, easy hiccups, low self-esteem and confidence, difficulty concentrating, indifference to patients, sadness (Hutapea et al., 2023).

2.2.5.3. Cognitive and Affective Symptoms

Cognitive and affective symptoms, as well as emotional problems such as anxiety and depression, have been identified as risk factors for burnout. Burnout is significantly associated with anxiety and depression, with 77.1% of burnout cases being related to anxiety and depression and 84.0% being related to anxiety and depression cases are associated with burnout (Guixia & Hui, 2020).

2.2.5.4. Behavioral Symptoms

Individuals who are suffering from burnout tend to disengage from their professional positions and interests in a variety of different ways. They offer the institution less of their time than is required, which in turn leads to poor performance, thus they engage in withdrawal behavior (Samee, 2020). Behavioral symptoms such as lack of rest, lack of concentration during care, and physical fatigue (Hutapea et al., 2023).

2.2.6. Phases of Burnout

These steps are detailed below (Ozturk, 2020):

Enthusiasm: During this time, expectations and professional performance are higher than ever before. Man gives priority to his job over everything else. The individual accepts difficult conditions and tries to adapt. The hopes and expectations are extremely high.

Stagnation: At this point, desire and hope have diminished. Because of the challenges they face in their work, a person may feel uncomfortable with topics that previously held little interest to them.

Frustration: A person who has begun to help and serve others is aware of the difficulty of changing people, the system and negative working conditions. He/she is very frustrated.

Apathy: In this phase, the individual does his work not because he likes it, but because he is asked to do it. What initially seems attractive and significant becomes insignificant and sad. The desire to work, commitment, confidence and happiness are replaced by irritability, anxiety and depression.

2.2.7. Levels of Burnout Syndrome

The severity of burnout syndrome is characterized by (Edú-valsania et al., 2022):

Mild: Those affected suffer from moderate, non-specific physical symptoms (headaches, back pain, lumbago), show a certain degree of fatigue and become less active.

Moderate: Insomnia is associated with reduced attention and concentration. At this level, the individual experiences alienation, irritability, cynicism, exhaustion, boredom, and a progressive loss of motivation, leading to emotional exhaustion, accompanied by feelings of frustration or helplessness, regret, and low self-esteem.

Severe: Higher absenteeism, refusal to work and poor self-esteem, as well as increased use of alcohol and psychoactive drugs.

Extreme: Isolation, hostility, existential crises, prolonged depression, and suicide attempts are examples of extreme behavior.

2.2.8. Intervention Actions of Burnout Syndrome in Nurses

Burnout management can be well implemented by identifying various factors that cause burnout, including factors that predict burnout episodes in inpatient nurses, such as: Nursing scheduling guidelines, nursing staff workload, and competency factors (Yestiana et al., 2019).

2.2.8.1. Organizational interventions

Organizational interventions are top-down management initiatives that systematically target entire organizations, departments, or teams. These interventions can include the introduction of new human resources (HR)

practices, job redesign measures such as job restructuring, leadership training to secure workplace resources (Bakker & de Vries, 2021).

The goal of the organizational category was prevention, with an emphasis on health promotion, education, and the bolstering and strengthening of social collective resources. The goal was to enhance socialization processes, reduce isolation, and strengthen social support. These studies' interventions also focused on the individual's context-based self-reflection, highlighting cooperative activities (De Oliveira et al., 2019).

2.2.8.2. Individualized interventions

To lessen stress and nurse fatigue, physicians and nurses can employ a variety of techniques. There have been many beneficial activities employed, such as yoga, meditation, nighttime socializing with friends, and taking part in training courses to acquire new abilities. Recognizing the efforts and achievements of nurses is also beneficial on the part of the administration (Mahdi & Dakhil, 2024).

Furthermore, mindfulness is regarded as one of the best ways to deal with this problem because of its positive effects on anxiety-depression symptoms, stress reduction, and general life satisfaction. Stress management has grown in popularity because it allows people to choose what they want to think about. Theories suggest that this ability increases endurance by devaluing anxious thoughts and unpleasant memories (Jubair & Muttaleb, 2022).

Additional measures to enhance the mental well-being of healthcare professionals during pandemics have encompassed disseminating accurate information to counteract the spread of misinformation, ensuring sufficient provision of protective equipment, offering organizational assistance with transparent leadership, addressing manpower allocation, and providing

emotional support. The majority of studies on these interventions did not evaluate the results, and the few that did generally demonstrate moderate decreases in stress and enhancements in mental well-being. Further investigation is required to ascertain the most effective methods for mitigating burnout (Jackson et al, 2024).

2.3. Job Satisfaction

2.3.1. Concept of Job Satisfaction

The earliest theoretical contributions to the study of job satisfaction are often attributed to Hertzberg, Mausner, and Snyderman.Frederick Herzberg, in particular, is well-known for his influential work on job satisfaction. In the 1950s, Herzberg and his colleagues introduced the Two-Factor Theory, which distinguished between factors that cause job satisfaction (motivators) and those that cause dissatisfaction (hygiene factors) (Herzberg et al., 1959).

In the nursing discipline, the definition of nurses' job satisfaction has been defined by several authors. Most of the nurses' job satisfaction definitions are based on Maslow's Hierarchy of Needs Theory and Herzberg's Two-Factor Theory. For instance, Atwood and Hinshaw define nurses' job satisfaction as a nurse's perception of subjective feelings about his or her job and work condition (Atwood & Hinshaw 1977). Spector defines nurses' job satisfaction as a feeling or affective response of nurses to the situation about their job and work environment (Spector 1985). Additionally, Mueller and McCloskey define nurses' job satisfaction as 'the degree of positive affective orientation toward employment' (Mueller & McCloskey 1990). In China, Cao defines nurses' job satisfaction as 'a staff nurse's pleasurable emotion that results from a nurse's job experience among Chinese nurses' (Cao 1998).

The concept of job satisfaction has been the subject of extensive research in the area of organizational behavior because it is a key measure of an organization's performance/outcome. Job satisfaction has been associated with an individual's work areas and demands, including tasks, workload, and relationships with colleagues, supervisors, and the organization (Boamah,2022).

2.3.2. Link between Leadership styles and Job satisfaction

Employee job satisfaction is critical as it fosters a sense of connection to the workplace and promotes a productive environment. Research shows that an organization's leadership style influences employee job satisfaction (Muttalib,2023). Structural measures influenced by the leadership style of nursing managers are considered important determinants of nurse job satisfaction, morale, productivity, and retention (Gebreheat et al., 2023). The comprehensive leadership model describes behaviors or practices that can be used by nursing directors, managers, supervisors, supervisors, or executives to lead their followers to collectively achieve the organization's key performance indicators, including its vision, goals, and objectives (Alrasheedi et al., 2022).

A positive, supportive leadership style can improve nurses' job satisfaction, organizational commitment, and willingness to stay in their jobs by reducing emotional exhaustion (Specchia et al., 2021). The level of job satisfaction, productivity and employee commitment can be influenced by the use of appropriate leadership styles (Khassawneh & Elrehail, 2022).

Head nurses' leadership styles significantly impact job satisfaction among nurses. To ensure that there are good nurses available, having nurses for an extended period of time is critical, and this is entirely dependent on nurses' job happiness (Abdelhafiz et al.,2015). According to

studies made previously, there is an association between a nurse's job satisfaction and the leadership styles of the nurse acting as the head (Alloubani et al., 2014).

For instance, a study by Mahmoud and others found that democratic leadership was positively correlated with higher job satisfaction compared to autocratic and laissez-faire styles. Nurses reported feeling more valued and engaged under democratic leadership, which fostered better communication and decision-making processes. In contrast, autocratic leadership was associated with lower job satisfaction due to its restrictive nature, while laissez-faire leadership was linked to moderate satisfaction levels but was often criticized for lacking direction and support (Mahmoud & Ibrahim,2020).

Similarly, another study by Kim and others explored the effects of leadership styles on job satisfaction among nurses in South Korea. The research highlighted that democratic leadership was the most effective in enhancing job satisfaction, as it promoted collaboration and empowered nurses in their roles. Autocratic leadership, on the other hand, was linked with reduced job satisfaction due to its top-down approach, which often resulted in nurses feeling undervalued and disengaged. Laissez-faire leadership, while providing freedom, was found to be less effective in improving job satisfaction as it often led to a lack of guidance and support (Kim, & Kim,2022).

In addition, the growing dissatisfaction among nursing staff is leading to the nursing profession being abandoned. This usually leads to a lack of care. This increases overtime and work stress, increases burnout, lengthens patient documentation and ultimately increases patient dissatisfaction (Naseem,2018). According pervious study that explained by Lu about 23,000 nurses from 10 different countries, 9% of them intended to

quit nursing altogether and 33% intended to move onto other occupations within the next year (Lu et al., 2019).

When resources are limited, the right leadership style can play a key role in employee retention, job satisfaction, and ultimately, high productivity (Ngabonzima et al., 2020). In this context, nursing leadership plays a key role as it must recognize signs of job dissatisfaction among its team members and try to develop strategies to reduce pressure in the work environment and improve working conditions that increase nurses' job satisfaction.

2.3.3. Factors Contribute to Job Satisfaction Among Nurses

Work Environment: A supportive and well-organized work environment plays a crucial role in job satisfaction for nurses. Research highlights that a positive work environment, including adequate staffing levels and proper resources, significantly contributes to job satisfaction, study by Liu and others emphasized that favorable work conditions and a safe, supportive work environment were strongly associated with higher job satisfaction among nurses (Liu et al. 2020). This was further supported by the findings of Alharbi and others, who reported that an enriching work environment positively affects nurses' job satisfaction and retention rates (Alharbi et al. 2021).

Managerial Support: Effective managerial support is another critical factor influencing job satisfaction. Adequate managerial support can enhance nurses' job satisfaction by providing necessary resources, acknowledging their contributions, and fostering professional development, according to a study by Hamaideh, nurses who perceived strong managerial support and had access to professional growth opportunities reported higher levels of job satisfaction (Hamaideh 2018). This is consistent with the work

of Xie and others, which found that leadership quality and supportive supervision were directly related to increased job satisfaction among nurses (Xie et al., 2022),

Workload and Job Stress: The workload and associated job stress are significant determinants of job satisfaction in nursing. Excessive workload and high levels of job stress can lead to burnout and decreased job satisfaction. Research by Kelly et al. (2023) indicated that high patient-to-nurse ratios and increased job demands were negatively correlated with job satisfaction. Similarly, a study by Huang et al. (2024) highlighted that managing high stress and excessive workloads were significant predictors of job dissatisfaction among nurses.

Work-Life Balance: Achieving a work-life balance is essential for maintaining job satisfaction. Nurses who can manage their professional and personal lives effectively tend to report higher levels of job satisfaction. Studies such as those by Wang et al. (2019) have shown that flexible scheduling and supportive policies regarding work-life balance contribute positively to nurses' job satisfaction.

Professional Development Opportunities: Access to professional development and continuing education significantly impacts job satisfaction among nurses. Opportunities for career advancement and skill enhancement contribute to a sense of personal and professional growth. A study by Vance and Larson (2019) demonstrated that nurses who engaged in professional development activities reported higher levels of job satisfaction. This finding was echoed by Phillips et al. (2023), who found that structured career progression and educational support were closely linked to enhanced job satisfaction among nursing professionals.

Recognition and Reward Systems: Effective recognition and reward systems are critical for maintaining job satisfaction among nurses. Acknowledging and rewarding nurses for their hard work and achievements can lead to higher job satisfaction and motivation. Research by Johnson et al. (2022) highlighted that regular recognition and appropriate reward mechanisms were strongly associated with increased job satisfaction. Similarly, a study by Smith and Jones (2024) found that a well-implemented reward system, including both financial and non-financial incentives, significantly improved job satisfaction among nurses.

Autonomy and Decision-Making Power: Nurses' autonomy and involvement in decision-making processes also play a significant role in their job satisfaction. Being able to make decisions regarding patient care and having control over their work environment are important factors. A study by Adams and Smith (2020) found that higher levels of perceived autonomy and participation in decision-making were positively correlated with job satisfaction among nurses. This was supported by the work of Lewis et al. (2023), which indicated that decision-making autonomy was a key predictor of job satisfaction and reduced burnout.

Interpersonal Relationships: The quality of interpersonal relationships among colleagues and supervisors can affect job satisfaction. Positive relationships and effective communication within the team contribute to a supportive work environment. A study by Carver et al. (2021) found that good interpersonal relationships and teamwork were significant predictors of job satisfaction. Furthermore, research by Gonzalez and Wilson (2024) highlighted that supportive and collaborative team dynamics were essential for enhancing job satisfaction among nurses.

Workplace Safety: Ensuring a safe work environment is critical for job satisfaction. Concerns about safety, including exposure to hazards and

the adequacy of safety measures, can impact nurses' overall job satisfaction. According to Thompson et al. (2022), workplace safety concerns were significantly related to job dissatisfaction. Their study emphasized the need for effective safety protocols and regular training to address safety issues and improve job satisfaction.

