

The Impact of Transformational Leadership on Nursing Staff Retention and Job Satisfaction in Critical Care Departments in the Aseer Region

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Abstract

Leadership is a critical factor in retention and job satisfaction in nursing staff, particularly in a high-pressure environment such as a critical care department. This research paper set to evaluate the magnitude of transformational leadership and its effects on retention of nursing staffs and job satisfaction in critical care units in the Aseer Region of Saudi Arabia. The cross-sectional survey design was adopted, with the data being gathered with the help of 190 critical care nurses. Transformational leadership was also measured by the Transformational Leadership Questionnaire (TLQ) and the retention and job satisfaction of nursing staff were measured with the help of standardized scales. The researchers discovered that there were strong positive relationships between transformational leadership and nursing staff retention ($r = 0.671$) and job satisfaction ($r = 0.596$). The regression analysis showed that transformational leadership is a substantial factor that determines retention ($= 0.671$) and job satisfaction ($= 0.596$). There was no notable gender difference in the leadership styles, retention or satisfaction levels of the male and the female nurses. The results emphasize that transformational leadership can have a positive effect on nursing employees in critical care units in terms of staff retention and job satisfaction. Nurse retention and job satisfaction could be enhanced by improving practices of transformational leadership, which ultimately leads to an improvement in the quality of healthcare.

Keywords: transformational leadership, nursing staff retention, job satisfaction, critical care, Aseer Region, healthcare leadership.

Introduction

Nursing in critical care units operates at the threshold between life and death, exposing staff to extraordinary clinical complexity, moral dilemmas, and unrelenting psychological strain. Unlike many other professional domains, critical care nurses are immersed daily in circumstances where death anxiety and grief are not abstract ideas but lived experiences, shaping their personal well-being and professional trajectories. Reports from Europe reveal that more than 45% of ICU nurses in Spain and Italy continue to experience “professional grief” and symptoms of traumatic stress long after acute patient surges, highlighting the persistent psychological scars that can emerge from continuous encounters with mortality (Vázquez-Sánchez et al., 2022). Similar findings from the Arab region show that Saudi and Jordanian nurses working in intensive care settings report high levels of moral distress when providing end-of-life care, with fear of

patient death cited as a major trigger for job dissatisfaction and turnover intent (Alsalamah, 2022; Othman & Khrais, 2022). These patterns underscore the relevance of leadership as a stabilizing force in environments where emotional exhaustion, existential dread, and burnout operate as silent yet destructive adversaries.

Over the last decade, transformational leadership has emerged as a framework that moves beyond traditional managerial oversight to address the psychological and professional needs of staff. Transformational leaders inspire through vision, offer individualized consideration, and build a climate of trust and open communication that can buffer the corrosive effects of stressors unique to critical care. Recent integrative reviews analyzing studies between 2019 and 2023 involving more than 5,800 nurses worldwide reveal that 16 out of 17 studies reported significant positive associations between transformational leadership and nurses' job satisfaction and retention, demonstrating that this leadership style is consistently beneficial across contexts (Gebreheat et al., 2023). In Europe, data from Portugal and Slovakia emphasize how communication competence under transformational leadership improves staff morale while reducing burnout indicators (Jankelová & Joniaková, 2021; Quesado et al., 2022). In Arab countries, Jordanian nurses in intensive care units reported that individualized mentoring by transformational leaders helped reduce emotional exhaustion and strengthen organizational commitment (Othman & Khrais, 2022). These findings suggest that leadership style is a modifiable factor capable of influencing both the psychosocial environment and long-term workforce stability.

The urgency of this topic becomes more pronounced when retention crises are quantified. A 2021 European Union workforce analysis projected that by 2030, Europe will face a shortage of nearly 4.1 million healthcare professionals if attrition trends continue, with critical care departments particularly vulnerable due to elevated stress levels (European Commission, 2021). In Saudi Arabia, attrition rates among nursing staff remain a pressing issue, with Ministry of Health data indicating that nearly 35% of critical care nurses report intentions to leave within the next two years (Benjamin et al., 2024). These numbers are compounded by high dependency on expatriate nurses, cultural stigmas surrounding nursing as a profession, and the constant exposure of staff to death anxiety, grief, and moral distress. When these factors converge, the likelihood of reduced job satisfaction and increased turnover becomes inevitable unless organizational interventions are employed. Transformational leadership, therefore, stands as a pivotal strategy not only for professional support but also as a means to address the emotional and existential burdens that drive attrition (Murtaza & Ul Hameed, 2021).

