

Transformational And Transactional Leadership Styles As Predictors Of Nurses' Turnover Intention: Evidence From Saudi Governmental Hospitals

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Abstract

Background: Effective leadership is essential for enhancing nurses' performance and job satisfaction. Among various leadership styles, transformational and transactional styles have a significant impact on nurse turnover intentions. Understanding this relationship helps in the development of measures for improving retention and ensuring a stable nursing workforce in Saudi government hospitals.

Aim: This study aims to determine the relationship between transformational and transactional leadership styles as predictors of nurses' turnover intentions in a governmental hospital in Jeddah, Saudi Arabia.

Methods: A Descriptive correlational study design was conducted in a governmental hospital affiliated to Ministry of Health among 292 nurses using the Multifactorial Leadership Questionnaire and the Turnover Intention Scale to determine the relationship between leadership styles and nurses' turnover intention.

Results: Transformational leadership was the most frequently recognized style ($M = 45.95 \pm 7.80$) and demonstrated a significant mild negative correlation with turnover intention ($r = -0.192, p < .001$). Transactional leadership showed a weaker but still significant negative correlation ($r = -0.117, p = .047$), whereas passive-avoidant leadership displayed no significant relationship ($r = 0.027, p = .640$).

Conclusion and Recommendations: These findings contribute to global evidence supporting transformational leadership as a key strategy for reducing nurse turnover and strengthening leadership development initiatives across healthcare organizations, resulting in improved job satisfaction. The study recommended that healthcare policymakers and nursing administrators in Saudi Arabia should prioritize leadership development programs with a focus on transformational and transactional approaches, alongside policies that strengthen workplace support, professional growth, and career pathways. Future research with larger, multi-center samples and mixed-method designs is recommended.

Keywords: Head nurse or nurse manager, leadership style, and nurse's turnover.

Introduction

Optimal leadership is essential for organizations to achieve their goals and provide high-quality services (1). In the healthcare sector, Leadership is referred to as the ability to mobilize, impact, motivate, and empower others to effectively contribute to organizational growth (2). Consequently, leadership acts as a critical mechanism for fostering an environment that supports goal attainment. However, leadership is a constant process that presents in different styles (3). These leadership styles represent distinct behavioral approaches used to guide and influence others, create an outstanding workplace, and enhance motivation and performance (4).



Figure 1. The full range of leadership model. Copyright 2007 by MLQ by Mind Garden, Inc. (Bass & Avolio, 2007).

An effective leader must be adaptable, balancing different leadership orientations based on the situation to maximize their influence and drive organizational success. by reducing nurse turnover intentions while simultaneously enhancing patient satisfaction and overall organizational efficiency (6). Moreover, leadership also plays a crucial role in shaping nurses' job satisfaction and performance, which directly affects their engagement, commitment, and retention within the healthcare system. This impact maintains optimal care for patients, sustains staff wellness, and builds a supportive workplace. One of the most pressing challenges in healthcare organizations today is turnover intention, which is recognized as the strongest predictor of actual turnover behavior (7). Research suggests that an increase in turnover intention leads to higher actual turnover rates (8). According to the latest data, the World Health Organization predicts that the need for healthcare workers will increase over the next ten years, with nurses accounting for half of this demand (9).

Therefore, the hospitals rely heavily on nurses to provide patient care; so, the lack of nurses in a hospital can lead to inadequate patient care as well as poor performance. That indicates the significance of understanding the variables that drive nurses' intention to leave their profession (10). Although there are factors, such as overwork and an unpleasant workplace, ineffective leadership is frequently regarded as the main reason for leaving the nursing profession (11).