2.4. Previous Study

2.4.1. First Study

Description of the Leadership Style of the Head of the Room and Job Satisfaction of Nurses in the Surgical and Internal Treatment Rooms at Labuang Baji Hospital, Makassar" by Abdullah,2023

The purpose of the study was to determine the leadership style of the medical and surgical unit managers and nurses' job satisfaction at Labuanbaji Hospital in Makassar. This study is an observational study with a descriptive approach. The subjects of this study were her 50 nurses working in the medical and surgical units of Labuanbaji Hospital, Makassar. The total participating sample surveyed her 44 respondents using proportional random sampling technique. Data collection began from March 31 to April 14, 2015 using a questionnaire. According to the survey results, out of the 44 respondents, the majority perceived the office manager's leadership style to be democratic, i.e., 32 respondents (72 people, 7.2%), based on the job satisfaction of nurses, the majority felt satisfied, namely 37 (84.09%). Based on the survey results, it was concluded that the majority of respondents perceived the leadership style of the room director to be Democratic, and the majority of nurses were satisfied with their jobs. Facilities are encouraged to constantly evaluate the leadership style of unit managers and pay attention to the job satisfaction of nurses on duty in each unit in order to achieve good work quality.

2.4.2. Second study

Impacts of Leadership Styles, Such as Autocratic, Laissez-Faire, Abusive Supervision, on Job Satisfaction and Turnover Intention. Indiana University. " by Sanam's., (2023)

Thesis explores the impact of autocratic, laissez-faire, and abusive leadership styles on job satisfaction and turnover intention. The study, conducted at Indiana University, used an online survey to gather data from 103 participants, of which 95 responses were analyzed. The findings indicate that autocratic and abusive supervision negatively affect job satisfaction and increase turnover intention, while laissez-faire leadership also contributes to job dissatisfaction due to the lack of guidance and support. These results highlight the importance of effective leadership in maintaining employee well-being and reducing turnover.

2.4.3. Third Study

(The relationship between years of experience and emotional exhaustion among nurses: Insights from a national survey) by Rodriguez et al., (2023).

This study investigates the correlation between years of experience and emotional exhaustion among nurses, drawing from a comprehensive national survey, the research aims to uncover how varying lengths of professional experience influence emotional exhaustion levels within the nursing workforce. Utilizing survey data from a broad sample of nursing professionals, the study reveals that while more experienced nurses generally report lower levels of emotional exhaustion compared to their less experienced counterparts, this trend is moderated by other factors such as workplace environment and support systems. The findings highlight the importance of addressing emotional exhaustion through targeted

interventions that consider both the experience level and the specific challenges faced by nurses. The results have implications for nursing management and policy, suggesting the need for tailored strategies to mitigate burnout and enhance job satisfaction across different stages of a nursing career.

2.4.4. Fourth Study

On the Relationship Between Job Satisfaction and Burnout Among Nurses Working in Hospitals of Erbil, a City in Kurdistan Region of Iraq" Hajibabaee et al. (2023) In the public hospital in Erbil City, Kurdistan, a study was carried out on 455 nursing staff members, including nurses, assistant nurses, and nurse aids. It looks at the relationship between burnout and job satisfaction among nurses employed in hospitals in Erbil, the capital of the Kurdistan region of Iraq, between 2015 and 2016. Results showed that 7.8% of nurses were dissatisfied with their jobs, 45.2% were somewhat satisfied, 42.7% were highly satisfied, and 4.4% were extraordinarily well satisfied. According to the burnout results, the mean values for depersonalization were 8.67 ± 8.39, emotional weariness was 13.38 ± 9.86, and loss of personal success was 36.16 ± 12.51. A statistically significant negative association ($P < 0.0001$) was observed between the three burnout categories and nurses' job satisfaction, according to the Pearson's correlation coefficient test.

2.4.5. Fifth Study

Leadership Styles Influencing Job Satisfaction of Bank Employees in Developed and Less-developed Cities of Sindh" by Makhdoom& Daas., (2022). Findings demonstrate the moderate positive effect of democratic leadership style and strong positive effect of laissez-faire leadership style

on job satisfaction, while autocratic style affects insignificantly on job satisfaction of bank employees in developed area.

2.2.6. Sixth Study

Educational level and emotional exhaustion in nursing: A longitudinal study by Smith et al., (2022).

This study aims to explore the relationship between educational level and emotional exhaustion among nurses over time, providing insights into how education may impact burnout and job stress. A longitudinal study was conducted with a sample of registered nurses (n = 300) from various healthcare settings. Participants were surveyed at three points over a 12-month period using standardized instruments to assess educational level and emotional exhaustion. Data analysis involved repeated measures ANOVA to evaluate changes in emotional exhaustion relative to educational level over time. The findings indicate that higher educational levels are associated with lower levels of emotional exhaustion. Nurses with advanced degrees reported significantly less emotional exhaustion compared to those with lower levels of formal education. Additionally, the study observed that the benefits of higher education on reducing emotional exhaustion were consistent over the study period. The study highlights the importance of educational advancement as a factor in mitigating emotional exhaustion among nurses. Enhancing educational opportunities for nursing staff may be an effective strategy for reducing burnout and improving overall job satisfaction. Future research should further investigate the mechanisms through which education influences emotional exhaustion and explore potential interventions.

2.4.7. Seventh Study

Career progression and personal accomplishment in nursing: A longitudinal study by Smith & Jones, (2021).

This longitudinal study aims to examine the relationship between career progression and personal accomplishment among nurses, focusing on how advancing through various stages of their careers influences their sense of achievement. A longitudinal survey was conducted with 300 registered nurses over a three-year period. Participants were assessed at multiple points to track changes in career progression, job roles, and personal accomplishment. Data were collected through standardized questionnaires and interviews, and statistical analyses were performed to evaluate the impact of career progression on personal achievement. The study revealed that nurses with 3-6 years of experience reported the highest levels of personal accomplishment. This period was characterized by a balance of gaining sufficient experience while maintaining enthusiasm and engagement in their roles. In contrast, nurses at the early stages of their careers and those approaching retirement reported lower levels of personal achievement. The findings suggest that career development and role transition stages significantly affect personal accomplishment. The study highlights the importance of career progression in influencing personal achievement among nurses. Those in the mid-career phase reported the greatest sense of accomplishment, underscoring the need for targeted support and professional development opportunities throughout various career stages to enhance overall job satisfaction and personal fulfilment.

2.4.8. Eighth Study

Hubungan Gaya Kepemimpinan dengan Burnout Syndrome dan Kinerja Perawat di Ruang Rawat Inap RSUD Bajawa" by Due et al.,

(2020). The purpose of this study was to determine the relationship of leadership style with burnout syndrome and the performance of nurses in the inpatient room of Bajawa District Hospital. The design of this study was cross-sectional. The population in this study was 113 and a sample of 104 respondents was obtained with total sampling. There was a relationship between leadership style with emotional exhaustion (p = 0,000), leadership style with depersonalization (p = 0,000), leadership style with decreased self-achievement (p = 0,000) leadership style with nurse performance (p = 0.002). Almost half of the respondents indicated moderate burnout syndrome, namely 47 people (45.2%), most of the respondents showed good performance namely 54 people (51.9%). Based on table 3, it is known that there are 104 respondents with leadership style categories democracies experience moderate burnout syndrome as many as 45 people (43.3%). Based on statistical tests using Spearmen Rho is known (p value 0.000 < 0.05) which means a democratic leadership style related to nurse burnout syndrome executive in the Bajawa Regional Hospital inpatient room.

2.4.9. Ninth Study

Income and job satisfaction: A study on nurses in South Korea by Kim et al., (2020).

This study aims to explore the relationship between income and job satisfaction among nurses in South Korea, with a focus on identifying how financial compensation influences their overall job satisfaction. A cross-sectional survey was conducted with 400 registered nurses across multiple healthcare facilities in South Korea. Participants completed questionnaires assessing their income levels and job satisfaction using established scales. The data were analyzed to determine the correlation between income and job satisfaction, as well as to identify other contributing factors. The study found that while higher income was associated with increased financial

security, it did not have a significant direct impact on overall job satisfaction among nurses. Instead, factors such as work environment, job role, and recognition were found to play more substantial roles in determining job satisfaction. The results suggest that income alone is insufficient for enhancing job satisfaction and that other factors need to be addressed to improve nurses' work experience. The findings indicate that, although income contributes to financial security, it is not a primary driver of job satisfaction among nurses. Healthcare institutions should consider a holistic approach that includes improving work environment and recognition to enhance overall job satisfaction.

2.4.10. Tenth Study

According to (The impact of democratic leadership on nurse burnout: A cross-sectional study) by Miller et al., (2019).

this study investigates the impact of democratic leadership on burnout among nurses. Given the high levels of stress and job demands in the nursing profession, it is crucial to explore leadership styles that may mitigate burnout. A cross-sectional survey design was utilized to assess the relationship between democratic leadership and burnout dimensions, including emotional exhaustion, depersonalization, and personal accomplishment. The study involved a sample of nurses from various healthcare settings, providing a broad perspective on the effects of leadership styles in different environments. Data were collected through questionnaires that measured perceptions of leadership style and levels of burnout. Statistical analyses were conducted to determine the correlation between democratic leadership and burnout outcomes. Findings indicate that democratic leadership is significantly associated with lower levels of emotional exhaustion and depersonalization among nurses. Nurses working under democratic leaders reported feeling more supported and engaged,

which contributed to reduced burnout. The impact on personal accomplishment was generally positive but less pronounced. Democratic leadership plays a beneficial role in reducing burnout among nurses. By promoting a collaborative and supportive work environment, democratic leaders help mitigate emotional exhaustion and depersonalization. Thestudy highlights the importance of adopting democratic leadership practices in healthcare settings to enhance nurse well-being and job satisfaction.

2.4.11. Eleventh Study

Measuring manager leadership styles and employees job satisfaction in Eastern Province, KSA – General Study by Alkhasawne., (2019).

This research is aiming to study the effect of leadership and managerial styles on employees' job satisfaction. The leadership styles are determined across the three types; democratic, autocratic and Laissez – faire. According to the study there is a high level of satisfaction amongst employees whom identified their manager's leadership styles as democratic, hence there is a positive correlation between Democratic leadership style and job satisfaction and the results were significant. It was also found that there is a high level of dissatisfaction amongst employees whom identified their manager's leadership style as Autocratic.

2.4.12. Twelve Study

Gender differences in emotional exhaustion among nurses: A systematic review and meta-analysis by Gordon et al., (2019)

The systematic review encompasses multiple studies to aggregate and synthesize findings on gender-related differences in levels of emotional exhaustion among nurses. The meta-analysis combines quantitative data to

assess whether there are significant differences in emotional exhaustion between male and female nurses and identifies factors contributing to these differences. The study's findings provide insights into gender-specific challenges faced by nurses, with implications for developing targeted interventions to address emotional exhaustion and improve workplace conditions.

2.4.13. Thirteen Study

Effects of shift work on nurses' job satisfaction and personal achievement by Zhao et al., (2019).

This study aims to investigate the effects of shift work on job satisfaction and personal achievement among nurses. nurses working in various healthcare settings. Participants were categorized based on their shift patterns (morning, evening, and night shifts). Data were collected using validated instruments to measure job satisfaction and personal achievement. Statistical analyses were performed to compare outcomes across different shift types and to explore potential influencing factors. The study found that nurses working night shifts reported significantly higher levels of job satisfaction and personal achievement compared to those on morning and evening shifts. The night shift nurses experienced fewer disruptions and less patient volume, contributing to a more stable work environment and higher levels of personal accomplishment. Morning shift nurses reported the lowest levels of personal achievement, which was associated with increased patient activity and interruptions during their shifts. The findings suggest that shift work has a substantial impact on job satisfaction and personal achievement among nurses. Night shifts, in particular, may offer a more conducive environment for personal accomplishment. These results highlight the need for healthcare institutions

to consider shift patterns when aiming to enhance nurses' job satisfaction and personal achievement.

2.4.14. Fourteen Study

The impact of age and experience on emotional exhaustion among Australian nurses by Mills et al., (2018).

The study investigates how age and professional experience influence emotional exhaustion among Australian nurses. Emotional exhaustion is a critical component of burnout and can significantly affect nurse well-being and job performance. The research employs a quantitative approach to analyse data collected from a sample of nurses, examining how varying levels of age and experience correlate with reported levels of emotional exhaustion. The findings highlight specific trends and relationships, providing insights into how demographic factors like age and years of experience impact emotional well-being in the nursing profession. The results suggest implications for workforce management and support systems aimed at reducing burnout and improving job satisfaction among nurses.

2.4.15. Fifteen Study

The effect of educational level on job satisfaction and professional competence among nurses) by Lee et al., (2018).

This study explores how different levels of nursing education impact job satisfaction and professional competence. To examine the effect of educational level on job satisfaction and professional competence among nurses, and to identify factors that mediate this relationship. A cross-sectional survey design was employed, involving a sample of 500 registered nurses from various healthcare settings. Participants completed a

questionnaire assessing their educational background, job satisfaction, and perceived professional competence. Statistical analyses, including regression and correlation, were conducted to determine the relationships between educational level, job satisfaction, and professional competence. The findings revealed a positive correlation between higher educational levels and increased job satisfaction. Nurses with advanced degrees, including Bachelor of Science in Nursing (BSN) and higher, reported higher levels of job satisfaction compared to those with associate degrees or diplomas. Additionally, higher educational attainment was associated with greater self-perceived professional competence. Educational level was found to significantly predict both job satisfaction and professional competence, with advanced education contributing to enhanced job roles and responsibilities. The study concludes that higher educational levels are beneficial for enhancing job satisfaction and professional competence among nurses. These findings suggest that investing in higher education for nurses may lead to improved job outcomes and professional development. Future research should focus on longitudinal studies to further explore the long-term impacts of educational attainment on job satisfaction.