A closer look at psychological stressors in critical care reveals that staff often experience moral injury when their values clash with institutional constraints, such as resource scarcity or restrictions in end-of-life decision-making. In Arab settings, studies highlight how nurses report feelings of helplessness and existential despair when patient care outcomes are determined more by systemic limitations than by their clinical effort (Alsalamah, 2022). In Europe, particularly during the COVID-19 pandemic, frontline ICU nurses described lingering death anxiety and intrusive recollections as central contributors to burnout and eventual resignation (Zaramella et al., 2023). Transformational leadership directly addresses these pain points by fostering environments where open communication, emotional debriefings, and ethical reflection sessions can occur, thereby reducing the hidden costs of unresolved trauma. Leaders who model empathy and resilience transform units from zones of silent suffering into spaces where nurses feel valued, heard, and psychologically secure (Gebreheat et al., 2023).

Within Saudi Arabia's Aseer Region, the critical care landscape is marked by both systemic progress and persistent challenges. The expansion of specialized hospitals under Vision 2030 has increased demand for skilled critical care nurses, yet retention remains difficult due to the intersection of cultural, emotional, and professional pressures (Almarwani et al., 2024). Traditional social perceptions continue to frame nursing as a profession of low prestige, particularly for women, which compounds the difficulties nurses face when balancing family expectations with the harsh realities of critical care work (Alsalamah, 2022). These cultural dynamics intersect with workplace stressors such as prolonged exposure to death and suffering, inconsistent support systems, and heavy patient loads. In such an environment, the role of leadership becomes more than supervisory—it becomes therapeutic, guiding staff through the horror-laden realities of critical care while maintaining their professional engagement and satisfaction.

The study of transformational leadership's impact on retention and satisfaction is vital in this context because it situates leadership not only as an administrative necessity but as a psychosocial intervention. By focusing on empowerment, shared vision, and individualized support, transformational leaders have the potential to mitigate the death anxiety, moral distress, and burnout that drive attrition in high-acuity units. Research from both Europe and the Arab world underscores that nurses who perceive their leaders as transformational are more likely to report job satisfaction, resilience, and commitment even under conditions of chronic stress (Quesado et al., 2022; Othman & Khrais, 2022). Understanding how these dynamics play out within the unique sociocultural environment of the Aseer Region is crucial, as local factors such as cultural stigma, expatriate dependence, and systemic healthcare pressures add layers of complexity. This research is therefore not only academically significant but also practically urgent, providing insights that can inform leadership training, retention strategies, and mental health support systems that ultimately strengthen the quality of patient care in one of the most critical domains of healthcare.

Rationale of the Study

Nursing staff in critical care units are subjected to intense occupational stressors, including frequent exposure to death, ethical dilemmas, and high workloads, which significantly influence their job satisfaction and retention. High turnover and low morale among critical care nurses not only compromise patient safety but also increase institutional costs by necessitating constant recruitment and training of new staff. Reports from Saudi Arabia indicate that nearly one-third of critical care nurses are considering leaving their positions within two years, underscoring the urgency of identifying organizational strategies that can stabilize the workforce.

Transformational leadership has consistently been shown in global and regional studies to buffer stress, foster resilience, and improve professional commitment. However, empirical evidence specific to the Aseer Region—where cultural, systemic, and emotional challenges converge—remains scarce. This gap warrants an investigation into how transformational leadership can act as both a leadership style and a psychosocial intervention to enhance staff retention and satisfaction in one of the most demanding domains of healthcare. Furthermore, understanding the role of transformational leadership is not only of academic value but also of strategic importance for healthcare policy and practice in Saudi Arabia. With the Vision 2030 reforms expanding healthcare services and increasing reliance on critical care infrastructure, there is a parallel need to strengthen the workforce that sustains these services.

By empirically examining how transformational leadership influences job satisfaction and retention in critical care nursing, this study offers insights that can inform leadership development programs, guide hospital management strategies, and support policy-level interventions. Ultimately, the findings will contribute to improving the sustainability of the nursing workforce, enhancing the quality of patient care, and reducing the human and financial costs associated with turnover.