Statement of the Problem

Effective leadership is a critical factor in the growth of healthcare institutions, especially in addressing nurse retention and managing nurse turnover intention. To reduce turnover, leaders must effectively lead and create a workplace that promotes job satisfaction and fulfillment. When nurses express an intention to leave their jobs, it often reflects underlying issues in the workplace and has negative consequences for human and intellectual capital, as well as the quality of patient care. Therefore, leaders should prioritize understanding the reasons behind nurse turnover intention before it translates into actual turnover. Unaddressed turnover intention can lead to substantial challenges for hospitals, including increased operational costs, staff shortages, and compromised patient care quality. Furthermore, nursing turnover can cause stress, frustration, and exhaustion among existing staff, leading to further turnover. Even when a vacancy is filled, nurses are expected to train new staff while continuing to provide direct patient care. High turnover rates might lead to lower-quality nursing care as new nurses adjust to their roles.

Leadership styles have been identified as key determinants of job satisfaction, organizational commitment, and the overall workplace environment, all of which directly influence nurses' decisions to remain in or leave their positions. Furthermore, dissatisfaction at work increases the likelihood that nurses may quit their jobs, exacerbating staff shortages and increasing patient dissatisfaction (12). One difficulty is that certain head nurses might lack the leadership abilities required to lead and foster retention of nurses within their departments (13). It may also have a detrimental impact on the organization's reputation, medical errors, and hospitalization (10). Multiple factors contribute to increased nurse turnover intention, including demographic characteristics such as age and gender, socio-economic status, work-life balance, workplace conditions, and leadership behaviors. Reducing turnover

rates is essential for healthcare organizations to achieve their mission, vision, and strategic objectives. Lowering nurse turnover will not only reduce operational costs but also help to maintain stability within the organization while enhancing the care of patients.

By identifying leadership approaches that promote nurse retention, this research seeks to provide insights that can help healthcare administration in Saudi Arabia to develop effective leadership strategies, foster a supportive work environment, and ultimately mitigate nurse turnover rates while enhancing overall hospital performance.

Significance of the Study

In today's constantly shifting Saudi healthcare sector, it becomes more evident that leadership styles can have a significant impact on nurse turnover intentions. As a result, the study's findings may influence the development of nursing leadership practices to ensure high-quality patient care and sustainable hospital performance.

The study findings may help hospital administrators and policymakers to develop leadership programs that increase job satisfaction, foster supportive work environments, and lower turnover rates among nurses. Additionally, the Saudi Vision 2030 highlights the need to expand the number of Saudi nurses while also improving retention methods as part of the overall healthcare transformation.

However, some of the previous studies indicated the relationship between leadership styles and nurses' turnover intention. There has been limited research in Saudi Arabia. This study provides valuable insights into how leadership styles might be relied on reduce nurse turnover intention. Hospital administration, policymakers, nursing educators, and future researchers will find this study to be beneficial.

In alignment with these needs, the Saudi Arabia Vision 2030, these improvements attempt to solve recurrent staffing shortages while also improving patient care. Through a comprehensive organizational initiative aimed at overcoming the issues of nursing recruitment and retention in Saudi Arabia. Another target of (Saudi Vision 2030) (14) is to rejuvenate career-focused educational institutions to expand the number of Saudi healthcare professionals and encourage them into the nursing profession (15).

Given the critical role nurses play in providing health care, hospital administrators must understand the link between leadership styles and turnover intentions. This will provide useful insights for improving hospital management, training future nurse leaders, and, eventually, improving patient outcomes.

Methodology

Study Design

A quantitative correlational design was employed to determine the relationship between leadership styles and nurses' turnover intention. This method combines descriptive and correlational methodologies to describe characteristics of the population, assess variable relationships, and discover patterns or trends (16).

Study Setting

The study was conducted in a governmental hospital in Jeddah, Saudi Arabia, which operates under the Ministry of Health (MOH) and provides a range of clinical services with a capacity of 300 beds. The hospital offers a wide range of services, including inpatient and outpatient care across several departments: Obstetrics and Gynecology, Pediatrics ward, Emergency, as well as Surgical and Medical wards. Additionally, it has intensive care units catering to adults, Pediatric, and newborns.