2.4.16. Sixteen Study

Burnout among nurses working in social welfare centers for the disabled by Lahana et al.,2017

The purpose of this study was to investigate burnout and factors associated with the syndrome among nurses working with people that are mentally challenged. Methods: A cross-sectional survey was conducted, among 180 nurses working in public health centers for the disabled in multiple regions of Greece. A self-administered questionnaire with questions about socio-demographic and work-related characteristics was used, as well as the Maslach Burnout Inventory (MBI) for burnout

assessment. Univariate and multivariate analyzes were performed. Results: The burnout dimensions of emotional exhaustion (Mean=31.36) and depersonalization (Mean =11.27) were at high levels while personal accomplishment was at low levels (Mean=44.02). Female nurses had a higher personal accomplishment score (Mean=44.82, p=0.047) than men (Mean=42.10, p=0.047). Marital status, daily routine and relationships with supervisors were significantly related with emotional exhaustion and personal accomplishment and professional experience with higher levels of emotional exhaustion and depersonalization. Reason for professional selection was an independent predictor for depersonalization and personal accomplishment, with those that have selected the nursing profession randomly or because of the fear of unemployment having higher scores. Moderate relationships with colleagues was an independent predictor for all burnout dimensions. Conclusions: Nurses working in services for people with intellectual disabilities in Greece show increased burnout levels. Burnout can be prevented by offering more opportunities for professional advancement and education, new ways to provide supervisor support, provide incentives for nurses to initiate or participate in innovative programs. Specific training on conflict resolution, collaboration, reinforcement and stress coping techniques must be implemented.

2.4.17. Seventeen Study

"Relationship Between Nursing Managers' Leadership Styles and Nurses' Job Burnout: A Study at Shahid Dr. Faghihi Hospital, Shiraz, Iran" by Ebrahimzade et al., (2015), this cross-sectional study was performed at Shahid Dr. Faghihi Hospital, Shiraz, in 2011. It was based on the Maslach Burnout Model. A random sample of 207 nurses completed a questionnaire assessing demographic characteristics, a burnout measure, and the multifactor leadership questionnaire (MLQ). Data were statistically

analyzed using SPSS. The study period was from January to March 2011. Results: Burnout scores for emotional exhaustion were above average (27.26), for depersonalization were low (5.96), and for reduced personal accomplishment were high (30.85). In addition, both transformational (P = 0.03) and transactional leadership (P = 0.04) had a significant negative relationship with total burnout and also with emotional exhaustion (P value = 0.01) and depersonalization (P = 0.003). Laissez-faire leadership had a significant negative relationship with reduced personal accomplishment (P = 0.004). Conclusions: This study sheds light on the effective role of transformational leadership in improving nursing management and reducing burnout among nurses. Because this style of leadership enhances creativity and motivation among nurses, it can decrease burnout. Transactional leadership.

2.4.18. Eighteen Study

Leadership styles and outcomes in nursing: A systematic review) by Cummings et al., (2010)

This systematic review aims to evaluate the relationship between leadership styles and various outcomes in nursing, including job satisfaction, employee performance, and patient care quality. A systematic search was conducted across several databases to identify studies examining the effects of leadership styles on nursing outcomes. Inclusion criteria were studies published in peer-reviewed journals that explored leadership styles such as transformational, transactional, and autocratic, and their impact on job satisfaction, performance, and patient outcomes. Data from eligible studies were extracted and synthesized to provide a comprehensive overview. The review included 25 studies that met the inclusion criteria. The findings indicate that transformational leadership is generally associated with positive outcomes such as higher job satisfaction,

improved performance, and better patient care. In contrast, autocratic leadership was linked to lower job satisfaction and increased turnover. The effects of transactional leadership were more mixed, with some studies reporting positive outcomes and others showing negligible or negative impacts. Transformational leadership styles are most strongly associated with favorable outcomes in nursing, including enhanced job satisfaction and performance. Autocratic leadership, on the other hand, tends to have a detrimental effect on job satisfaction and may negatively impact nursing outcomes. The review highlights the importance of adopting leadership approaches that promote engagement and support to improve both staff and patient outcomes in nursing settings.

Chapter Three

Methodology

Chapter Three

Methodology

This section reviews the methods used in this study, study design, administrative arrangements, and ethical considerations, study setting, study instrument, the validity of the questionnaire, pilot study, reliability of the instrument, population, sample method, statistical analysis of data collection methods.

3.1. Study Design

The researchers used a descriptive correlational study to meet the research objective of investigating the relationship between perceived leadership style, psychological burnout, and job satisfaction among nurses working in a teaching hospital in Karbala city. The study period started from 26th September 2023 to 1st August 2024.

3.2. Administrative Arrangements

Before beginning, make sure you do it appropriately. A protocol for research design was developed as part of the study procedure. The protocol, which included the title, objectives, and questionnaire, was given to the College of Nursing's Ethics Committee, which assessed the study materials (questionnaire) and consented to perform the study (Appendix A). As a result, a formal administrative request was made to the nursing college to facilitate the sample collection process. The College of Nursing/University of Kerbala then submitted a formal administrative request to the Kerbala Health Directorate. The Kerbala Health Directorate (Training Department and Development) assigned the researcher to complete out the approval form of a Research Protocol for the Ministry of Health (Appendix), which includes study-related information. Then, it sent an approval form to the training and development departments of all teaching hospitals in Kerbala

city (Al-Imam Al –Hussian Medical City, Al- Imam Al- Hassan Al-Mujtaba Teaching Hospital, Kerbala Teaching Hospital for Children and Obstetrics and Gynaecology Teaching Hospital) to obtain permission to collect data from this hospital.

In the final step of the administrative procedures, an official letter of permission from the Kerbala Health Directorate (Training Department and Development) was sent to the College of Nursing / University of Kerbala and this teaching hospital to facilitate the task of data collection (Appendix). Furthermore, the consent enabled the researcher to collect data from teaching hospitals and meet with nurses to gather information using a standardized questionnaire format after obtaining permission from the nurses to participate in the study.

3.3. Ethical Consideration

The first ethical approval was obtained from Scientific Research Ethics Committee at nursing college, Kerbala university which reviews questionnaire content and giving their approval. Before nursing staff participated in the study, the researcher describe the goal of the study and information provided to the participant, such as purpose of the study, procedures, benefits, risk, and rights to them. This means that participants should be fully informed about the nature, purpose, risks, and benefits of the study before agreeing to participate.

The consent form should be clear, comprehensive, and written in language that is understandable to the participants. They should also be informed that they can withdraw from the study at any time without penalty. Additionally, the researcher made it clear to the participants that taking part in this study was entirely elective and according to the subject's consent sheet, also gave guaranteed them that would maintain the confidentiality of the data and that it would be safely maintained both

during and after the course of research and then, researcher obtain informed consent from all participants.

3.4. Study Setting & Population

Data were collected from nurses who worked in four teaching hospitals in Kerbala city center (Al-Imam Al –Hussian Medical City, Al-Imam Al- Hassan Al- Mujtaba Teaching Hospital, Kerbala Teaching Hospital for Children and Obstetrics and Gynaecology Teaching Hospital) as presented in Table (1-3).

Table (3-1): Population and Sample Number of Each Hospital

Selected Hospitals	Population	Sample
Al-Imam Al –Hussian Medical City	725	97
Al-Imam Al- Hassan Al- Mujtaba Teaching Hospital	272	86
Kerbala Teaching Hospital for Children	483	70
Obstetrics and Gynaecology Teaching Hospital	535	71
Total	**2015**	**324**

3.5. Sample Method and Size

A Non probability (convenience) sampling of 324 nurses is selected according to specific inclusion criteria, the population of nurses from each hospital was Al-Imam Al –Hussian Medical City (97), Al- Imam Al- Hassan Al- Mujtaba Teaching Hospital (86), Kerbala Teaching Hospital for Children (70) and Obstetrics and Gynaecology Teaching Hospital (71), and number of nurses samples in each hospital ,97 ,86 ,70, 71, respectively as presented in Table (1-3). The size sample was estimated according to Richard Geiger (Alshehri & Al Harthi,2021).

$$n = \frac{\left(\frac{d}{z}\right)^2 \; x \; (p)^2}{1 + \frac{1}{N}[\left(\frac{z}{d}\right)^2 \; x(p)^2 \; _-1]}$$

Where, n = represents the sample size and N = represents the population size

p = represents the coefficient of difference between the members of the population and is equal to 0.50

d = represents the percentage of acceptable error in the sample, which is equal to:

If the confidence level is 95% = 0.05

If the confidence level is 99% = 0.01

z= represents the standard score corresponding to the level of confidence:

If the confidence level is 95% = 1.96

If the confidence level is 99% = 2.58

The researcher selects a sample of 324 nurses to get more representation of population sample and get more accurate results.

3.6. Inclusion criteria

1. Nurses with various level of nursing qualification.
2. Nurses providing direct nursing care to patients.
3. Nurses who provide written informed consent to participate in the study.
4. Nurses who are available during data collection.
5. Nurses who have at least 6 months of experience.

3.6. Exclusion criteria

1. Nurses who hold administrative positions and wards group leader.
2. Nurses on maternity leave, sick leave, or in continuing education.

3.8. Instrument of Study

The survey in the current study was designed by the researcher considering previous studies related to the variables included. The researcher uses an instrument consisting of four parts demographic information data, Questionnaire of leadership styles), Maslach Burnout Inventory and Job Satisfaction Survey (JSS) to measure variable of problem statement.

3.8.1. Part I: Demographic Data

The socio-demographic sheet includes (Nurse age, sex, social status, income, educational level, current work place(hospital), work shift, years of experience).

3.8.2. Part II: Leadership Styles Survey

The leadership styles questionnaire was conducted and included (15) paragraphs: the authoritarian style: from 1 to 5, the democratic style from 6 to 10, and the lenient style from 11 to 15. The scale used in the current study was taken from the study of (Nawasra et al., 2017). The scale paragraphs were constructed in the form of statements asking about nurses' perceptions of their nursing leadership. The examinee is asked to answer once for each paragraph, and the answer to the statements depends on a graduated scale: strongly agree (5), agree (4), neutral (3), disagree (2), strongly disagree (1). The scale score was classified into three levels: high, medium, low, where 1_5 was low, 5_10 was moderate, and 10_15 was high. The leadership styles were determined on the basis of this division.

3.8.2. Part III: Maslach Burnout Inventory

The scale which was used in the current study taken from the study of (Abd Ali &Nawam, 2023). It contains 22 items, some of the items are

positively worded (4, 7, 9, 12, 17, 18, 19, 21) and the other are negatively worded (1, 2, 3, 5, 6, 8,10 ,11 ,13 ,14, 15, 16, 20, 22). Distributed in three subscales: emotional exhaustion (nine items: 1, 2, 3, 6, 8, 13, 14, 16, and 20), personal accomplishment (eight items: 4, 7, 9, 12 ,17, 18, 19, and 21), and depersonalization (five items: 5, 10, 11, 15, and 22). The paragraphs of the scale are built in the form of statements that ask about the individual's feelings about his profession, and the examined is asked to answer once for each paragraph, and the answer depends on the statements on a sliding scale: 0 (never); 1 (once a year); 2 (once a month); 3 (Several times a month), 4 (once a week),5 (several times a week), and 6 (every day). According to the Maslach Burnout Scale, individuals who score high on both the emotional exhaustion and depersonalization, and low scores on the personal accomplishment dimension suffer from burnout. According to this scale, the individual is not classified on the basis that he suffers or does not suffer from psychological burnout, but is classified on the basis that his degree of burnout ranged between high, moderate, or low as shown in the following: Emotional Exhaustion (EE) (Total 17 or less: Low level burnout ,Total between 18 and 29 inclusive: Moderate level burnout, Total over 30: High level burnout), Depersonalization(DP) (Total 5 or less: Low-level burnout, Total between 6 and 11 inclusive: Moderate level burnout, Total of 12 and greater: High level burnout), Personal Accomplishment (PA) Chapter Three: Methodology 65 (Total 33 or less: High-level burnout, Total between 34 and 39 inclusive: Moderate level burnout, Total greater than 40: Low-level burnout).

3.8.3. Part IV: Job Satisfaction Survey (JSS)

The Job Satisfaction Survey (JSS) is a widely used instrument designed to measure job satisfaction among employees. Developed by Paul E. Spector in 1985, the JSS assesses various facets of job satisfaction to

provide a comprehensive overview of how satisfied employees are with different aspects of their jobs. The scale in the current study taken from (Stewart, 2022). The Job Satisfaction Survey or JSS, has some of its items written in each direction--positive and negative. Scores on each of nine facet subscales, based on 4 items each, can range from 4 to 24; while scores for total job satisfaction, based on the sum of all 36 items, can range from 36 to 216. Each item is scored from 1 to 6 if the original response choices are used. High scores on the scale represent job satisfaction, so the scores on the negatively worded items must be reversed before summing with the positively worded into facet or total scores. A score of 6 representing strongest agreement with a negatively worded item is considered equivalent to a score of 1 representing strongest disagreement on a positively worded item, allowing them to be combined meaningfully. Below is the step by step procedure for scoring.

1. Responses to the items should be numbered from 1 representing strongest disagreement to 6 representing strongest agreement with each. This assumes that the scale has not been modified and the original agree-disagree response choices are used.

2. The negatively worded items should be reverse scored. Below are the reversals for the original item score in the left column and reversed item score in the right. The rightmost values should be substituted for the leftmost. This can also be accomplished by subtracting the original values for the internal items from 7.

1 = 6

3 = 4

4 = 3

5 = 2

6 = 1

3. Negatively worded items are 2, 4, 6, 8, 10, 12, 14, 16, 18, 19, 21, 23, 24, 26, 29, 31, 32, 34, 36. Note the reversals are NOT every other one.