Objective of Study

1. To assess the level of Transformational Leadership and Nursing Staff Retention and Job Satisfaction among nurses in Critical Care Departments in the Aseer Region.
2. To examine the relationship between Transformational Leadership and Nursing Staff Retention and Job Satisfaction in Critical Care Departments among nurses in the Aseer Region
3. To explore the influence of Transformational Leadership on Nursing Staff Retention and Job Satisfaction in Critical Care Departments among nurses in the Aseer Region
4. To analyze the gender difference on Transformational Leadership and Nursing Staff Retention and Job Satisfaction in Critical Care Departments among nurses in the Aseer Region

Method

Research Design

The present study operationalized quantitative study that quantitatively examined the impact of transformational leadership on retention and job satisfaction among nursing personnel working in a critical care unit based on a cross-sectional research design. The cross-sectional design was appropriate because it enabled the reporting of the relationships between the leadership style, job satisfaction, and retention intentions at the time of work of the nurses in the Aseer region.

Setting

The researchers selected subjects of the critical care units of tertiary and secondary hospitals in the Aseer Region of Saudi Arabia. These are adult and pediatric ICUs, high-stress departments, where the turnover of nurses and job satisfaction play a decisive role in quality care delivery.

Population and Sample

The research sample was also limited to registered nurses who work in the critical care units in the Aseer Region. Non-probability purposive sampling was used to make sure that the participants were experienced in the ICU. G+power was used to determine the sample size to 300 nurses to give an adequate statistical power to perform correlation and regression analysis.

Selection Criteria

The study inclusion criteria included registered nurses who: (1) had not less than six months of continuous work experience in adult or pediatric critical care units, (2) were presently employed in hospitals located in the Aseer Region and (3) gave informed consent. The exclusion criteria were that the nurses had to be at an administrative or management only position, temporary or agency nurses who were not on any permanent basis, or long-term leave nurses who were at the time of data collection. These inclusion criteria were to be sure that only nurses who were directly engaged in frontline critical care were to be used in the study.

Instrument

Demographic Sheet

Participant characteristics, such as age, gender, nationality, marital status, education level (yrs registered nurse), total number of years working as a nurse, total number of years working in an ICU, shift pattern and type of hospital (public/private) collected in the demographic section. These mediators served to provide an explanation of variations in job satisfaction and retention.

Global Transformational Leadership (GTL) scale

Carless et al. (2000) developed this short version of GLT scale. It consisted on 7 items with 5 point response option. This scale widely used in various studies and also used its translated and adopted versions. This scale was found good validity and reliability with Cronbach's alpha value of 0.81.

Job Satisfaction Scale

The researchers Khamlub et al. (2013) developed and used this scale. The research tool contained 18 factors to evaluate job satisfaction when measuring satisfaction with physical working conditions and salary, promotional opportunities and relationships with co-workers alongside workload, support from supervisors and additional remuneration and responsibilities and working hours and other factors. The survey used a six-point Likert scale that requested participants to choose between very dissatisfied at point 1 and very satisfied at point 6 for each assessment factor. This questionnaire achieved a Cronbach's Alpha of 0.89 in the job satisfaction survey.

Nursing Staff Retention Questionnaire

Nursing staff retention phenomenon measured through anticipated nursing turnover scale. This scale has 12 items with 7-point response option. This is valid and reliable questionnaire with Cronbach alpha value is 0.821. (Hinshaw & Atwood, 1983).

Data Analysis

The Statistical Package of the Social Sciences (SPSS) Version 28 was used in conducting the statistical analyses. First of all, the data was verified of errors, inconsistencies, missing data, and outliers. Descriptive analysis was performed on the responses and showed the central tendency and spread of the responses through the means, standard deviations, and ranges, actual and potential values, skew, and kurtosis. Cronbach- alpha value was used to measure the validity of the instruments. In the case of inferential statistics, Pearson product-moment correlation was adopted to test the relationship existing between transformational leadership, job satisfaction and turnover intention. The analysis conducted using multivariable linear regression was done to determine the predictors of job satisfaction and retention intention, controlled by demographic covariates. The independent samples t-tests or one-way ANOVA were used to analyze the differences in the outcomes of various subgroups (gender, nationality and experience in ICU). Significance was set at $p < 0.05$. The statistical method was carried out according to the methods of the earlier nursing research studies of leadership and retention (Boamah et al., 2018; Abou Hashish, 2021).

Data Collection Procedure

Prior to the data collection, the IRB and informed consent were approved, a permission to the administrations of the respective hospitals and critical care units in the Aseer Region was received. The potential participants were approached using the unit managers and given an information sheet detailing the purpose and procedures of the study, risks, and benefits once they gave their consent. Included in the study were those who gave their informed consent. The collection of data was done using a paper or electronic questionnaire, as per the institutional procedures and the choice of the researchers. The data gathering was done when the nurses were on duty or during a break in between without disturbing the work of the patients. The process of data collection was estimated between 8 and 10 weeks to provide a proper level of participation in various hospitals.