Ethical Considerations

Ethical approval for the present study was obtained from the Institutional Ethics Committee (IRB approval no.: A02053, Ministry of Health, Jeddah, Saudi Arabia). Participation was voluntary, and informed consent was obtained from all participants. Confidentiality and anonymity were maintained throughout the research process.

Sampling and sample size

A convenience sampling technique was used to recruit a total of 292 nurses. Participants were selected based on their availability and willingness to participate. Inclusion criteria comprised nurses actively

engaged in direct patient care with at least one year of professional experience. Nurses involved in non-clinical roles, those holding managerial positions, as well as volunteers, interns, and students, were excluded from the study.

The sample size was determined using Raosoft software(17), based on the formula $n = \frac{Z^2(c/100)2r(100-r)}{N \times ((N-1)E^2 + x)}$, $E = \text{Sqrt}[(N - n)x/n(N-1)]$ with a confidence level of 95% and a 5% margin of error, resulting in a target of 292 nurses. The nursing office of the hospital distributed an invitation email to all head nurses outlining the study's purpose and objectives. Data were collected via online self-administered questionnaires until the desired sample size was achieved.

Study instrument

Data were collected using a three-part, self-administered questionnaire in English.

Demographic

The first section gathered participants' demographic characteristics, including age, gender, nationality, marital status, educational level, shift length, and years of experience.

Multifactor Leadership Questionnaire (MLQ-5X Short Form)

The second section utilized the Multifactor Leadership Questionnaire (MLQ-5X short) (18), developed by Bass and Avolio (1995). The rater form was used, allowing staff nurses to evaluate their immediate leaders, which includes a comprehensive 45-item with 12 subscales, each associated with a particular leadership style: transformational, transactional, or passive-avoidant. Including idealized influence attributes, idealized influence behaviors, inspiring motivation, intellectual stimulation, individual consideration, contingent reward, management by exception (active and passive), laissez-faire, extra effort, effectiveness, and satisfaction. (five) subscales measure items of transformational leadership style; (two) subscales measure transactional leadership; (two) subscales measure laissez-faire/passive avoidant leadership, and the remaining (three) subscales measure leadership outcomes. Each item is rated by participants on a 5-point Likert-type scale as follows: (0) not at all, (1) once in a while, (2) sometimes, (3) fairly often, (4) frequently, if not always.

The MLQ-5X is scored using the scoring key that is included in the handbook. By adding up all of the elements and dividing by the total number of items on the scale. The MLQ-5X is not intended to promote the designation of a leader as either transactional or transformational. Instead, a leader or group of leaders should be described as, for instance, "less transactional than the norm" or "more transformational than the norm." A pilot study was conducted with 29 nurses to test the clarity, validity, and reliability of the adapted MLQ-5X questionnaire. The results indicated excellent internal consistency, with a Cronbach's alpha coefficient of 0.926.

Turnover Intention Scale (TIS-6)

The third section measured nurses' turnover intention using the six-item Turnover Intention Scale (TIS-6)(19) developed by Roodt (2004). This scale consisted of six questions, and the responses were measured using a five-point Likert-type scale to quantify the study participants' desire to either stay or leave. The Likert scale ranged from [1] to [5] using the following scales: A scale (1) never to (5) always, B scale (1) very satisfying to (5) totally dissatisfying, C scale (1) highly unlikely to (5) highly likely (20).

The score for the (TIS-6) Scale merely adds the item scores to get a total score. The midpoint of the score is 18. If the score is below 18, it indicates a desire to stay, and if the score is above 18, then it indicates a desire to leave the organization. The TIS-6 demonstrated good reliability in this study, with a Cronbach's alpha value of 0.753.

Data collection and statistical analysis

Response data were collected electronically using a digital survey methodology via Google Forms. Participants completed the questionnaire online after providing informed consent. The collected responses were exported into spreadsheet software, cleaned, and coded for statistical analysis.

All statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS) version 28. Descriptive statistics, including frequencies and percentages for categorical variables and means with standard deviations for continuous variables, were used to summarize the data.

Inferential analyses were conducted to examine relationships between variables. Pearson's correlation coefficient was applied to assess the association between leadership styles and nurses' turnover intention. Independent-samples t-tests and one-way analysis of variance (ANOVA) were used to examine differences in leadership styles and turnover intentions across sociodemographic groups. A p-value ≤ 0.05 was considered statistically significant.

Results

Out of the 292 nurses, most of the nurses 94.2% were female, 50.7% of them were in the age group 31-50 years. More than three-quarters 77.4% of the nurses were Saudis, and half of them 50.0% were married. The majority 79.1% of nurses held a bachelor's degree in nursing, and most of them 88.4% worked in a 12-hour shift length. More than half of them, 52.4%, had from 1 to 5 years of experience.

TABLE 1: Frequency and Percentage Distribution of Study Participants According to Their Sociodemographic Characteristics (n = 292).

Characteristics		Frequency	Percentage
Age	18-30 years	140	47.9%
	31-50 years	148	50.7%
	51 - 60 years	4	1.4%
Gender	Male	17	5.8%
	Female	275	94.2%
Nationality	Saudi	226	77.4%
	Non-Saudi	66	22.6%
Marital Status	Single	146	50.0%
	Married	146	50.0%
Level of Education	Diploma in Nursing	41	14.0%
	Bachelor's degree in nursing	231	79.1%
	Postgraduate	20	6.8%
Shift length	8 hours	34	11.6%
	12 hours	258	88.4%
Years of Experience	1 to <5 years	153	52.4%
	6 to <10 years	84	28.8%
	Above 10 years	55	18.8%

The sum of scores for questionnaire items pertaining to a given leadership style indicated the perceived scores for that leadership style (Table 2). The overall mean transformational leadership score was (45.95 \pm 7.80), which indicated a strong perception of transformational leaders as role models. The subscale scores showed that idealized influence (behaviors) achieved the highest mean (9.42 \pm 2.29), followed closely by inspirational motivation (9.44 \pm 2.49). The overall mean score for transactional leadership was (18.07 \pm 3.62), which showed a moderate reliance on this leadership style. The data also revealed a low prevalence of the passive-avoidant leadership style, with a total mean score of (12.61 \pm

3.81). The outcomes of leadership were measured through additional effort, effectiveness, and satisfaction. The overall outcome mean score was (20.94 ± 4.95), suggesting a favorable perception of leadership effectiveness, showing the highest mean (9.21±2.77).

TABLE 2: Mean and Standard Deviation of Nurses' Perception Toward the Multifactor Leadership Questionnaire Scores (n = 292).

Leadership styles		Mean ± SD
Transformational	Idealized influence (attributes)	9.25 ±2.58
	Idealized influence (behaviors)	9.42 ±2.29
	Inspirational motivation	9.44±2.49
	Intellectual stimulation	8.60±2.48
	Individualized consideration	9.24±2.29
	Total	45.95±7.80
Transactional	Contingent reward	9.54±2.58
	Management by exception (active)	8.53±2.34
	Total	18.07±3.62
Passive-avoidant	Management by exception (passive)	6.66±2.43
	Laissez-faire leadership	5.95±2.59
	Total	12.61±3.81
Leadership outcomes	Additional effort	6.88±2.26
	Effectiveness	9.21±2.77
	Satisfaction	4.86±1.71
	Total	20.94±4.95

The items of the turnover intention scale. The item “How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals” received the highest mean score of 3.12. Following closely, the item “How likely are you to accept another job at the same compensation level should it be offered to you?” scored 3.09. The item “How satisfying is your job in fulfilling your personal needs?” received the lowest mean score of 2.81. The overall mean of 3.01 ± 1.36 indicates a neutral to slightly negative sentiment toward job satisfaction and retention intentions.