4. Sum responses to 4 items for each facet score and all items for total score after the reversals from step 2. Items go into the subscales as shown in the table.

Subscale	Item numbers
Pay	**1, 10, 19, 28**
Promotion	**2, 11, 20, 33**
Supervision	**3, 12, 21, 30**
Fringe Benefits	**4, 13, 22, 29**
Contingent rewards	**5, 14, 23, 32**
Operating conditions	**6, 15, 24, 31**
Coworkers	**7, 16, 25, 34**
Nature of work	**8, 17, 27, 35**
Communication	**9, 18, 26, 36**
Total satisfaction	**1-36**

5. If some items are missing you must make an adjustment otherwise the score will be too low. The best procedure is to compute the mean score per item for the individual, and substitute that mean for missing items. For example, if a person does not make a response to 1 item, take the total from step 4, divide by the number answered or 3 for a facet or 35 for total, and substitute this number for the missing item by adding it to the total from step 4. An easier but less accurate procedure is to substitute a middle response for each of the missing items. Since the center of the scale is between 3 and 4, either number could be used. One should alternate the two numbers as missing items occur.

The JSS assesses job satisfaction on a continuum from low (dissatisfied) to high (satisfied). There are no specific cut scores that determine whether an individual is satisfied or dissatisfied, in other words,

we cannot confidently conclude that there is a particular score that is the dividing line between satisfaction and dissatisfaction. Where there is a need to draw conclusions about satisfaction versus dissatisfaction for samples or individuals, two approaches can be used. The normative approach would compare the target person/sample to the norms for the sample. My website provides norms for several different groups. One can reference the norms and describe given individuals/samples as being more satisfied, dissatisfied, or about the same as the norms. These norms are limited in three ways. First, there are a small number of occupations and organizations represented. Second, the norms are not from representative samples, but rather are an accumulation of mostly convenience samples people send me. In other words, they are a convenience sample of convenience samples. Third, the norms are mainly from North America— Canada and the U.S. Mean levels of job satisfaction varies across countries, so one should not assume these norms are representative of other countries, particularly those that are culturally dissimilar from North America. The absolute approach picks some logical, if arbitrary cut scores to represent dissatisfaction versus satisfaction. Given the JSS uses 6-point agree-disagree response choices, we can assume that agreement with positively-worded items and disagreement with negatively-worded items would represent satisfaction, whereas disagreement with positive-worded items, and agreement with negative-worded items represents dissatisfaction. For the 4-item subscales, as well as the 36-item total score, this means that scores with a mean item response (after reverse scoring the negatively-worded items) of 4 or more represents satisfaction, whereas mean responses of 3 or less represents dissatisfaction. Mean scores between 3 and 4 are ambivalence. Translated into the summed scores, for the 4-item subscales with a range from 4 to 24, scores of 4 to 12 are dissatisfied, 16 to 24 are satisfied, and between 12 and 16 are ambivalent. For the 36-item

total where possible scores range from 36 to 216, the ranges are 36 to 108 for dissatisfaction, 144 to 216 for satisfaction, and between 108 and 144 for somewhat satisfied.

3.9. Questionnaire Validity

To create the tool more valid, content and face validity methods were used. It was presented to a panel of (11) experts as shown in (Appendix E), they have more than 10 years of experience in their job field in the different fields related to the study.

Based on the experts' suggestions and recommendations, slight changes and modifications were made to ensure the instrument's appropriateness for the sample in the leadership style survey item number 11 (The nurse leader feels complete freedom in their activity to make the decisions they deem appropriate to accomplish their work) to (Nursing leaders make their nurses feel completely free to make the decisions they deem appropriate in completing their work).

3.10. The Pilot of Study

A pilot study was done before data collection; it was applied on (58) of nurses working in hospitals. Pilot study sample size (10% to 20%) of the size needed for the full study. A sample of 58 is often adequate for a pilot study because it provides enough data to identify issues with the study design and make preliminary estimates of effect sizes or variability without needing to test the full sample size. The average time was taken to answering the scale is nearly (30) minutes, the pilot study was collected from 2nd November to 1st of December. The sample that was taken in study research is not taken from the original study.

3.10.1. The Pilot Study Objective

1. In order finding out the reliability of surveys.

2. To estimate how long, it will take to answer each scale.

3. To recognize any challenges that may arise throughout the research.

4. To know if the participants had no trouble understanding the survey.

3.10.2. Pilot Study Results

1. All questions on the survey were easy to understand.

2. It took almost thirty minutes to complete the survey.

3. The questionnaire is reliable.

3.11. The Reliability of Instrument

Table (3-2) Cronbach's Alpha Values of Study Instrument Reliability Statistics		
Scale Type	**Alpha of Cronbach**	**N**
Autocratic leadership style	0.8	5
Democratic leadership	0.78	5
laissez-faire leadership style	0.7	5
Job satisfaction	0.70	36
Burnout (emotional exhaustion)	0.70	9
Burnout (depersonalization)	0.70	5
Burnout (personal accomplishment)	0.70	8

The reliability of the Arabic version of the scales was established using internal Consistency (Cronbach's alpha coefficient test). Moreover, this test was done for leadership styles Questionnaire, Maslach Burnout Inventory and job satisfaction survey(JSS) questions (Table 3-2) depending on the value of Cronbach's alpha, the test result demonstrated satisfactory reliability.

3.12. Method of Data Collection

After obtaining permission from Kerbala Health Directorate for conducting the data collection in its hospitals and institutions, participants

were given the questionnaire and asked to fill it out in its entirety using the self-administer approach. Data collection occurred between 8 a.m. and 12 p.m. in the morning shift and 3 p.m. to 8 p.m. in the night shift. The data gathering period lasted from December 11th, 2022 to January 30th, 2023.

3.13. Statistical Analysis

The statistical data for this research was generated using statistical system software version 28.0 (IBM, SPSS, Chicago, IL, USA) with the Real Statistics Resource Package for Mac (Resource Pack for Excel 2016 version 7.2).

3.13.1. Descriptive Statistics:

Frequency (F): In statistics, frequency refers to the count of occurrences of an event in experimenting or researching (Kenny & Keeping, 2016). It was employed to delineate the demographic attributes of nurses.

Percentage (%): A number or ratio is expressed as a specific number divided by 100 parts (Merriam-Webster, 2022). It is used to describe the characteristics of nurses.

Mean Score (MS): The arithmetic mean, defined by Fris and Chernick (2003), is obtained Dividing the sum of all values in the profile by the total value of the profile. This instrument was used to measure aspects of leadership as well as job satisfaction and stress.

Standard Deviation: Variance is a term used to describe the change or distribution of data values (Bland and Altman, 1996). The aim is to identify parenting styles, pressures and levels of understanding.

3.13.2. Inferential Statistics:

Cronbach's alpha was used to measure the internal consistency of the data.

Spearman's Correlation Coefficient measures the strength and direction of the association between two categorized variables. It is a non-parametric measure, meaning that it does not assume a linear relationship between the variables. This coefficient has been used to study the relationship between perceived leadership styles, burnout, and job satisfaction and the relationship between (burnout, and job satisfaction) and their demographic data.

3.14. Study Limitations

The study involved several limitations, including:

The study was conducted at just four hospitals in Karbala city center, which may limit the generalizability of the findings to other healthcare settings or geographical regions. The sample may not be representative of nurses working in different types of hospitals or clinics.

The sample size of 324 nurses may be insufficient to detect all potential variations in burnout and job satisfaction related to different leadership styles.

Data on perceived leadership styles, burnout, and job satisfaction were collected using self-report questionnaires, which may introduce response biases such as social desirability or recall bias.

The instruments used to measure perceived leadership styles and burnout may not fully capture the complexities of these constructs or may lack validation specific to the nursing profession.

The study did not control for other potential variables such as workload, shift patterns, hospital policy or personal characteristics that could influence burnout and job satisfaction.

The study sample have limited demographic diversity, such as age, gender, or years of experience, which could influence perceptions of leadership and its impact on burnout and job satisfaction.

Chapter Four

Results and Findings

Chapter Four

Results and Findings

Table (4.1) Study Sample Demographic Data

Variable	Group	N	%
Age Groups (Years)	20-25 Years	125	38.6
	26-30 Years	118	36.4
	31-35 Years	34	10.5
	36-40 Years	19	5.9
	41-45 Years	15	4.6
	46-50 Years	13	4.0
	Total	**324**	**100.0**
Sex	Male	101	31.2
	Female	223	68.8
	Total	**324**	**100.0**
Social status	Single	135	41.7
	Married	180	55.5
	Divorced & Widow	9	2.8
	Total	**324**	**100.0**
Income	Enough	201	62.0
	Hardly enough	94	29.0
	Not enough	29	8.9
	Total	**324**	**100.0**
Educational level	Secondary school	76	23.5
	Diploma	123	38.0
	Bachelor's	123	38.0
	Master	2	0.6
	Total	**324**	**100.0**
Current workplace	Imam Hussein AS Medical City	97	29.9
	Karbala Teaching Hospital for Children	70	21.6
	Imam Hassan Al-Mujtaba Hospital	86	26.5
	Karbala Teaching Hospital for Obstetrics and Gynecology	71	21.9
	Total	**324**	**100.0**
Years of experience	1-3 Years	138	42.6
	4-6 Years	70	21.6
	7-9 Years	50	15.4
	More Than 10 Years	66	20.4
	Total	**324**	**100.0**
Work shift	Morning	167	51.5
	Evening	157	48.5
	Total	**324**	**100.0**

Table (4.1) summarizes the socio-demographic characteristics of the 324 of nurses working in four teaching hospitals in Kerbala City, participants ages was (20-50) years, most of them were relatively young, with the majority (75%) were between 20 and 35-year-old, the healthcare

workers were employed across four major medical centers in Karbala. Females comprised a larger portion of the sample (nearly 70%) compared to males. Single individuals made up the largest group (41.7%), followed by married individuals (55.6%). Most of the participants (over 60%) reported having sufficient income, while a significant minority (almost 30%) indicated having limited financial resources. The participants had a well-balanced distribution across secondary school, diploma, and bachelor's degree holders. A considerable proportion (over 40%) had experience for 1-3 years, with the remaining participants spread across other employment durations. Regarding the work shifts, they were nearly evenly divided between mornings and evenings (Appendix F).

Table (4.2) Assessment of Leadership Styles

Variable	Group	N	%	Mean	Assessment
Autocratic Leadership Style	Low	32	9.9	13.1	**Moderate**
	Moderate	231	71.3		
	High	61	18.8		
Democratic Leadership Style	Low	7	2.2	18.15	**High**
	Moderate	88	27.2		
	High	229	70.7		
Laissez-Faire Leadership Style	Low	5	1.5	14.5	**Moderate**
	Moderate	243	75.0		
	High	76	23.5		
Low (Score 1-5), Moderate (Score 5-10), High (Score10-15)					

Table (4-2) show majority of nurses (71.3%) perceived a moderate level of autocratic leadership, while 9.9% reported a low level and 18.8% reported a high level. On the other hand, a large portion (70.7%) perceived a high level of democratic leadership, with 27.2% reporting a moderate level and only 2.2% reporting a low level. In this study, it has been found that most nurses (75%) perceived a moderate level of laissez-faire leadership, while 1.5% reported a low level and 23.5% reported a high level.

Table (4.3) Assessment of burnout

Variable	Group	N	%	Mean	Assessment
Emotional Exhaustion (Level)	Low- Burnout	96	29.6	25.5	High-Level Burnout
	Moderate- Burnout	113	34.9		
	High-Burnout	115	35.5		
Depersonalization (Level)	Low- Burnout	168	51.9	6.2	**Low-Level Burnout**
	Moderate- Burnout	95	29.3		
	High- Burnout	61	18.8		
Personal Achievement (Level)	Low-Burnout	4	1.2	12.3	**High-Level Burnout**
	Moderate- Burnout	5	1.5		
	High-Burnout	315	97.2		

Emotional Exhaustion (Total 17 or less: Low-level burnout Total between 18 and 29 inclusive: Moderate burnout Total over 30: High-level burnout),

Depersonalization (Total 5 or less: Low-level burnout Total between 6 and 11 inclusive: Moderate burnout Total of 12 and greater: High-level burnout),

Personal Accomplishment (Total 33 or less: High-level burnout Total between 34 and 39 inclusive: Moderate burnout Total greater than 40: Low-level burnout).

Table (4-3) Results were illustrated that almost 30% (29.6%) reported low emotional exhaustion (indicating low burnout), The same proportion (34.9% and 35.5%) reported moderate to high levels of emotional exhaustion (indicating burnout).

Additionally, more than half (51.9%) low depersonalization (which suggests burnout is low). A significant portion (29.3%) reported moderate depersonalization, and nearly 19% reported high depersonalization (indicating burnout). Also, the vast majority (97.2%) reported a low level of personal achievement as a result of high burnout.

(4.4) Assessment of Job Satisfaction

Variable	Group	N	%	Mean	Assessment
Job Satisfaction Level	Dissatisfaction	76	23.5	120.5	**Somewhat satisfied**
	Somewhat satisfied	219	67.6		
	Satisfaction	29	9.0		
Dissatisfaction (Score 36-108), Satisfaction (score 144-216), Somewhat satisfied (score 108-144)					

Table (4.4) The results show nearly a quarter (23.5%) of nurses reported dissatisfaction with their jobs. The majority (67.6%) expressed somewhat (neither satisfied nor dissatisfied) and surprisingly, only a small percentage (9%) reported job satisfaction.