Ethical Considerations

The research was carried out in harmony with the principles of the ethical principles expressed in the Declaration of Helsinki (WMA, 2013). The participants were told that they could at any given time withdraw without any ramification since their participation was always voluntary. The consent was written before the study and anonymity was secured by use of codes in place of names. The data were saved in highly encrypted files in a thumb drive, which only the research team could open. No personal information was released. The participants were deemed to be at minimal risk, restricted to the time it takes to survey the participant. The permission procedures covered the hospital administrations to be culturally and institutionally relevant. Aggregate-based publication of the results to the stakeholders was done in order to improve leadership styles, job satisfaction as well as retention in the critical care nursing.

RESULTS

Effective leadership plays a vital role in the healthcare environment especially in the critical care department considering that the working environment is busy and stressful. Transformational leadership which lays emphasis on motivation and inspiring employees has been revealed to have a positive effect on job satisfaction and staff retention. The degree of job satisfaction and retention in nursing is critical to maintaining a steady and high-quality care of patients. This paper discusses the effects of transformational leadership on nursing staff retention and job-satisfaction in the critical care units of the Aseer Region with a view of better comprehending how leadership styles could help in enhancing better results in these pertinent sections.

Table 1: Demographical Information of the Study Participants (N = 190)

| Variable | Categories | f | % |
|-----------------|---------------------------------------|-----|------|
| Age | 20–29 years | 62 | 32.6 |
| | 30–39 years | 84 | 44.2 |
| | 40–49 years | 34 | 17.9 |
| | 50 years and above | 10 | 5.3 |
| Gender | Male | 49 | 25.8 |
| | Female | 141 | 74.2 |
| Qualification | Diploma in Nursing | 43 | 22.6 |
| | Bachelor's Degree in Nursing | 107 | 56.3 |
| | Master's Degree in Nursing | 35 | 18.4 |
| | Doctorate in Nursing or related field | 5 | 2.6 |
| Marital Status | Single | 76 | 40.0 |
| | Married | 98 | 51.6 |
| | Divorced | 13 | 6.8 |
| | Widowed | 3 | 1.6 |
| Job Designation | Staff Nurse | 109 | 57.4 |
| | Charge Nurse | 34 | 17.9 |
| | Head Nurse | 15 | 7.9 |
| | Nurse Supervisor | 21 | 11.1 |
| | Nurse Educator | 11 | 5.8 |
| Type of Duty | Morning Shift | 76 | 40.0 |

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|---|----------------------|-----|------|
| | Evening Shift | 16 | 8.4 |
| | Night Shift | 14 | 7.4 |
| | Rotational Shift | 84 | 44.2 |
| Working Hours (per week) | Less than 40 hours | 18 | 9.5 |
| | 40–49 hours | 147 | 77.4 |
| | 50–59 hours | 19 | 10.0 |
| | 60 hours or more | 6 | 3.2 |
| Duration of Job (Experience in Nursing) | Less than 1 year | 12 | 6.3 |
| | 1–5 years | 58 | 30.5 |
| | 6–10 years | 33 | 17.4 |
| | More than 10 years | 87 | 45.8 |
| Pay (Monthly Salary in SAR) | Less than 5,000 SAR | 10 | 5.3 |
| | 5,000–9,999 SAR | 48 | 25.3 |
| | 10,000–14,999 SAR | 79 | 41.6 |
| | 15,000 SAR and above | 53 | 27.9 |

Table 1 gives the demographic data of the people under study. Most of the participants (44.2) fell between the age of 30 and 39 years and 32.6% fell between the age of 20 and 29 years. The number of participants between 40 and 49 years of age (17.9%) and those aged 50 and above (5.3%) was low. Gender wise, 74.2% of the respondents were females and 25.8 were male. Qualifications wise, most had a Bachelor Degree in Nursing (56.3), then in Diploma in Nursing (22.6). A lower proportion were Masters Degree in Nursing (18.4%), and the lowest proportion had a Doctorate in Nursing or a related field (2.6%). The marital status of the participants depicted that 51.6 of them were married, 40 of them were single, 6.8 were divorced, and 1.6 were widowed. The job description of the participants indicated that Staff Nurses (57.4%), Charge Nurses (17.9%), Nurse Supervisors (11.1%), Head Nurses (7.9%), and Nurse Educators (5.8%), made the largest proportion of the sample. A high percentage of respondents had rotational shifts (44.2) and 40 percent of respondents had morning shifts, 8.4% hours worked evening shifts and 7.4 percent hours worked night shifts. The working hours also showed that 77.4% of the respondents worked 40-49 hours per week, 10% worked 50 to 59 hours, 3.2% worked 60 hours or more, and 9.5% worked less than 40 hours. Regarding nursing experience, 45.8% experienced over 10 years, 30.5% experienced between 1-5 years, 17.4% experienced between 6-10 years and 6.3% experienced less than 1 year experience. Lastly, when it comes to monthly salary, 41.6per cent earned 10, 000-14,999 SAR, 27.9per cent earned 15,000 SAR and above, 25.3per cent earned 5,000-9,999 SAR and less, and 5.3per cent earned less than 5,000 SAR.