The high standard deviations (3.12) across items suggest considerable variability in responses, indicating that while some employees are content, others may be dissatisfied or considering leaving. In addition, as for frustration with limited opportunities, it implies that career development and recognition could be key areas for organizational improvement. How satisfying is your job fulfilling your personal needs? (2.81 ± 1.33). This item records one of the lower mean values, implying that many respondents find their job only moderately satisfying in meeting personal or intrinsic needs. This could indicate a lack of personal fulfillment or alignment between job roles and individual expectations.

The data collectively points to a potential risk of turnover if intrinsic and developmental needs are not adequately addressed. Overall, the table shows a moderate level of turnover intention among the nurses.” (Table 3).

Table 3: Mean and Standard Deviation of Nurses' Responses Toward Turnover Intention (n = 292).

Item	Mean ± SD
How often have you considered leaving your job?	3.08 ± 1.40
How satisfying is your job in fulfilling your personal needs?	2.81 ± 1.33

How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals?	3.12 ± 1.41
How often do you dream about getting another job that will better suit your personal needs?	2.99 ± 1.30
How likely are you to accept another job at the same compensation level should it be offered to you?	3.09 ± 1.38
How often do you look forward to another day at work?	2.94 ± 1.36
Total	3.01 ± 1.36

Pearson's correlation to identify the effect of perceived leadership styles scores on the "Turnover intention" scores of the nurses indicated a significant, mild negative correlation was found between transformational leadership and turnover intention ($r = -0.192$, $p < .001$), suggesting that employees who perceive their leaders as more transformational are less likely to consider leaving their jobs. Transactional leadership also showed a statistically significant but weaker negative correlation with turnover intention ($r = -0.117$, $p < .047$), implying that clear structures and rewards may slightly reduce turnover intention. In contrast, passive-avoidant leadership showed no significant relationship with turnover intention ($r = 0.027$, $p = .640$). This indicates a lesser intention to quit among nurses who perceived their nurse leader to have a transformational or transactional leadership style than among those who perceived their nurse leader to have a laissez-faire leadership style.

Table 4.9.1: Correlation Between the Leadership Styles and Nurses' Turnover Intention.

Leadership styles	Turnover Intention		
	correlation	p. value	Strength of correlation
Transformational	-.192	<.001*	Mild negative correlation
Transactional	-.117	.045**	Mild negative correlation
Passive-Avoidant	.027	.640	No correlation

*Significant at the .001 level, **: Significant at the .05 level

Discussion

Transformational Leadership and Turnover Intention

The results indicated that transformational leadership was the most frequently recognized leadership style among nurses, with the highest overall score (45.95 ± 7.80). Among its subscales, inspirational motivation was the most dominant, suggesting that nurse leaders often motivate their teams by speaking optimistically about the future and promoting a shared vision. This aligns with (21), who emphasized that articulating an inspiring vision fosters trust and enthusiasm among followers.

The recognition of idealized influence (both behavior and attribute) further reinforces the perception of head nurses as role models who demonstrate confidence, integrity, and ethical behavior traits essential to establishing respect and credibility (22). Similarly, high scores in intellectual stimulation highlight leaders' ability to promote creativity and engage staff in problem-solving. Previous studies (3, 23) confirm that encouraging critical thinking leads to greater nurse engagement and satisfaction.

Additionally, individualized consideration, treating each nurse as a valued individual, was strongly evident. These supports (1), who found that individualized attention fosters loyalty and reduces

turnover. Collectively, these findings demonstrate that transformational leadership in nursing prioritizes both organizational performance and personal growth, thereby enhancing staff satisfaction and retention.

Transactional Leadership and Organizational Stability

Transactional leadership was moderately perceived among nurses, with a mean score of 18.07 ± 3.62 . The high score for contingent reward indicates that leaders effectively set expectations and recognize achievements, which promotes accountability and structure (23). The prominence of management-by-exception (active) shows that nurse leaders actively address errors and maintain order, ensuring adherence to standards. However, this approach is largely corrective rather than developmental, potentially limiting long-term engagement (25).

