

Relationship Between Nurse Managers' Leadership Style and Nurses' Organizational Commitment*

Yönetici Hemşirelerin Önderlik Biçimi ile Hemşirelerin Örgütsel Bağlılığı Arasındaki İlişki

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Abstract

Aim: This study was conducted in a descriptive and relationship-seeking style to determine the relationship between the leadership of nurse management and the organizational commitment of staff nurses.

Method: Data were collected after contacting the participants via e-mail between April 2019 and August 2019. The population of the study was 2619 nurses, the sample size calculation was 325, but considering that there may be erroneous and missing data, the study was completed with 405 nurses. Data were collected online using the Multifactor Leadership Questionnaire MLQ 5X Short Scale and the Organizational Commitment Scale.

Results: As a result of the research; it was determined that the emotional and normative commitment of the nurses was at a medium level but the continued commitment was low. Transformational leadership and individual support positively affect organizational commitment. As a result of the regression analysis conducted to determine the effect of leadership on organizational commitment, it was determined that transformational leadership positively affected organizational commitment and that some of the change in organizational commitment was due to transformational leadership and individual support. It was determined that the leadership style of the manager nurses affected the commitment of the nurses to the hospital by 15%.

Conclusion: According to study the results, the leadership behaviour score of the manager nurses was found to be above the middle. Transformational leadership behaviour was found to be higher than transactional leadership. Nurses' emotional and normative commitment was found to be moderate, but continued commitment was low.

Keywords: Management nurse, leadership style, nurse, organizational commitment.

Öz

Amaç: Çalışma, yönetici hemşirelerin önderlik yaklaşımları ile hemşirelerin örgütsel bağlılıkları arasındaki ilişkiyi belirlemek amacıyla, tanımlayıcı ve ilişki arayıcı türde yapılmıştır.

Yöntem: Veriler, Nisan - Ağustos 2019 tarihleri arasında, " Çok Faktörlü Liderlik Anketi MLQ 5X Kısa Ölçeği ve Örgütsel Bağlılık Ölçeği" kullanılarak çevrim içi yöntem kullanılarak, e-posta yoluyla katılımcılarla iletişime geçilmesi yoluyla toplanmıştır. Araştırmanın evreni 2619 hemşire olup örneklem büyüklüğü hesaplaması sonrası 325 hemşireye ulaşılması hedeflenmiştir. Ancak hatalı ve eksik verilerin olabileceği düşünülerek çalışma 405 hemşire ile tamamlanmıştır.

Bulgular: Çalışmada hemşirelerin duygusal ve normatif bağlılıklarının orta düzeyde olduğu ancak devam bağlılığının düşük olduğu bulunmuştur. Dönüşümcü önderlik ve bireysel desteğin, örgütsel bağlılığı olumlu yönde etkilediği saptanmıştır. Önderliğin örgütsel bağlılık üzerindeki etkisini belirlemek amacıyla yapılan regresyon analizi sonucunda, dönüşümcü önderliğin örgütsel bağlılığı olumlu yönde etkilediği ve bunun bireysel destekten kaynaklandığı belirlenmiştir. Yönetici hemşirelerin önderlik biçiminin hemşirelerin hastaneye bağlılıklarını %15 oranında etkilediği görülmüştür.

Sonuç: Çalışma sonucunda; yönetici hemşirelerin önderlik davranış puanı ortanın üstünde bulunurken, dönüşümcü önderlik davranışının, işlemsel önderlikten daha yüksek olduğu saptanmıştır. Hemşirelerin duygusal ve normatif bağlılıkları orta düzeyde iken devam bağlılıkları düşük bulunmuştur.

Anahtar Sözcükler: Hemşire, liderlik/önderlik tarzı, örgütsel bağlılık, yönetici hemşire.

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Introduction

Nurses need nurse managers who know themselves, are self-developing, balanced, motivate their team, have a vision, value, can make decisions together, appreciate success, and deal with nurses one-on-one in areas where they are inadequate leader nurses have a very important role in terms of increasing the performance and service quality of the institution, keeping nurses in the organization, and increasing motivation, job satisfaction, and job engagement. Nurse managers provide holistic patient care and increase service quality. Nurse managers should distribute the workforce fairly and provide the desired level of work quality and patient satisfaction. Nurse managers should motivate nursing staff and have the ability to cope with urgent and negative events. In addition, they should be able to manage their emotions, motivate their followers, guide and support them (Abdelhafiz et al., 2016; Al-Thawabiya et al., 2023; Echevarria et al., 2017).