Table (4-5) Correlation Between Leadership Styles and Burnout

Spearman's rho		Emotional exhaustion	Depersonalization	Personal Achievement
Autocratic leadership style	R	0.085	0.085	-0.083
	P-value	0.125[NS]	0.128[NS]	0.135[NS]
Democratic leadership style	R	-0.223	-0.215	0.024
	P-value	**<0.001[S]**	**<0.001[S]**	0.666[NS]
laissez-faire leadership style	R	0.015	0.068	0.075
	P-value	0.782[NS]	0.222[NS]	0.179[NS]
r: correlation, p<0.05 considered significantly different, [S]= Significant, [NS]= Non significant				

Table (4-5) Democratic leadership style with Emotional exhaustion and depersonalization was directly linked negative correlation and highly statistically significant. While no statistically significant relationships were found between (autocratic and laissez-faire leadership styles) and burnout dimension.

Table (4-6) Correlation Between Leadership Style and Job Satisfaction

Spearman's rho		Autocratic leadership style	Democratic leadership style	laissez-faire leadership style
Job satisfaction	**r**	-0.125	0.043	-0.076
	P-value	**0.025[S]**	0.442[NS]	0.174[NS]
r: correlation, p<0.05 considered significantly different, [S]= Significant, [NS]= Non significant				

Table (4-6) Findings indicated a negative correlation and highly statistically significant between autocratic leadership style and Job satisfaction among nurse. while, no significant relationship was found between other styles (Democratic, a laissez-faire) with job satisfaction.

Table (4.7) Relationship between Nurses' Burnout / Emotional Exhaustion and their Demographic Data

Variable	Group	Emotional exhaustion		P value
		N	**Mean±SD**	
Age groups (Years)	20-25 Years	125	27.79±11.87	$r^s = .432$ **P-value= .002** **Sig= H.S**
	26-30 Years	118	25.63±12.29	
	31-35 Years	34	21.59±10.34	
	36-40 Years	19	23.63±13.67	
	41-45 Years	15	21.27±12.72	
	46-50 Years	13	21.00±9.17	
Sex	Male	101	23.55±12.19	$r^* = 668$ **P-value= .035** **Sig= S**
	Female	223	26.43±11.94	
Social status	Single	135	27.77±12.61	$r^s = .265$ **P-value= .008** **Sig= S**
	Married	180	23.68±11.54	
	Divorced	7	26.71±7.02	
	Widow	2	37.50±7.78	
Income	Enough	201	25.21±12.21	$r^s = .075$ **P-value= .456** **Sig= N.S**
	Hardly enough	94	26.91±12.07	
	Not enough	29	23.11±11.12	
Educational level	Secondary school	76	25.11±11.24	$r^s = .275$ **P-value= .045** **Sig= S**
	Diploma	123	22.97±11.72	
	Bachelor's	123	28.45±12.28	
	Master	2	20.50±23.33	
Current workplace	Imam Hussein AS Medical City	97	25.27±11.31	$r^s = .131$ **P-value=**

Variable	Group	N	Mean±SD	P value
	Karbala Teaching Hospital for Children	70	26.37±14.01	**.194** **Sig= N.S**
	Imam Hassan Hospital	86	25.19±11.58	
	Hospital for Obstetrics and Gynecology	71	25.49±11.84	
Years of experience	1-3 Years	138	26.38±11.97	r^s **= .632** **P-value= .049** **Sig= S**
	3-6 Years	70	29.16±12.54	
	7-9 Years	50	23.30±12.56	
	More than 10 Years	66	21.61±10.07	
Work Shift	Morning	167	25.63±12.73	r^s **= .067** **P-value= .505** **Sig= N.S**
	Evening	157	25.43±11.38	

r^s: Spearman Correlation coefficient, r^*: Biserial correlation coefficient, P: Probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High Significant

Table (4.7) reveals that there are significant relationships among nurses' burnout/emotional exhaustion and their sociodemographic variables of age, sex, social status, educational level, and period of employment at p-values= .002, .035, .008, .045, and .049 respectively.

Table (4.8) Relationship between Nurses' Burnout /Depersonalization and their Demographic Data

Variable	Group	Depersonalization		P value
		N	**Mean±SD**	
Age groups (Years)	20-25 Years	125	6.26±6.13	r^* **= .850** **P-value= .396** **Sig= N.S**
	26-30 Years	118	6.48±5.61	
	31-35 Years	34	5.85±5.26	
	36-40 Years	19	6.47±6.93	
	41-45 Years	15	4.80±4.33	
	46-50 Years	13	5.38±6.58	
Sex	Male	101	6.32±5.46	r^* **= -.720** **P-value= .472** **Sig= N.S**
	Female	223	6.16±5.99	
Social status	Single	135	6.57±5.83	r^s **= 0.442** **P-value= .238** **Sig= N.S**
	Married	180	5.98±5.83	
	Divorced	7	3.71±4.07	
	Widow	2	11.00±9.90	
Income	Enough	201	6.13±6.19	r^s **= 0.411** **P-value= .245** **Sig= N.S**
	Hardly enough	94	6.66±5.24	
	Not enough	29	5.39±5.03	

Educational level	Secondary school	76	5.26±5.18	r^s = .801
	Diploma	123	6.34±5.90	P-value= .450
	Bachelor's	123	6.73±6.11	Sig= N.S
	Master	2	2.00±0.00	
Current workplace	Imam Hussein AS Medical City	97	6.22±5.92	r^s = 0.019
	Karbala Teaching Hospital for Children	70	6.56±6.32	P-value= .412 Sig= N.S
	Imam Hassan Hospital	86	6.29±5.19	
	Hospital for Obstetrics and Gynecology	71	5.76±5.99	
Years of experience	1-3 Years	138	6.45±6.14	r^s = .163
	3-6 Years	70	6.71±5.82	P-value= .850
	7-9 Years	50	5.52±5.19	Sig= N.S
	More than 10 Years	66	5.70±5.62	
Work Shift	Morning	167	5.89±5.86	r^*= 095
	Evening	157	6.55±5.78	P-value= .304 Sig= N.S
r^s: Spearman Correlation coefficient, r^*: Biserial correlation coefficient, P: Probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High Significant				

Table (4-8) shows that there is no significant relationship is reported between nurses' burnout/depersonalization and their sociodemographic characteristics.

Table (4.9) Relationship between Nurses' Burnout / Personal Accomplishment and their Demographic Data

Variable	Group	Personal achievement		P value
		N	Mean±SD	
Age groups (Years)	20-25 Years	125	11.31±9.41	r^s = .038
	26-30 Years	118	13.62±10.13	P-value= .681
	31-35 Years	34	11.38±10.59	Sig= N.S
	36-40 Years	19	11.42±10.64	
	41-45 Years	15	15.07±12.36	
	46-50 Years	13	9.23±6.78	
Sex	Male	101	12.41±10.59	r^*= 017
	Female	223	12.19±9.68	P-value= .854 Sig= N.S
Social status	Single	135	12.35±9.70	r^s = .119
	Married	180	12.05±10.08	P-value= .196
	Divorced	7	15.14±13.48	Sig= N.S
	Widow	2	14.50±9.19	

Income	Enough	201	11.20±9.66	$r^* = 0.295$ P-value= .034 Sig= S
	Hardly enough	94	13.43±9.39	
	Not enough	28	16.18±12.58	
Educational level	Secondary school	76	11.53±10.06	$r^s = .022$ P-value= .808 Sig= N.S
	Diploma	123	11.66±10.10	
	Bachelor's	123	13.19±9.73	
	Master	2	19.50±12.02	
Current workplace	Imam Hussein AS Medical City	97	12.58±10.80	$r^s = .038$ P-value= .681 Sig= N.S
	Karbala Teaching Hospital for Children	70	12.00±9.90	
	Imam Hassan Hospital	86	13.97±10.21	
	Hospital for Obstetrics and Gynecology	71	10.00±8.10	
Years of experience	1-3 Years	138	10.97±8.70	$r^s = 0.957$ P-value= .005 Sig= H.S
	3-6 Years	70	14.89±10.83	
	7-9 Years	50	11.58±9.63	
	More than 10 Years	66	12.67±11.28	
Work Shift	Morning	167	10.66±8.71	$r^* = 201$ P-value= .028 Sig= S
	Evening	157	13.96±10.91	

r^s: Spearman Correlation coefficient, r^*: Biserial correlation coefficient, P: Probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High Significant

Table (4.9) reveals that there are significant relationships among nurses' burnout /personal accomplishment and their sociodemographic variables of income, period of employment, and shift type at p-values= .034, .005, and .028 respectively.

Table (4.10) Relationship between Nurses' job satisfaction and their Demographic Data

Variable	Group	Job satisfaction		Relationship
		N	Mean±SD	
Age groups (Years)	20-25 Years	125	119.71±20.91	$r^s = .015$ P-value= .916 Sig= N.S
	26-30 Years	118	122.72±17.12	
	31-35 Years	34	117.29±17.20	
	36-40 Years	19	123.58±18.08	
	41-45 Years	15	114.87±18.00	
	46-50 Years	13	118.08±19.67	
Sex	Male	101	121.10±18.58	$r^* = 136$ P-value= .346 Sig= N.S
	Female	223	120.22±19.04	
Social status	Single	135	119.99±19.05	$r^s = .004$ P-value= .978
	Married	180	121.02±19.05	

	Divorced	7	117.86±14.55	**Sig= N.S**
	Widow	2	116.50±6.36	
Income	Enough	201	120.50±18.96	r^s = .003 **P-value= .983**
	Hardly enough	94	120.22±19.29	**Sig= N.S**
	Not enough	29	121.32±17.82	
Educational level	Secondary school	76	116.11±18.93	r^s = .350 **P-value= .013** **Sig= S**
	Diploma	123	120.98±17.72	
	Bachelor's	123	122.36±19.63	
	Master	2	142.00±2.83	
Current workplace	Imam Hussein AS Medical City	97	122.27±20.17	r^s = .128 **P-value= .377** **Sig= N.S**
	Karbala Teaching Hospital for Children	70	116.81±16.72	
	Imam Hassan Al-Mujtaba Hospital	86	121.16±18.74	
	Hospital for Obstetrics and Gynecology	71	120.87±19.12	
Years of experience	1-3 Years	138	120.85±20.41	r^s = .022 **P-value= .882** **Sig= N.S**
	3-6 Years	70	123.14±17.65	
	7-9 Years	50	118.68±17.58	
	More than 10 Years	66	118.30±17.71	
Work Shift	Morning	167	120.12±19.08	r^*= 164 **P-value= .256** **Sig= N.S**
	Evening	157	120.89±18.71	

r^s: Spearman Correlation coefficient, r^*: Biserial correlation coefficient, P: Probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High Significant

Table (4-10) indicates that there is significant relationship between nurses' job satisfaction and their level of education at p-value= .013 while there is no significant relationship seen with remaining sociodemographic characteristics of nurses.

Chapter Five

Discussions

Conclusions and

Recommendations

Chapter Five

Discussions, Conclusions and Recommendations

5.1. Results discussions

5.1.1. Assessment of Leadership Styles

In Table (4.2), the current study showed that the most common leadership style among nurses is the democratic leadership style, followed by the authoritarian leadership style and then the permissive leadership style, as the results were close, which means that nurses prefer the democratic leadership style because it enhances joint decision-making and a supportive work environment. This is consistent with Abdullah, (2023). study, which showed that the democratic leadership style was dominant.

5.1.2. Assessment of job satisfaction

In Table (4-3) is the level of job satisfaction for nurses who expressed their satisfaction to some extent (dissatisfied or dissatisfied), and this is consistent with the study of Hajibabaee et al., (2022), as the results of their study showed that most nurses were somewhat satisfied.

5.1.3. Assessment of Burnout

Table (4-4) The results showed moderate to high levels of emotional exhaustion (indicating burnout). In addition, more than half of the subjects with low levels of depersonalization (indicating low levels of burnout) reported low levels of personal accomplishment as a result of severe burnout. The results of the current study are consistent with a study by Ebrahimzadeh et al., (2015), where emotional exhaustion scores were above average, depersonalization scores were low, and low personal accomplishment scores were high.

5.1.4. Correlation Between Leadership Styles and Burnout

Table (4-5) reveals a highly statistically significant negative correlation between democratic leadership style and emotional exhaustion and depersonalization, indicating that democratic leadership is linked to

these aspects of burnout among nurses. This finding is consistent with the study by Due et al. (2020), which found that a democratic leadership style was associated with increased emotional exhaustion, depersonalization, and decreased self-achievement, suggesting a connection to nurse burnout syndrome.

However, this conclusion contrasts with the research by Miller et al. (2019), which reported that democratic leadership is associated with lower levels of emotional exhaustion and depersonalization among nurses. Their study supports the notion that democratic leadership characterized by shared decision-making and enhanced support helps to alleviate burnout. According to Miller and others nurses working under democratic leaders feel more supported and engaged, which reduces feelings of emotional exhaustion and depersonalization.

5.1.5. Correlation Between Leadership Styles and Job Satisfaction

Table (4.4) indicates a highly statistically significant negative correlation between autocratic leadership style and job satisfaction among nurses. This negative correlation is consistent with a substantial body of research showing that autocratic leadership often undermines employees' sense of autonomy, thereby decreasing job satisfaction. For example, Cummings et al. (2010) observed that diminished autonomy due to autocratic leadership was linked to lower job satisfaction among nurses.

Nurses who feel constrained in their roles and excluded from decision-making processes typically report lower levels of job satisfaction.