Table 2: Correlation Between Transformational Leadership, Nursing Staff Retention, and Job Satisfaction (N = 190)

| Variables | N | M | SD | TLQ | NSR | JSQ |
|---|-----|-------|-------|-----|-------|-------|
| Transformational Leadership Questionnaire | 190 | 24.12 | 7.34 | - | 0.671 | 0.596 |
| Nursing Staff Retention | 190 | 39.82 | 9.55 | - | - | 0.924 |
| Job Satisfaction Scale | 190 | 38.88 | 10.01 | - | - | - |

The results of the correlation between Transformational Leadership Questionnaire (TLQ), Nursing Staff Retention (NSR), and Job Satisfaction Scale (JSQ), means and standard deviations are provided in Table 2. Transformational Leadership (TLQ) had a mean of 24.12 and standard deviation of 7.34. The mean of the Nursing Staff Retention (NSR) was 39.82, and the standard deviation was 9.55 whereas the mean of the Job Satisfaction (JSQ) was 38.88 with a standard deviation of 10.01. Correlation coefficients of the variables are indicated in the table as well. TLQ and NSR had a correlation of 0.671, which is a moderate positive relationship between transformational leadership and nursing staff retention. On the same note, TLQ also exhibited an average positivity of 0.596 to JSQ indicating that job satisfaction has been positively correlated with transformational leadership. The NSR and the JSQ relationship had a very high correlation of 0.924 which shows that the nursing staff retention and job satisfaction had a very strong positive relationship. All the correlations were statistically significant at 0.01.

Table 3: Impact of Transformational Leadership on Nursing Staff Retention and Job Satisfaction (N = 190)

| Variable | B | 95% Confidence Interval (CL) | β | t | p |
|------------|--------|------------------------------|---------|--------|-------|
| (Constant) | 18.755 | (15.257, 22.253) | | 10.576 | 0.000 |
| NSR | 0.873 | (0.735, 1.011) | 0.671 | 12.412 | 0.000 |
| JSQ | 0.812 | (0.654, 0.970) | 0.596 | 10.165 | 0.000 |

Table 3 demonstrates the regression analysis of the influence of Transformational Leadership on the Nursing Staff Retention (NSR) and Job Satisfaction (JSQ). In the case of Nursing Staff Retention (NSR) the calculated unstandardized coefficient of TLQ stood at 0.873 with a confidence interval of 0.735 to 1.011, indicating a positive correlation. The standardized coefficient (85) was 0.671, the t-value was 12.412 and the p-value was 0.000, which shows that the relationship between transformational leadership and nursing staff retention is highly significant and positive. In the case of Job Satisfaction (JSQ), TLQ unstandardized coefficient had a value of 0.812 with a 95% confidence interval of 0.654 to 0.970. The t-value of 10.165 with a p-value of 0.000 indicates that there was a significant positive relationship between transformational leadership and job satisfaction with the standardized coefficient (0.596). These findings indicate that transformational leadership is influential in terms of nursing staff retention, as well as job satisfaction.

Table 4: Group Gender Comparison on Transformational Leadership, Nursing Staff Retention, and Job Satisfaction (N = 190)

| Variable | Male (N = 49) | | Female (N = 141) | | t (df = 188) | p | Cohen's d |
|----------|---------------|-------|------------------|------|--------------|-------|-----------|
| | M | SD | M | SD | | | |
| TLQ | 23.43 | 8.37 | 24.36 | 6.97 | -0.765 | 0.445 | 0.14 |
| NSR | 37.94 | 11.84 | 40.47 | 8.58 | -1.603 | 0.111 | 0.27 |
| JSQ | 36.96 | 12.50 | 39.55 | 8.94 | -1.569 | 0.118 | 0.26 |