In the literature review conducted by Yılmaz and Kantek (2016) on the leadership styles of executive nurses in Turkey, they concluded that executive nurses were perceived as work-oriented in four studies and as transformational leaders in three studies. The work-oriented executive nurse relies on authority and penal power; in this case, it is management, not leadership. İntepeler and Barış (2018) suggested that executive nurses should adapt to today's rapidly changing environmental conditions, improve their knowledge and leadership skills, and develop transformational leadership skills in order to obtain positive patient outcomes. There are studies stating that there is a need for executive nurses who have high self-awareness, know their strengths and weaknesses, are ethical in approaching employees and patients, can establish open and transparent relations between employees, think with all aspects while making decisions, and develop authentic leadership skills, which is a new generation leadership type with high moral motivation (Dirik and İntepeler, 2019; Kılınç and Öztürk, 2019). In the study of Cıranoğlu (2020), it was found that nurses' retention and their commitment to the organization can be due to the presence of executive nurses who exhibit interactional leadership skills. Organizational commitment is an important factor in the management of nursing services because it affects the success and performance of the hospital. There is a positive relationship between the leadership style of nurses manager and the organizational commitment of nurses (Al-Dossary, 2022; Asiri et al., 2016; Laschinger et al., 2009; Leach, 2005).

As a result of the leader's behaviour in the organization, processes such as the working style of employees, relations in the corporation, commitment to the organization, job satisfaction, burnout, job stress, and its effect on job happiness are known. Effective leaders are important for nurses to carry out safe and evidence-based patient care practices and for the nurses in their team to feel safe. Effective leader nurses identify the needs of both the patient, the nurse and the work environment, and try to reveal and eliminate these deficiencies. Nurse managers (NM) guide, mentor and train their team, increasing the motivation, performance and patient satisfaction of nurses (Al-Thawabiya et al., 2023; Casida and Parker, 2011; Wong et al., 2013, Weng et al., 2015). Leadership styles are also directly related to staff nurses' (SN) intention to stay at work and their commitment to the organization (Ha and Choi, 2002). This situation is directly related to the shortage of nurses around the world, especially after the COVID-19 pandemic (Al Thobaity and Alshammari, 2020; Lopez et al., 2022; Turale and Nantsupawat, 2021; Xu et al., 2020).

Transformational Leadership (TFL); Burns (1978) associated leadership with "power, influencing the employee, the organization and the employee's mission, and human relations concepts, motivate and inspire morale, lead change". Later, Avolio and Bass (2004) revealed the full-range leadership theory based on Burns' theory. Avolio and Bass' theory has "TFL" at the top and "passive leadership" at the bottom. NM who adopt this leadership give confidence to their followers, cooperate, make decisions together, give importance to organizational commitment and build a corporate culture in this direction. For this reason, NM with TFL abilities have a positive effect on their followers in realizing the purpose of the hospital, the job satisfaction of nurses, organizational commitment, supporting innovative practices, patient safety, patient care quality, change management, ethical decision making, and using evidence-based practices (Andrews et al., 2012; Casida and Parker, 2011; Casida and Pinto-Zipp, 2008; Huber, 2017). The basic elements of TFL are as follows: Idealised Influence (attributed) (IIA), Idealised Influence (behavioural) (IIB), Inspirational motivation (IM)), Intellectual Stimulation (IS) Individualised Consideration (IC) (Andrews et al., 2012; Casida and Parker, 2011). Transactional Leader (TAL); the relationship between the leader and her followers is seen as an "exchange" or "transaction", a "win-win" process. The leader determines the goals and monitors achievements and the change process. The basic elements of TAL are as follows: Management-by-Exception (active), Management-by-Exception (passive), Laissez-Faire Leadership (LFL) (Fischer, 2016). Contingent Reward (CR) (Andrews et al., 2012; Casida and Parker, 2011).

Organizational commitment can be defined as a psychological contract that expresses the employees' belonging to their organization or its departments (Baek et al., 2019; Meyer and Allen, 1991; Meyer et al., 1993; Fragkos et al., 2020; Meyer et al., 2017). Organizational commitment has three dimensions (Allen and Meyer, 1990) continued commitment (CC), affective commitment (AC) and normative commitment (NC). Emotional commitment also has three elements; employees' belief, acceptance, support and maintenance of the organization's goals and values. Continued commitment, it expresses the employees' commitment to the organization in a cognitive way, considering the personal and social rights (salary, annual leave, lack of social support, compensation, etc.) that the employees will lose if they go to another workplace. Normative commitment; The employees feel a debt of gratitude towards the organization, considering the benefits provided by the institution to them. Ethically and with a sense of responsibility, they find it shameful to leave the institution (Lee and Henderson, 1996).

Nurses are a professional group that work twenty-four hours a day, seven days a week, with low wages in a difficult and stressful working environment. Nurses are at the fore front of patient care and are an essential component of the healthcare system. Working conditions and hospitals are changing, and care is getting more complicated in today's digital revolution as everything evolves. It inspires issues such as effective leadership, organizational commitment, job satisfaction and organizational citizenship. It is also the only topic that does not go out of date. Nurses who are satisfied with their duties, departments and institutions are expected to feel a deep connection to their organizations, which increases their commitment. Leadership in nursing is important for positive outcomes such as patient safety, healthy working environment, nurse satisfaction, motivation, willingness to stay in the institution, high performance and organizational commitment. Leader nurses should motivate their group, work together for goals, and always see patient and employee safety as the most indispensable element. In the conducted studies, leadership is the basic element of organizational commitment in nursing. It is accepted that it promotes high individual performance that increases organizational commitment, job satisfaction and organizational success. Leader nurses should positively affect organizational commitment by using a unique and appropriate leadership style for each nurse, and the leader is expected to be able to manage differences (Bucak, 2010; Gülkaya, 2012; Kurt, 2009; Leach, 2005). In the international literature review, a limited study was found that examined the effect of leadership style and psychological empowerment on organizational commitment and determined the relationship between the leadership styles, job satisfaction, organizational commitment and turnover intention of nurse managers (Asiri et al., 2016; Ha and Choi, 2002). In the national literature, no study was found that examined the leadership style of nurse managers on the organizational commitment of nurses, and the study aimed to fill the gap in the literature.