Similarly, Sanam (2023) found that both autocratic and abusive supervision adversely affect job satisfaction and increase turnover intentions. These findings support the view that autocratic leadership is detrimental to job satisfaction. However, this perspective contrasts with the results reported by Makhdoom and Daas (2022), who found a significant positive effect of autocratic leadership on job satisfaction. Additionally,

Alkhasawneh (2019) identified high levels of dissatisfaction among employees who described their managers as exhibiting an autocratic leadership style, further aligning with the general consensus that autocratic leadership tends to decrease job satisfaction.

5.1.5. Psychological Burnout/Emotional Exhaustion Among Nurses and Its Relationship with Demographic Data

Table (4-7) It reveals that younger nurses, female nurses, and those who are single experience the highest levels of burnout. Furthermore, nurses with 3-6 years of experience report the greatest emotional exhaustion. The study also shows that educational level affects burnout, with nurses holding high degree of educational level experiencing the highest levels of emotional exhaustion.

Recent studies have highlighted the significant impact of demographic factors on emotional exhaustion among nurses. Age is a critical factor, with younger nurses often experiencing higher levels of emotional exhaustion compared to their older counterparts. Mills et al. (2018) found that younger nurses reported significantly more burnout, attributed to less experience in managing work-related stress and challenges in balancing work and personal responsibilities. In contrast,

older nurses, who have accumulated more experience and coping skills, generally report lower levels of emotional exhaustion.

Sex differences also play a crucial role in emotional exhaustion. Gordon et al. (2019) observed that female nurses are more likely to experience emotional exhaustion than male nurses. This disparity is linked to the higher emotional demands placed on female nurses, who often juggle multiple roles both professionally and domestically, leading to increased burnout.

Social status further influences emotional exhaustion and this agree with Lahana et al., (2017) that express Marital status was significantly related with emotional exhaustion. Suggesting that personal life circumstances and support systems are critical in managing work-related stress and burnout. Both studies highlight the importance of considering marital status as a key factor in addressing and mitigating emotional exhaustion in the workplace.

Educational level impacts emotional exhaustion in nuanced ways. Smith et al. (2022) reported that higher educational attainment is generally associated with lower levels of emotional exhaustion. Nurses with advanced degrees tend to have better coping mechanisms and a deeper understanding of their roles, contributing to reduced burnout.

Years of experience also influence emotional exhaustion. Rodriguez et al. (2023) highlighted that nurses with more years of experience typically report lower levels of emotional exhaustion, attributing this to enhanced coping strategies and resilience developed over time.

5.1.6. Psychological Burnout/Personal Accomplishment among nurses and its relationship with their Demographic Data

Table 4-9 illustrates a notable association between income levels and personal accomplishment among nurses. Specifically, nurses with 1-3 years of experience reported the highest levels of personal accomplishment. In addition, the data indicate that nurses working morning shifts experienced significantly lower personal achievement compared to their counterparts on night shifts.

This finding aligns with Zhao et al. (2019), who observed that night shift nurses reported higher levels of job satisfaction and personal accomplishment relative to morning shift nurses. This disparity may be attributed to fewer disruptions and lower patient volumes during night shifts, which could foster a more stable work environment and enhance personal achievement.

Kim et al. (2020) investigated the relationship between income and personal achievement among nurses and found that, while higher income generally provided a sense of financial security, it did not necessarily correlate with increased personal accomplishment. The study highlighted that factors such as job role, work environment, and recognition were more influential in determining nurses' sense of achievement.

Smith and Jones (2021) further supported these findings by reporting that nurses with 3-6 years of experience exhibited the highest levels of personal accomplishment. This period is often characterized by a beneficial balance between accumulated experience and sustained enthusiasm for the profession, contributing to elevated levels of personal accomplishment.

5.1.7. Job Satisfaction Among Nurses and Its Relationship with Their Demographic Data

Table (4.10) Educational level is a critical factor in determining job satisfaction among nurses. Higher educational qualifications often correlate with increased job satisfaction, as they typically lead to greater professional competence and autonomy. For instance, a study by Lee et al. (2018) found that nurses with higher educational levels, including those with Bachelor of Science in Nursing (BSN) degrees or higher, reported higher job satisfaction compared to those with lower levels of education. This increased satisfaction was attributed to enhanced professional roles and responsibilities, as well as improved patient outcomes associated with advanced education.

5.10. Conclusions

5.10.1. The study revealed that the democratic leadership style was most prominent in the sample, yet it correlated with higher levels of emotional exhaustion and lower personal achievement. Despite this, nurses under democratic leadership reported a moderate level of job satisfaction, suggesting a complex interplay between leadership style and burnout outcomes.

5.10.2. Autocratic leadership, in contrast, was negatively correlated with job satisfaction, highlighting the detrimental impact of this leadership style on nurses' overall job contentment. This finding aligns with existing literature that associates autocratic management with reduced employee morale and engagement.

5.10.3. The study also identified specific demographic and experiential factors influencing burnout and job satisfaction. Younger nurses, female nurses, and those who are single experienced the highest levels of

emotional exhaustion. This demographic vulnerability underscores the need for targeted interventions to address burnout among these groups. Moreover, nurses with 3-6 years of experience reported the greatest emotional exhaustion, indicating that mid-career nurses may face unique stressors that warrant further exploration.

5.10.4. Educational attainment emerged as a significant factor, with nurses holding a Bachelor's degree experiencing the highest levels of emotional exhaustion. This finding suggests that while higher education is generally beneficial, it may also be associated with increased expectations and pressures that contribute to burnout. The notable association between income levels and personal accomplishment indicates that financial compensation may play a role in enhancing perceived personal achievement among nurses, although the relationship is nuanced and warrants further investigation.

5.10.5. The study also highlighted differences in personal achievement based on shift work, with morning shift nurses experiencing lower levels of personal accomplishment compared to those working night shifts. This could reflect the unique challenges and stressors associated with different shift patterns and their impact on personal and professional satisfaction.

5.11. Recommendations

5.11.1. Nursing departments in Kerbala hospitals should promote balanced leadership styles. Since democratic leadership has been associated with severe emotional exhaustion, training programs should emphasize the principles of democratic balance with other leadership styles. Leaders should also be trained to recognize signs of exhaustion and provide the necessary support to their teams.

5.11.2. Workshops should also be conducted that focus on emotional intelligence, stress management, and effective leadership strategies. These workshops should address how to mitigate the negative effects of democratic and autocratic leadership styles and should be the responsibility of the nursing department in kerbala Health Directorate.

5.11.3. Other responsibilities that nursing departments should adopt include shift management by evaluating and modifying shift patterns to minimize the negative impact on personal achievement. Consider offering more flexibility in shift schedules to accommodate nurses' preferences and improve their job satisfaction also Work-life balance by encouraging and facilitating work-life balance by providing options such as reduced hours or shift rotation, especially for those with high levels of burnout. Continuing education support: While higher education is generally beneficial, hospitals should provide support for nurses who are pursuing advanced degrees.

5.11.4. Given the importance of the effort provided by nurses, the higher authorities represented by the Ministry of Health should appreciate their efforts with competitive salaries that reflect the work provided by nurses. As well as moral support through letters of thanks and appreciation for nursing contributions and achievements, which can enhance personal achievement and job satisfaction.

5.11.5. Through this study, we explored possibilities for further exploration by future researchers. in particular,

1. The importance of leadership skills for successful change nursing management.

2. Investigating the long-term impact of leadership style on nurse burnout and job satisfaction: A follow-up study

3. Investigation of the relationship between nurses' leadership style and turnover intention: A longitudinal study

4. The role of emotional intelligence in changing the relationship between leadership style and nurses' well-being.

5. Effect of leadership development programs on effectiveness of nurse leader and nurse staff well-being.

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Appendices

Appendix A

Research ethical approval form

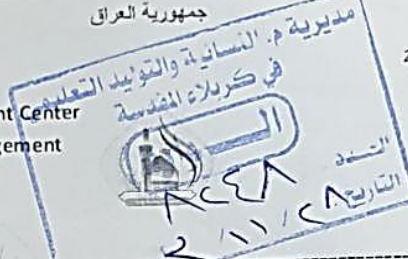## Research Ethical Approval Form

Title of the research project	
In the English language	In the Arabic language
Influence of Perceived Leadership Styles on Burnout and Job Satisfaction Among nurses.	تأثير أنماط القيادة المدركة على الاحتراق النفسي والرضا الوظيفي لدى الممرضين

Data About the Main Researcher /Student:

Full Name	Scientific Title	Mobile Number	Email
Israa Namma Hashem	Master student	07762847857	Esraanama7@gmail.com

Data About the Co-author /Supervisor:

Full Name	Scientific Title	Mobile Number	Email
Dr.Safi Dakhil Nawam	Assistance Prof.	07822531665	Safi.dakhil@uokerbala.edu.iq

Study objectives

1. To assess leadership styles, job satisfaction and burnout among nurses.
2. To find out relationship between leadership styles, job satisfaction and burnout among nurses.
3. To find out relationship between job satisfaction and burnout with demographic variables.

Time and Setting of the Study

Time: Starts 26" of September 2023 to August 2024
The samples will be collected from nurses in the teaching hospitals (Imam AL_ Hussein Medical City and Imam AL -Hassan Al-Mujtaba Hospital and Karbala Teaching Hospital for children and Karbala Teaching Hospital Gynecology and Obstetrics)

Study Design

Quantitative/Descriptive study (Correlation study)

Sampling method and sample size

Non probability (convenience) / 300 nurses

Statement of Ethical Commitment

I am Israa Namma Hashem pledge to conduct the research in accordance with what was mentioned in the protocol above and to commitment that all rules set by the ethical policy are followed in my research process. I also make a commitment to abide by ethical principles, moral values, law and instruction of the institutions. My research carries no bias for ethnicity, gender, regional aspects and is totally impartial and objective. I will have taken an informed consent from participants, and to provide clarifications and information about the study to the sample members. I deal with the data of the sample members in complete confidentiality.

Name and signature of the researcher

Recommendation of the College's Research Ethical Committee

[✓] Agreement to conduct the study   [ ] Disagreement to conduct the study

Instructor Dr. Sajidah Saadoon Oleiwi
Member

Ass. Prof. Dr. Zeki Sabah Musihb
Member

Ass. Prof. Dr. Ghazwan Abdalhussein
Member

Ass. Prof. Dr. Hassan Abdullah Athbi
Chairman of the Committee

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Holy Karbala Governorate   جمهورية العراق   محافظة كربلاء المقدسة
Karbala Health Directorate   دائرة صحة كربلاء المقدسة
Training and Human Development Center   مركز التدريب والتنمية البشرية
Research and Knowledge Management   شعبة ادارة البحوث والمعرفة
Division

العدد : ٧٤٩٧

التاريخ / ١٤ / ١١ / ٢٠٢٣

إلى / جامعة كربلاء/ كلية التمريض

الموضوع / تسهيل مهمة

تحية طيبة....

كتابكم المرقم (د.ع/ ٣٣١ في ٢٠٢٣/١١/٥)
نود إعلامكم بأنه لا مانع لدينا من تسهيل مهمة طالبة الدراسات العليا/ ماجستير
(اسراء نعمة هاشم) لانجاز بحثها :
" تأثير انماط القيادة المدركة على الاحتراق النفسي والرضا الوظيفي لدى
الممرضين"

"The Influence of Perceived Leadership Styles on Burnout and Job Satisfaction among Nurses"

في مؤسستنا الصحية/ مستشفى كربلاء التعليمي للاطفال وبأشراف الدكتور (محمد
حسين حمادي الطويل)على ان لا تتحمل دائرتنا اي نفقات مادية مع الاحترام

الدكتور
نعيم عبيد الشهباني
طبيب اختصاصي
الدكتورة
ر / تقوى خضر عبد الكريم
مدير مركز التدريب والتنمية البشرية
١٤ / ١١ /٢٠٢٣

نسخة منه الى
مستشفى كربلاء التعليمي للاطفال /اجراء اللازم مع الاحترام.
مدينة الامام الحسين (ع) الطبية /اجراء اللازم مع الاحترام.
مستشفى الامام الحسن المجتبى (ع) /اجراء اللازم مع الاحترام.
مستشفى النسائية والتوليد /اجراء اللازم مع الاحترام.
مركز التدريب والتنمية البشرية/ شعبة ادارة البحوث والمعرفة مع الاوليات

</div>

Appendix B1

Form number 53
Decision number:2023219
Date 12/11/2023

Research committee decision

The Research Committee of Karbala Health Directorate has examined the research protocol number(2023219Karbala) entitled:

"The Influence of Perceived Leadership Styles on Burnout and Job Satisfaction among Nurses"

Submitted by researchers: Israa Nama Hashem

to the research and Knowledge Management Unit at the Training and Human Development Center of Karbala Health Directorate on 12/11/2023

The unit has decided to:

* Accept the above-mentioned research protocol as it meets the standards adopted by the Ministry of Health for the implementation of research, and there is no objection to implementing it in the Directorate's institutions.

الدكتور
نعيم عبيد المشهداني
Rapporteur of the committee

12/11/2023

Notes:
- The committee member (Dr. Taqwa Khudhur Abdulkareem)/ committee rapporteur (Dr. Naeem Obaid. Talal) were authorized to sign this decision on behalf of the remaining members of the committee under the rules of procedures of the research committee.
- The research committee approval means that the research project submitted to the aforementioned committee has fulfilled the ethical and methodological standards adopted by the Ministry of Health for conducting a research. As for the implementation of the research, it depends on the researchers adherence to the instructions of the health institution in which the research will be implemented as well as the laws, instructions and recommendations in force that govern the practice of medical and health action in Iraq.

صفحة موافقة المبحوث

تَحيةٌ طَيبة...