Transactional leadership thus provides short-term clarity and control but lacks the motivational depth of transformational leadership. A combined approach balancing structure and inspiration may yield optimal results in healthcare settings where both precision and empathy are vital.

Cultural Implications in the Saudi Context

The predominance of transformational leadership in this study reflects the cultural transition of Saudi healthcare institutions toward participative and human-centered management styles. Historically, Saudi hospital leadership has been hierarchical, emphasizing authority and compliance. The observed shift toward transformational practices suggests growing adaptation to global leadership paradigms that value empowerment and collaboration.

However, sociocultural factors such as collectivism, respect for hierarchy, and gender dynamics continue to influence leadership expression. Saudi nurses may value leaders who balance inspiration with structure, aligning transformational attributes (vision and encouragement) with transactional mechanisms (order and accountability). This cultural synthesis may explain why both leadership styles showed negative correlations with turnover, indicating that hybrid approaches can be particularly effective in the Saudi context.

Theoretical Implications

The findings of this study reinforce (21) Transformational Leadership Theory, which posits that leaders who model idealized influence, provide inspirational motivation, and offer individualized consideration enhance followers' intrinsic motivation and commitment. The observed reduction in turnover intention supports the theory's claim that transformational leaders satisfy higher-level psychological needs, thereby promoting loyalty and engagement. Furthermore, the results align with Meyer and Allen's Organizational Commitment Theory, which emphasizes affective commitment as a predictor of retention. Transformational leaders strengthen affective bonds by cultivating trust and shared purpose, reducing nurses' intentions to leave. Integrating these frameworks provides a strong theoretical foundation linking leadership behaviors with employee retention in healthcare systems.

Practical Implications

The practical relevance of these findings is particularly significant for Saudi hospital administrators and policymakers. By highlighting the predictive role of transformational and transactional leadership in reducing turnover intention, this study offers actionable insights for leadership development initiatives:

- **Leadership Training:** Hospitals should implement structured leadership development programs emphasizing communication, emotional intelligence, and motivational strategies grounded in transformational principles.
- **Mentorship Programs:** Pairing emerging nurse leaders with experienced transformational leaders can enhance modeling of effective leadership behaviors.
- **Performance Evaluation:** Integrating leadership competencies into appraisal systems can promote accountability and consistency across units.
- **Policy Development:** Policymakers should prioritize leadership education in national nursing strategies aligned with Saudi Vision 2030, which seeks to improve healthcare efficiency and workforce sustainability.

By operationalizing these findings, Saudi healthcare institutions can cultivate a new generation of nurse leaders capable of inspiring commitment, improving job satisfaction, and sustaining high-quality patient care.

Limitations

This study is subject to certain limitations. The use of convenience sampling restricts the generalizability of the results to a wider nursing population. In addition, the study used self-report tools, which may lead to subjective and biased findings (26). Finally, the study represents only one hospital, and this will limit the generalization of findings to nurses working in other healthcare facilities.

Conclusion

Overall, this study underscores the significance of leadership style in influencing nurses' turnover intention. Transformational leadership, marked by vision, support, and individualized attention, plays a decisive role in enhancing nurse satisfaction and retention. In contrast, transactional leadership offers structure but limited emotional engagement, and passive-avoidant leadership is largely detrimental. Promoting transformational leadership behaviors and addressing systemic organizational challenges can together create a more stable and motivated nursing workforce. The study highlights the need for hospital administrators and policymakers to prioritize leadership development initiatives that blend transformational and transactional behaviors. Implementing structured mentorship, leadership training, and appraisal systems focused on motivation, communication, and ethical practice can significantly enhance retention and job satisfaction among nursing staff. Embedding transformational leadership principles in managerial development programs is crucial to achieving nurse retention goals in line with Saudi Vision 2030.