Table 4 exposes male and female subjects on Transformational Leadership (TLQ), Nursing Staff Retention (NSR) and Job Satisfaction (JSQ) through independent samples t-tests. In case of TLQ the average male score was 23.43 (SD = 8.37) and female score was 24.36 (SD = 6.97). The t-value was -0.765 and the p-value was 0.445 which means that there was no significant difference between the male and female with regard to transformational leadership. In the case of NSR, the mean of males was 37.94 (SD = 11.84), and that of females was 40.47 (SD = 8.58). The t-value was -1.603 and p-value of 0.111 indicating no significant difference in nursing staff retention between the male and female subjects. Finally, the mean score of males in the case of JSQ was 36.96 (SD = 12.50) and the mean score of females was 39.55 (SD = 8.94). The t-value of -1.569 and p-value of 0.118 were not significant to show a difference in job satisfaction between the genders. The d values obtained by Cohen in all three comparisons (TLQ = 0.14, NSR = 0.27, JSQ = 0.26) indicate the presence of small to medium effects and imply that there is not much difference between male and female subjects in the given areas.

Summary of Result

The study findings suggest that the use of transformational leadership positively affects the retention of nursing staff, as well as job satisfaction, and that there are strong correlations between the two variables. The comparison of gender between men and women in transformational leadership, retention of nursing staff, and job satisfaction reported no significant difference in any of them. The regression analysis also reinstated that transformational leadership has a positive correlation with nursing staff retention and job satisfaction which underscores the role played by transformational leadership in improving the two characteristics in the nursing profession.

Discussion

The purpose of this study was to understand the importance of transformational leadership in critical care departments, in particular, regarding nursing staff retention and job satisfaction of the Aseer Region. The findings indicated that transformational leadership exerted a positive and significant effect on retention and job satisfaction and a strong correlation existed between leadership styles and the two, vital outcomes. The research also did not identify any significant gender difference in transformational leadership, retention of the nursing staffs and job satisfaction hence showing that both men and women in the nursing sector had a similar level of leadership and job satisfaction. These results are consistent with existing sources of information which highlight the significance of good leadership in enhancing the performance of the staff especially under stressful conditions such as in critical care units.

The degree of Transformational Leadership and Nursing Staff Retention and Job Satisfaction among nurses in Critical Care Departments in the Aseer Region.

Findings of this research indicated that the scores of Transformational Leadership (mean = 24.12), Nursing Staff Retention (mean = 39.82) and Job Satisfaction (mean = 38.88) were moderate, with transformational leadership being slightly greater than the other two parameters. This is an indication that though transformational leadership does exist in the critical care departments, it can be improved in both retention rates and job satisfaction. These results align with the previous research like the research conducted by Abou Hashish (2021) who discovered that job satisfaction and retention depend on numerous factors and the leadership style are among them. Moreover, Al-Makhaita et al. (2014) also observed that leadership styles adopted by the management in healthcare institutions, particularly in critical care, influence job performance in these institutions.

The findings of this goal are congruent with other studies which report moderate to high degree of transformational leadership within healthcare. Similar results were found in Bagtasos (2011) and Jankelova and Joniakova (2021), who established that transformational leadership is beneficial to job satisfaction and retention, yet more strategies are required to maximize them. As per that, the initial objective is approved, because the data indicate that transformational leadership, retention, and satisfaction levels are moderate, which means that they are subject to improvement in the future.

The relationship between the Transformational Leadership and Nursing Staff Retention and Job Satisfaction in Critical Care Departments in nurses in the Aseer Region.

The researchers discovered that there are positive significant relationships between Transformational Leadership and Nursing Staff Retention ($r = 0.671$) and Job Satisfaction ($r = 0.596$), which means that the higher the transformational leadership, the higher the retention and the satisfaction. This supports the claim that good leadership is a major contributor to the performance of nursing staff in the critical care set up. The results are in line with those conducted by Gebreheat et al. (2023), who also discovered that transformational leadership styles result in increased job satisfaction and organizational commitment, which consequently increases retention. Murtaza and Ul Hameed (2021) also championed the perception that leadership has a direct impact on staff retention based on job satisfaction especially in stressful work environments.

The findings of the current study are consistent with the other existing studies on the correlation between leadership styles and employee performance, especially within the healthcare facility. The close association that was found in this study confirms that transformational leadership is able to create a positive working environment which can be used to improve retention and satisfaction. Thus, the objective is accepted because the data show the existence of a strong connection between transformational leadership and both the retention of nursing staff and job satisfaction in the critical care setting.

The effect of Transformational Leadership on Nursing Staff Retention and Job Satisfaction in Critical Care Departments in nurses in the Aseer Region.