الأخوةُ والأخوات المُمَرِّضين الأعزاء يُشرفني أن أضَع بين أيديكم استبيان لِدراسة:

(Perceived Leadership Styles and its Relation to Burnout and Job Satisfaction among Nurse)

(أنماط القيادة المدركة وعلاقتها بالاحتراق النفسي والرضا الوظيفي لدى الممرضين)

إجابتكم ستكون ذاتَ قيمة كبيرة لإسهامكم في البحث العلمي، جميع المعلومات التي تُقدمها سَتبقى في سريةٍ تامة ولن يتم استخدامها لأي غرض آخر غير البحث الحالي، راجين منكم ملئها بحرص وعناية، والتأكد من الإجابة على جميع الاسئلة لان الاجابات الناقصة (ترك سؤال) تؤدي إلى إلغاء الاستمارة.

نَشكركم على مشاركتكم في هذا البحث ومساعدتكم في تحقيق أهدافه ....

نعم   □   هل تُوافق على المُشاركة؟

لا   □

إذا كانتْ الإجابةُ بـ نعمْ رجاءً أكمِل الاستبيان

رقم الاستبانة   □

القسم الأول: المعلومات الديموغرافية

يُرجى وضع علامة (√) في المربع المناسب وإعطاء إجابات حيثما تم تحديد ذلك

	الإجابة	الصفة
		١. العمر
	ذكر	٢. الجنس
	انثى	
	أعزب / عزباء	٣. الحالة الاجتماعية
	متزوج / متزوجة	
	مطلق / مطلقة	
	أرمل / أرملة	
	صباحي	٤. نوع الدوام
	مسائي	
	اعدادية	٥. المستوى التعليمي
	دبلوم	
	بكالوريوس	
	ماجستير	
	دكتوراة	
	يكفي	٦. الدخل الشهري
	بالكاد يكفي	
	لا يكفي	
		٧. مكان العمل الحالي (اسم المستشفى +اسم القسم)
		٨. عدد سنوات الخدمة في التمريض

القسم الثاني: مقياس أنماط القيادة

نوع نمط القيادة:	العبارات	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
نمط القيادة الدكتاتوري	مسؤولي لا يفوض السُلطة والصَلاحيات ويشرف بنفسه على تفاصيل العمل.					
	مسؤولي يوجه تعليمات صارمة غير قابلة للنقاش.					
	مسؤولي يستخدم أسلوب الترهيب والتخويف لتنفيذ تعليماته.					
	مسؤولي غير مرن وشديد التمسك بالقوانين الرسمية.					
	يتدخل مسؤولي في أعمال ليست من مهامه.					
نمط القيادة الديموقراطي	يشجع مسؤولي على إبداء الآراء وطرح الأفكار والمقترحات الجديدة.					
	يتعاطف مسؤولي مع الممرضين الذين يواجهون صعوبات مادية واجتماعية وعملية.					
	يتشارك مسؤولي مع الممرضين في عملية اتخاذ القرارات وحل المشكلات.					
	يتيح مسؤولي أكبر قدر من الحرية للممرضين لتمكينهم من اتخاذ القرارات المناسبة في مجال عملهم.					
	يفوض مسؤولي السلطة الكافية ويمنح الصلاحيات يهتم بنتائج الأعمال.					
نمط القيادة الحر	يشعر مسؤولي الممرضين بالحرية التامة في نشاطهم لإصدار القرارات التي يرونها مناسبة لإنجاز أعمالهم.					
	يفرض مسؤولي سلطاته على نطاق واسع.					
	يتردد كثيرا في ضبط سلوكيات وتصرفات الممرضين.					
	السلوك العام للمسؤول متنوع ومتقلب ويغير رأيه بين الحين والآخر.					
	لا يتدخل مسؤولي مشكلات العمل إلا في حالات الأزمة الشديدة					

القسم الثالث: مقياس الاحتراق النفسي: يعرف الاحتراق النفسي بأنه تلك الأعراض النفسية المتمثلة في الانهاك العاطفي النفسي وتطوير اتجاهات سلبية نحو العمل وقلة الانجاز الشخصي ويعتبر حالة من الاجهاد التي تصيب الفرد نتيجة أعباء العمل التي تفوق طاقته والتي تنتج عنها مجموعة من الاعراض النفسية والجسدية والعقلية.

يحدث كل يوم	يحدث عدة مرات في الأسبوع	يحدث مرة في الاسبوع	يحدث عدة مرات في الشهر	يحدث مرة واحدة في الشهر على الاقل	يحدث مرة واحدة في السنة على الاقل	لا يحدث أبدا	العبارات
							أشعر بأني منهار عاطفيا جراء ممارسة مهنتي
							أشعر أني ليس لدي طاقة في نهاية اليوم
							اشعر بالتعب عندما استيقظ من نومي واعرف ان عليَ مواجهة يوم جديد من العمل
							أستطيع ان افهم بسهولة مشاعر المرضى
							أتعامل مع بعض المرضى بلا انسانية وكأنهم أشياء
							التعامل مع المرضى طوال اليوم يتطلب مني جهد كبير
							اقوم بحل مشاكل المرضى بفعالية عالية
							اشعر بالاحتراق النفسي بسبب مهنتي
							اشعر ان لي تأثيرا ايجابيا في حياة المرضى من خلال عملي
							أصبحت اقل شعورا بالناس منذ التحاقي بمهنة التمريض
							أخشى ان يجعلني هذا العمل قاسيا انفعاليا
							أشعر بالحيوية والنشاط
							أشعر بالإحباط من ممارسة مهنتي
							أشعر انني ابذل جهدا كبيرا في عملي
							حقيقة لا أهتم بما يحدث لبعض المرضى
يحدث كل يوم	يحدث عدة مرات في الأسبوع	يحدث مرة في الاسبوع	يحدث عدة مرات في الشهر	يحدث مرة واحدة في الشهر على الاقل	يحدث مرة واحدة في السنة على الاقل	لا يحدث ابدا	العبارات

						العبارات
						إن العمل بشكل مباشر مع المرضى يسبب لي ضغطا شديدا
						أستطيع بسهولة أن أخلق جواً مريحاً مع المرضى
						أشعر بالسعادة بالعمل عن قرب مع المرضى
						أنجزت الكثير من الأشياء ذات الأهمية الكبيرة في مهنتي
						أشعر وكأنني على حافة الهاوية جراء ممارسة مهنتي
						أتعامل بكل هدوء مع المشاكل الانفعالية اثناء ممارسة مهنتي
						يلومني المرضى عن بعض المشاكل التي تواجههم

القسم الرابع: مقياس الرضا الوظيفي

موافق بشده	موافق بشكل معتدل	موافق بشكل طفيف	غير موافق بشكل طفيف	غير موافق بشكل معتدل	غير موافق بشده	العبارات
						أشعر بأني أتقاضى أجرا عادلا مقابل عملي
						توجد فرصة ضئيلة جداً للترقية من وظيفتي
						مشرفي كفوء تماماً في اداء وظيفته
						لست راضيًا عن الاعمال الإضافية التي أكلف بها .
						عندما اقوم بعمل جيد، فاني احصل مقابله على الاحترام المناسب.
						العديد من القواعد والاجراءات تجعل القيام بعمل جيد أمراً صعبا.
						أكن التقدير للأفراد الذين أعمل معهم
						احيانا أشعر أن عملي لا معنى له.
						مهارات التواصل بين الممرضين جيدة داخل المستشفى
						حالات زيادة الراتب قليلة جداً ومتباعدة
						توجد إمكانية كبيرة للترقية لأصحاب الأداء الجيد .
						مشرفي في العمل يسيء معاملتي.
						المزايا الإضافية التي احصل عليها جيدة كتلك المقدمة في أغلب مؤسسات الدولة
						لا أشعر أن العمل الذي اقوم به يحضى بالتقدير .

موافق بشده	موافق بشكل معتدل	موافق بشكل طفيف	غير موافق بشكل طفيف	غير موافق بشكل معتدل	غير موافق بشده	العبارات
						نادرا ما تعيقني كثرة الإجراءات المعقدة عن القيام بعمل جيد.
						أجد نفسي مجبرا على العمل بجهد أكبر نظراً لعدم كفاية الأفراد الذين أعمل معهم
						أحب فعل الأشياء التي أقوم بها في العمل
						أهداف المستشفى ليست واضحة لي

موافق بشده	موافق بشكل معتدل	موافق بشكل طفيف	غير موافق بشكل طفيف	غير موافق بشكل معتدل	غير موافق بشده	العبارات
						عندما أفكر بما أتقاضاه أشعر أني غير مُقَدَر
						يرتقي الأفراد في السلم الوظيفي بنفس السرعة لما يحدث في أماكن اخرى
						يظهر مشرفي اهتماماً قليلاً جداً بمشاعر مرؤوسيه.
						نحصل على مزايا إضافية عادلة.
						يوجد القليل من المكافآت للعاملين هنا .
						هناك الكثير من العمل في وظيفتي
						أقدر زملائي في العمل
						في الغالب أشعر أني لا أعلم ما يحدث في المستشفى .
						أشعر بالفخر عند القيام بعملي .
						أشعر بالرضا عن فرصي للحصول على زيادات في الأجر.
						هناك مزايا إضافية لا نحصل عليها والتي كان من الواجب وجودها
						أكن التقدير لمشرفي.
						لدي الكثير من الأعمال المكتبية.
						أشعر أن جهودي لا تكافأ بالطريقة الملائمة .
						أشعر بالرضا بخصوص فرصي للترقية.
						هناك الكثير من النزاع في العمل.
						عملي ممتع
						مهام العمل غير مشروحة بشكل كامل

Appendix D
Questionnaire of the Study- English

Section One: Demographic information:
Please put (√) the appropriate box and give answers where indicated

The adjective	The answer	
Age		
Sex	male	
	female	
Marital status	Single	
	Married	
	Divorce	
	widower	
Work shift	Morning shift	
	Evening shift	
Educational level	Preparatory school	
	Diploma	
	Bachelors	
	Masters	
	Ph.D.	
Income	Enough	
	Not enough	
	Hardly enough	
Current work place (Hospital name)		
Years of employment		

Section two: Leadership Styles Scale:

Type of leadership style	Elements	Very agree	agree	neutral	disagree	Very disagree
Autocratic leadership style	my leader does not delegate authority and powers and supervises the details of the work himself.					
	My leader gives strict, non-negotiable instructions.					
	3. my leader uses intimidation and intimidation to implement his instructions.					
	4. my leader is inflexible and strongly adheres to formal laws.					
	5. my leader interferes in work that is not part of his duties.					
Democratic leadership style	6. my leader encourages expressing opinions and presenting new ideas and proposals.					
	7. my leader sympathizes with nurses who face financial, social and practical difficulties.					
	8. my leader partners with nurses in the process of making decisions and solving problems.					
	9. my leader allows the greatest amount of freedom to nurses to enable them to make appropriate decisions in their field of work.					
	10. my leader delegates sufficient authority and grants powers and is concerned with the results of actions.					
Laissez fair leadership style	11. Nursing leaders make their nurses feel completely free to make					

	Elements						
	the decisions they deem appropriate in completing their work.						
	12. my leader delegates his authority widely.						
	13. He is very hesitant to control the behavior and actions of nurses.						
	14. The general behavior of the leader is varied and volatile, and he changes his mind from time to time.						
	15. my leader does not intervene in work problems except in cases of severe crisis						

Section Three: Burnout Scale: defined as those psychological symptoms represented by psychological and emotional exhaustion, the development of negative attitudes toward work, and a lack of personal achievement. It is considered a state of stress that affects the individual as a result of workloads that exceed his capacity, which results in a group of psychological, physical, and mental symptoms.

Elements	It never happens	It happens at least once a year	It happens at least once a month	It happens several times a month	It happens once a week	It happens several times a week	It happens every day
I feel emotionally exhausted as a result of practicing my profession							
I feel like I don't have energy at the end of the day							
I feel tired when I wake up and know that I have to face a new day of work							
I can easily understand patients' feelings							
I treat some patients inhumanely, as if they were objects							
Dealing with patients all day requires a lot of							

effort from me							
I solve patients' problems very effectively							
I feel psychologically burned out by my profession							
I feel that I have a positive impact on patients' lives through my work							
. I have become less sensitive to people since joining the nursing profession							
. I fear that this work will make me emotionally harsh							
. Feel energetic and energized							
Elements	**It never happens**	**It happens at least once a year**	**It happens at least once a month**	**It happens several times a month**	**It happens once a week**	**It happens several times a week**	**It happens every day**
. I feel frustrated with my profession							
. I feel that I put a great effort into my work							
. I really don't care what happens to some patients							
. Working directly with patients causes me severe stress							
. I can easily create a comfortable atmosphere with patients							
. I feel happy after working closely with patients							
. I have accomplished many things of great importance in my career							

	Strongly disagree	Moderately strongly disagree	Slightly strongly disagree	Slightly agree	Moderately agree	Strongly agree
. I feel like I am on the brink of practicing my profession						
. I deal calmly with emotional problems while practicing my profession						
. Patients blame me for some of the problems they face						

Section four: Job Satisfaction Scale:

Elements	Strongly disagree	Moderately strongly disagree	Slightly strongly disagree	Slightly agree	Moderately agree	Strongly agree
I feel I am being paid a fair amount for the work I do.						
There is really too little chance for promotion on my job.						
My supervisor is quite competent in doing his/her job.						
I am not satisfied with the benefits I receive.						
When I do a good job, I receive the recognition for it that I should receive.						
Many of our rules and procedures make doing a good job difficult.						
I like the people I work with.						
I sometimes feel my job is meaningless.						
Communications seem good within this bank.						
. Raises are too few and far between.						
. Those who do well on the job stand a fair chance of being promoted						
. My supervisor is unfair to me.						