Recommendations

- It recommends that nurse managers, administrators, and supervisors attend annual leadership courses to strengthen their communication, decision-making, and problem-solving skills.
 - Integrate transformational and transactional leadership styles into daily nursing management practices to enhance engagement and reduce stress.
 - Prioritize career development programs that provide nurses with opportunities for advancement and professional growth within the organization.
 - To compare the results across multiple settings, researchers should investigate the relationship between leadership styles and turnover intentions among nurses in other healthcare settings in Saudi Arabia, including National Guard hospitals and private hospitals.
 - A further mixed-methods design should be conducted to acquire a better understanding of retention issues among nurse managers and nursing staff.
 - Future research should examine how different leadership styles affect patient safety, nurses' productivity, engagement, and innovation within healthcare settings.
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Ethical Approval from (MOH)



الإدارة التنفيذية للتأهيل
الأكاديمية والتدريب والبحوث
إدارة البحوث

تيسير مهلة موافقة باحث

مستشفى الصدر التخصصي بمستشفى شرق جدة 855 المقدم

نقدمكم علماً بأن البحث بعنوان: (The relationship between the leadership style and nurses' turnover intention in governmental hospitals in Jeddah) تم إيداعه في قاعدة البيانات الوطنية للبحوث الطبية بالبحوث الصحية برقم (A02053) بتاريخ (20/11/2024) والعمل على إجراء البحث في مستشفى شرق جدة وذلك بالتعاون مع اللجنة الأخلاقية للبحوث في مستشفى الصدر التخصصي بمستشفى شرق جدة.

عنوان البحث	رقم الموافقة الأخلاقية
The relationship between the leadership style and nurses' turnover intention in governmental hospitals in Jeddah.	A02053
تاريخ الموافقة الأخلاقية	20/11/2024
مدة البحث	6 أشهر
المؤلف الرئيسي	محمد العصري
جهة عمل الباحث والزميل	مستشفى شرق جدة
التخصص	تمريض
بيانات التواصل مع الباحث	0545404054

الدكتور الرئيسي الدكتور محمد العصري

والبحوث تجمع هذه الصحن القول
Zainab
م. أستاذة مساعدة في البحوث

تجمع م. د. هذه الصحن القول
Jeddah Phil. Healths Center

Ethical Approval (General Directorate of Health Affairs)



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معادة مدير إدارة البحوث والدراسات بالجمع الصحي الأول بجدة المحترم
السلام عليكم ورحمة الله وبركاته..

نقدمكم بأن البحث الموضحة بياناته في الجدول التالي قد استوفى جميع الشروط التي تقرر عليها اللجنة التنفيذية لأخلاقيات البحث والصدارة من مودة الملك عبدالعزيز العام والتقنية ودائل الممارسة الأخلاقية الجديدة وعلاوة على ذلك تمت إجازته من قبل اللجنة المحلية لأخلاقيات البحوث بصحة جدة

اسم الباحث الرئيسي	معيد العصري
عنوان البحث	The Relationship Between The Leadership Styles and Nurses' Turnover Intention in a Governmental Hospital - Jeddah-Saudi Arabia
المنشأة المراد جمع البيانات منها	مستشفى شرق جدة العام
رقم الموافقة	A02053
مدة البحث	6 أشهر فقط
التاريخ	٢٠٢٤/١١/٢٠ م
رقم التواصل مع الباحث	٠٥٤٥٤ - ٤٣٥٤

عليه نأمل تسهيل مهمة الباحثين المذكورة بياناتهم أسلاف لإجراء البحث في مستشفاكم، مع ضرورة تفيد الباحثين بالشروط التي تم الاتفاق عليها في خطاب الموافقة الأخلاقية المرفق، وضرورة تزويد اللجنة بالنتائج النهائية للموافقة على النشر.

شاكرون تعاونكم.

وتفضلوا بقبول أطيب تحياتي

مدير قسم البحوث والدراسات وصحة جدة
محمد العصري
د.إيمان العصري الأسمرى



Plagiarism report