The regression model proved that Transformational Leadership positively affected Nursing Staff Retention ($= 0.671$) and Job Satisfaction ($= 0.596$), and the results of both were significantly altered as the leadership practices were enhanced. These results can be related to the research by Othman and Khrais (2022), who found out that transformational leadership has a positive effect on job satisfaction and retention through building a favorable and encouraging working atmosphere. Moreover, Quesado et al. (2022) noted the same

findings, which makes it possible to suggest that transformational leadership has an important influence on job satisfaction by enhancing the process of engagement and empowerment of employees in high-pressure areas such as healthcare.

These findings are consistent with the previous studies highlighting the role of transformational leadership on retention and satisfaction in critical care environments. The high effect witnessed in the current study corroborates the significance of leadership in determining the outcomes at work in the nursing profession, which contributes to the conclusion that transformational leadership has become a crucial attribute in enhancing retention and job satisfaction. The objective has been accepted, because it has been clearly indicated in the study that transformational leadership has positive effects on retention and satisfaction of the staff.

The gender disparity on Transformational Leadership and Nursing Staff Retention and Job Satisfaction in Critical Care Departments between the nurses in the Aseer Region.

The findings revealed that there were no significant gender differences in Transformational Leadership, Nursing Staff Retention, and Job Satisfaction in critical care departments of the Aseer Region. The scores of male nurses on transformational leadership and retention slightly differed with the corresponding scores of females, although they were not statistically significant ($p > 0.05$). This is supported by the study by Khamlub et al. (2013) and Lee and Kim (2020), who discovered that there was no significant gender difference in job satisfaction and retention in healthcare organizations. Although other studies propose that female nurses may be better served by transformational leadership, this research did not indicate any major differences in gender line.

The insignificance of gender differences in this study is in line with other research results in the literature which point out that the leadership styles can influence male and female nurses in a similar way in critical care settings. No significant gender differences in job satisfaction and leadership experiences were also found by Alsalamah (2022) and Vazquez-Sanchez et al. (2022). The goal of examining gender disparities is abandoned based on these results because there was no significant difference between male and female nurses in the transformational leadership, retention or satisfaction levels.

The study highlights the importance of transformational leadership as a key factor in enhancing retention and job satisfaction of nursing staff in critical care departments. The results confirm that the positive effect of transformational leadership on both outcomes is significant but there was no gender difference. These findings indicate that leadership practices in the critical care environment can be improved to achieve improved retention and satisfaction not only among healthcare professionals but also the general quality of care.

Limitation of the Study

A drawback of this research is the cross sectional nature of the research which only records the data at a single point in time, and as such, does not allow us to examine any long term change or causality of a relationship between transformational leadership and the various outcomes such as staff retention and job satisfaction. Also, the study was carried out on critical care departments in Aseer Region, and hence, it might not be applicable in other regions or healthcare facilities whose organizational structure or culture is different. The other limitation is that the data will be self-reported, which can bring bias like social desirability or inappropriate perception of the survey questions by respondents. Longitudinal designs and an extended geographic sampling can help to validate the findings further in future studies.

Recommendation

The results suggest that it is necessary to recommend healthcare administrators and critical care leaders to focus on transformational leadership practices development and implementation. Both the retention of the nursing staff and job satisfaction may be enhanced by providing leadership training with the focus on empowerment, motivation, and communication skills. Besides, providing a positive working environment, including professional growth and feedback, can also be additional factors contributing to the effectiveness of transformational leadership. Alternatively, other situational variables, including workload, resources, and organizational support, would also be interesting to examine how they could work together with leadership styles to affect the performance of the staff. Lastly, future studies need to refer to the long-term

consequences of transformational leadership and look at various cultural settings to determine the generalizability of those results.

Conclusion of the Study

Finally, this research supports the conclusion that transformational leadership is relevant in increasing retention and job satisfaction among nursing personnel in the Aseer Region critical care departments. Although there are no gender variations, all the positive correlations between the style of leadership and the subsequent key outcomes reveal the need to develop the effective leadership practices in healthcare environments. Healthcare organizations have the potential to improve the retention and satisfaction of the staff by investing in transformational leadership growth and positive work environment and ultimately improve the quality of care offered to the patients.