Element						
The benefits we receive are as good as most other organizations off						
I do not feel that the work I do is appreciated.						
My efforts to do a good job are seldom blocked by red tape.						
I find I have to work harder at my job because of the incompetence people I work with.						

Elements	Strongly disagree	Moderately strongly disagree	Slightly strongly disagree	Slightly agree	Moderately agree	Strongly agree
The goals of the hospital are not clear to me						
I feel unappreciated by the bank when I think about what they pay						
People get ahead as fast here as they do in other places.						
My supervisor shows too little interest in the feelings of subordinate						
the benefit package we have is equitable.						
There are few rewards for those who work here.						
I have too much to do at work.						
I enjoy my coworkers.						
I often feel that I do not know what is going on within the hospital.						
I feel a sense of pride in doing my job.						

. I feel satisfied with my chances for salary increases						
. There are benefits we do not have which we should have.						
. I like my supervisor						
. I have too much paperwork						
. I don't feel my efforts are rewarded the way they should be.						
. I am satisfied with my chances for promotion.						
. There is too much bickering and fighting at work.						
. My job is enjoyable						
. Work assignments are not fully explained						

Appendix E
Expert's Panel

ت	اسم الخبير	اللقب العلمي	سنوات الخبرة	الاختصاص	مكان العمل
١	ا.د .علي كريم خضير	أستاذ	٣٠	تمريض الصحة النفسية والعقلية	جامعة كربلاء /كلية التمريض
٢	ا.م.د. معن حميد ابراهيم العامري	استاذ مساعد	١٨	تمريض الصحة النفسية والعقلية	كلية الكوت الجامعة
٣	ا.م.د. كريم رشك ساجت	استاذ مساعد	٤٠	تمريض الصحة النفسية والعقلية	جامعة بغداد/كلية التمريض
٤	ا.م.د. سلمان حسين فارس	استاذ مساعد	٣٢	تمريض صحة مجتمع	جامعة كربلاء/كلية التمريض
٥	ا.م.د غزوان عبد الحسين	استاذ مساعد	١٨	تمريض صحة مجتمع	جامعة كربلاء/كلية التمريض
٦	ا.م.د .قحطان قاسم محمد	استاذ مساعد	١٤	تمريض الصحة النفسية والعقلية	جامعة بغداد/كلية التمريض
٧	ا.م.د حسن علي حسين	استاذ مساعد	١٤	تمريض الصحة النفسية والعقلية	جامعة بغداد/كلية التمريض
٨	ا.م.د حسام مطشر زان	استاذ مساعد	١٨	تمريض الصحة النفسية والعقلية	جامعة الكوفة /كلية التمريض
٩	م.د حقي اسماعيل منصور	مدرس دكتور	٧	تمريض صحة مجتمع	جامعة كربلاء/ كلية التمريض
١٠	م.د ندى عبدعلي محمد علي	مدرس دكتور	٣٥	تمريض الصحة النفسية والعقلية	جامعة كربلاء/ كلية التمريض
١١	ا.م.د حيدر حمزة علي الحدراوي	استاذ مساعد	١٣	تمريض الصحة النفسية والعقلية	جامعة الكوفة /كلية التمريض

إقرار الخبير الإحصائي

أشهد بأن الرسالة الموسومة :

" تأثير أنماط القيادة المدركة على الاحتراق النفسي والرضا الوظيفي لدى الممرضين "

" The Influence of Perceived Leadership Styles on Burnout and Job
Satisfaction among Nurses "

قد تم الإطلاع على الإسلوب الإحصائي المتّبع في تحليل البيانات و إظهار النتائج الإحصائية
وفق مضمون الدراسة و لأجله وقعت .

توقيع الخبير الإحصائي :

الإسم و اللقب العلمي : م.د. بشّار خالد علي

الإختصاص الدقيق : احصا و تطبيقي

مكان العمل : جامعة كربلاء \ كلية كربلاء و ــ ادارة و اقتصاد

التاريخ : ٨\ ٤ / 2024

Figure (1) The Percent of the Participants Based On (A) The Age Groups (B) Current Work Places
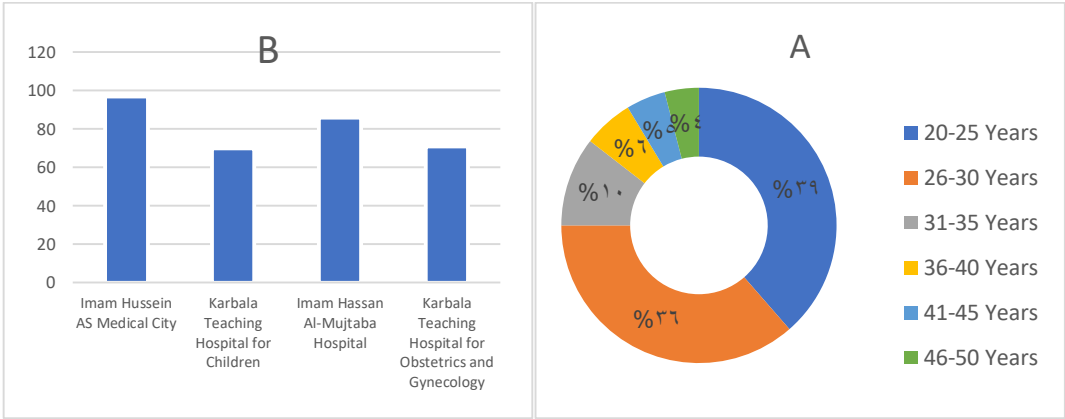

Figure (2) The Percent of the Participants Based On (A) Sex (B) Marital Status
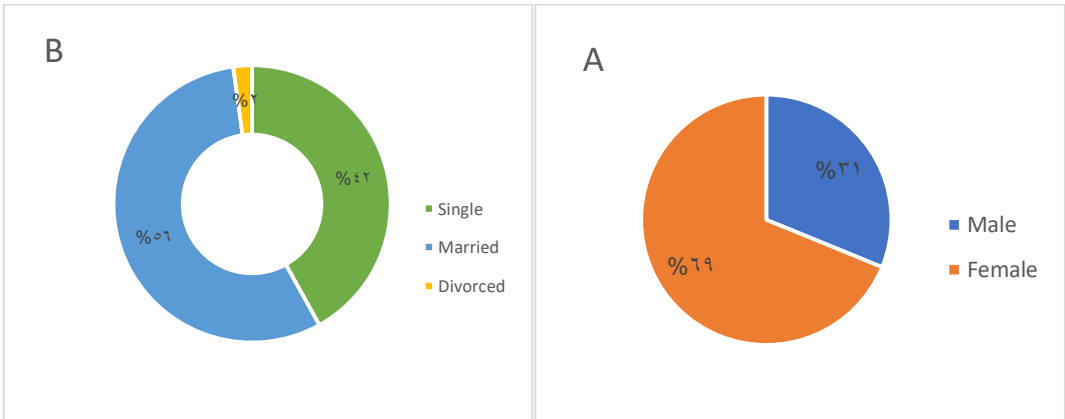
Figure (3) The Percent of the Participants Based On (A) Income (B) Educational Level
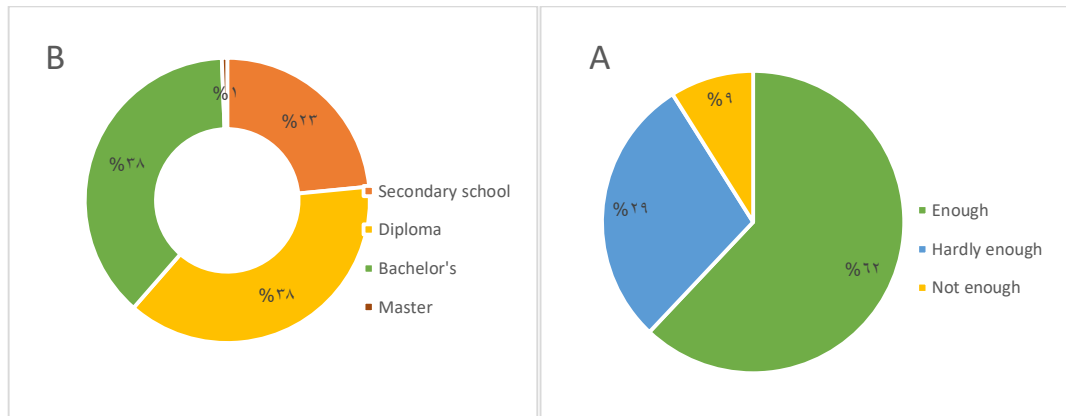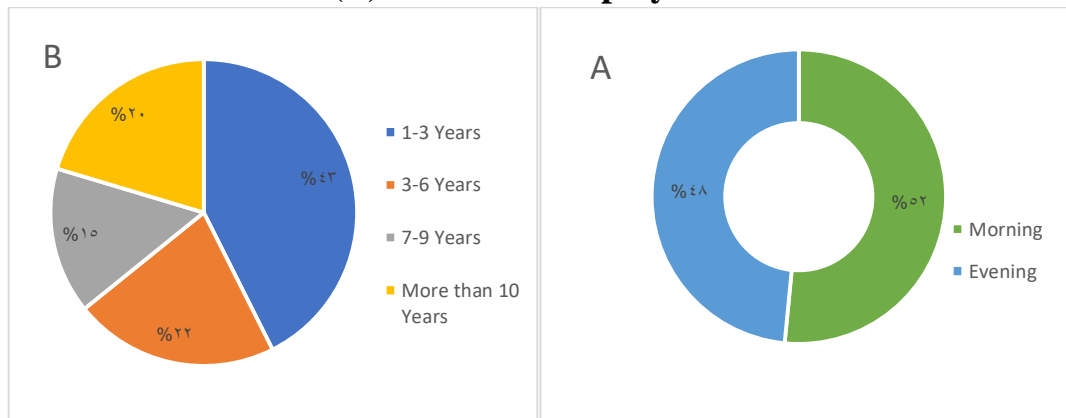

B

- Secondary school
- Diploma
- Bachelor's
- Master

%١

%٢٣

%٣٨

%٣٨

A

- Enough
- Hardly enough
- Not enough

%٩

%٢٩

%٦٢

Figure (4) The Percent of the Participants Based On (A) Work Shift (B) Period of Employment

B

- 1-3 Years
- 3-6 Years
- 7-9 Years
- More than 10 Years

%٢٠

%٤٣

%١٥

%٢٢

A

- Morning
- Evening

%٤٨

%٥٢

المستخلص

تلعب أنماط القيادة في الرعاية الصحية دورًا مهمًا في تشكيل تجارب العمل للممرضين. ومع ذلك، فإن العلاقة بين أنماط القيادة المختلفة وتأثيراتها على الإرهاق الوظيفي ورضا العمل لا تزال غير مستكشفة بما فيه الكفاية.

تم إجراء هذه الدراسة الوصفية الترابطية للمدة من ٢٦ سبتمبر ٢٠٢٣ إلى ١ أغسطس ٢٠٢٤ للتحقق من تأثير نمط القيادة على الإرهاق الوظيفي ورضا العمل بين الممرضين العاملين في المستشفيات التعليمية. تم اختيار عينة هادفة (غير احتمالية) مكونة من ٣٢٤ ممرضًا من أربعة مستشفيات تعليمية في كربلاء باستخدام معايير محددة.

تم جمع البيانات من خلال استبيانات ذاتية، تشمل استبيان نمط القيادة (١٥ بندًا)، مقياس ماسلاش للإرهاق الوظيفي (٢٢ بندًا)، واستبيان رضا العمل من سبيكتر (٣٦ بندًا). تم استخدام الاصدار ٢٨ من برنامج IBM SPSS للإحصاء لتحليل وتفسير البيانات.

أظهرت نتائج الدراسة الحالية وجود علاقة ارتباطية هامة بين نمط القيادة الديمقراطية والإرهاق العاطفي وتبدد الشخصية، بينما كان نمط القيادة الاستبدادي ذو دلالة إحصائية عالية فيما يتعلق برضا العمل بين الممرضين.

تشير الدراسة الحالية إلى أن أنماط القيادة يمكن أن تؤثر على مستوى الإرهاق الوظيفي ورضا العمل، مما يؤثر بدوره على رفاهية الممرضين ويمكن أن يؤدي إلى تقديم رعاية مرضى ضعيفة ومشاكل أخرى. يجب على إدارة التمريض تنفيذ ورش عمل مستهدفة وبرامج تدريبية ودورات تطويرية لإعداد القادة بشكل خاص في سياق التمريض لتعزيز رضا العمل وتقليل الإرهاق. ينبغي أيضًا تنفيذ استراتيجيات لتقليل الجهد المبذول في العمل ومنع الإرهاق، مثل أدوات إدارة عبء العمل، خيارات الجدولة المرنة، ومستويات التوظيف لضمان توفر الموارد البشرية الكافية.

جامعة كربلاء

كلية التمريض

أنماط القيادة المدركة وعلاقتها بالاحتراق النفسي والرضا الوظيفي لدى الممرضين

رسالة تقدمت بها

إسراء نعمة هاشم

إلى مجلس كلية التمريض / جامعة كربلاء وهي جزء من متطلبات الحصول على درجة الماجستير في علوم التمريض

بإشراف:

أ.م.د. صافي داخل نوام

محرم ١٤٤٦هـ   اغسطس ٢٠٢٤ م