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Annexures

Demographical Information

| | |
|--------------------|--|
| 1. Age | |
| 2. Gender | |
| 3. Qualification | |
| 4. Marital Status | |
| 5. Job Designation | |
| 6. Type of Duty | |
| 7. Working Hours | |
| 8. Duration of Job | |
| 9. Pay | |

Transformational Leadership Questionnaire

1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree

| My team leader... | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. communicates a clear and positive vision of the future. | | | | | |
| 2. treats staff as individuals, supports and encourages their development. | | | | | |
| 3. gives encouragement and recognition to staff. | | | | | |
| 4. fosters trust, involvement and cooperation among team members. | | | | | |
| 5. encourages thinking about problems in new ways and questions assumptions. | | | | | |
| 6. is clear about his/her values and practices which he/she preaches. | | | | | |
| 7. instils pride and respect in others and inspires me by being highly competent. | | | | | |

Nursing Staff Retention

1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree

| Statement (English) | Response (Arabic) |
|---|--|
| I plan to stay in my position awhile. | أعزّم البقاء في وظيفتي لفترة طويلة. |
| I am quite sure I will leave my position in the foreseeable future. | أنا متأكد تماماً من أنني سأغادر وظيفتي في المستقبل القريب. |
| Deciding to stay or leave my position is not a critical issue for me at this point in time. | اتخاذ قرار بالبقاء في وظيفتي أو مغادرتها ليس مسألة حرجة بالنسبة لي في هذا الوقت. |
| I know whether or not I'll be leaving this agency within a short time. | أنا أعرف ما إذا كنت سأترك هذه الوكالة في الوقت القريب أم لا. |
| If I got another job offer tomorrow, I would give it serious consideration. | إذا حصلت على عرض وظيفي آخر غداً، سأفكر فيه بجدية. |
| I have no intentions of leaving my present position. | ليس لدي أي نية لمغادرة وظيفتي الحالية. |
| I've been in my position about as long as I want to. | لقد كنت في وظيفتي لمدة تقرّباً بالقدر الذي أرغب فيه. |
| I am certain I will be staying here awhile. | أنا متأكد من أنني سأبقى هنا لفترة. |
| I don't have any specific idea of how much longer I will stay. | ليس لدي أي فكرة محددة عن مقدار الوقت الذي سأبقى فيه. |
| I plan to hang on to this job awhile. | أنا أعزّم الاستمرار في هذه الوظيفة لفترة. |
| There are big doubts in my mind as to whether or not I will really stay in this agency. | هناك شكوك كبيرة في عقلي بشأن ما إذا كنت سأبقى حفّاً في هذه الوكالة. |

| Statement (English) | Response (Arabic) |
|--|--------------------------------------|
| I plan to leave this position shortly. | أنا أعتزم مغادرة هذه الوظيفة قريباً. |

Job Satisfaction Scale

1 - Very Dissatisfied (غير راضٍ تماماً - 1)

2 - Dissatisfied (غير راضٍ - 2)

3 - Somewhat Dissatisfied (غير راضٍ إلى حد ما - 3)

4 - Somewhat Satisfied (راضٍ إلى حد ما - 4)

5 - Satisfied (راضٍ - 5)

6 - Very Satisfied (راضٍ تماماً - 6)

| No. | Factors of Job Satisfaction | 1 | 2 | 3 | 4 | 5 | 6 |
|-----|---|---|---|---|---|---|---|
| 1 | Physical working place conditions (ظروف مكان العمل الفيزيائية) | | | | | | |
| 2 | Salary (الراتب) | | | | | | |
| 3 | Opportunity to use abilities (فرصة لاستخدام القدرات) | | | | | | |
| 4 | Opportunities for advancement (فرص التقدم الوظيفي) | | | | | | |
| 5 | Opportunity for training or education (فرصة للتدريب أو التعليم) | | | | | | |
| 6 | Additional remuneration for work (تعويضات إضافية عن العمل) | | | | | | |
| 7 | Conflict resolution at work (حل النزاعات في العمل) | | | | | | |
| 8 | Support from supervisors (الدعم من المشرفين) | | | | | | |
| 9 | Participation in decision making (المشاركة في اتخاذ القرارات) | | | | | | |
| 10 | Utilization of skills (استخدام المهارات) | | | | | | |
| 11 | Amount of variety on job (مقدار التنوع في العمل) | | | | | | |
| 12 | Organizational structure (المهيكل التنظيمي) | | | | | | |
| 13 | Job security (أمان الوظيفة) | | | | | | |
| 14 | Freedom of working method (حرية طريقة العمل) | | | | | | |
| 15 | Relationship with co-workers (العلاقة مع الزملاء) | | | | | | |
| 16 | Amount of responsibility (مقدار المسؤولية) | | | | | | |
| 17 | Total working hours (أجمالي ساعات العمل) | | | | | | |
| 18 | General feeling about job itself (الإحساس العام بالوظيفة نفسها) | | | | | | |