Method

Aims and Study Design: This study was conducted in a descriptive and correlational to determine the relationship between the leadership style of nurse management and the organizational commitment of staff nurses.

Research Questions:

- According to SN, is there a relationship between the leadership style of NM and organizational commitment?
- Does the leadership style of NM affect the organizational commitment of SN?

Participants and Setting: The population of the study consisted of non-managerial staff nurses working in 15 hospitals belonging to a private health group (N=2619). 13 hospital administrations permitted the study. SN who worked in 13 hospitals. For at least 1 year were included in the study. The number of samples was determined by using the formula in which the number of individuals in the population was known. Accordingly, the number of samples to be taken from 13 hospitals was found to be 325 nurses. In order to reduce the margin of error, data loss and to minimize the possible limitations, it was desired to keep the sample size wide, and for this purpose, the study was completed with 405 SN. The questionnaire form created by the researcher in Google Form was collected from volunteer nurses who met the inclusion criteria of the study. The data were collected after the participants were contacted via e-mail between April 2019 and August 2019. The purpose of the study was explained, and it was stated that participation in the study was voluntary and confidentiality principles would be followed.

Data Collection Tools: *General demographic questionnaire:* The survey form used as a data collection tool in the study consists of three sections. The first section includes 10 questions prepared in line with the literature, questioning socio-demographic characteristics; age, gender, marital status, having children, education status, years of working in the institution, department, working style, leadership training status and nursing association membership status. A cross-sectional design was employed. *Multifactor Leadership Questionnaire MLQ 5X Short Scale (MLQ 5X):* In the study, the Turkish version of the "Multifactor Leadership Questionnaire (5X Short, MLQ)" developed by Bass and Avolio (1985) was used to determine the leadership styles of nurse managers. The Turkish version of the MLQ 5XS was purchased from the Mind garden website and its Turkish validity and reliability were made by Buluç (2010). The MLQ 5X Scale has also been used in nursing research (Abdelhafiz, et al.,2016; Asiri et al.,2016; Al-Yami et al.,2018; Al-Thawabiya et al.,2023; Casida and Parker, 2011; Durmuş and Kirca, 2019; Echevarria et al., 2017) The scale has a total of 45 items, 20 of which determine TFL, 16 that determine TAL, and 9 that determine the results of Leadership behaviours. The Turkish validity and reliability of the scale was made by Buluç (2010). Scale items are created in Likert type as never (0), rarely (1), sometimes (2), Often (3) and always (4). The results of leadership behaviors consist of 3 dimensions as Extra Effort, Effectiveness and Satisfaction. The minimum mean score that can be obtained from the scale was evaluated as 0 and the maximum score average as 4. If the average score is close to 4, it is interpreted that the leadership behaviors are very good, and if it is close to 0, it is interpreted that the leadership behaviors are weak. The Cronbach Alpha Coefficients (α) of the original scale sub-dimensions are as follows: IIB Influence (behavioral) α ; 0.83, IIA α ; 0.84, Inspirational Motivation α ; 0.92, Intellectual Stimulation α ; 0.84, Individualised Consideration α ; 0.85, Management by Exception (active) α ; 0.83, Management by exceptions (passive) α ; 0.79, Laissez-faire α ; 0.73, Contingent Reward α ; 0.83, Extra Effort α ;0.89, Effectiveness; 0.87, Satisfaction α ;0.79. MLQ 5XS of sub-dimensions in this study are as follows of the α ; IIB α ; 0.82, IIA α 0.86, Inspirational Motivation α 0.83, Intellectual Stimulation α 0.83, Individualised Consideration α 0.86, Management by Exceptions (active) α 0.51, Management by exceptions (passive) α 0.61, Laissez-faire α 0.82, Contingent Reward α 0.78, Extra Effort α 0.85, Efficiency α 0.90, Satisfaction α 0.88. *Organizational Commitment Scale (OCS):* OCS was developed by Allen and Meyer (1990) and its Turkish validity and reliability study was conducted by Wasti (2000). There are three sub-dimensions of OCS; Affective commitment (AC), normative commitment (NC) and continued commitment (CC). These sub-dimensions consist of a total of 18 items. The statements in the scale are scored between 1-7; It is in a 7-point Likert type as strongly disagree (1), disagree (2), somewhat disagree (3), neutral (4), somewhat agree (5), agree (6), strongly agree (7). When calculating the sub-dimension score; Items 3, 4, 6, and 7 are reverse coded, and the scores obtained from each sub-dimension are obtained by summing and dividing by 6. While calculating the mean score of the scale, there is no cut-off point and "4" indicates the neutral mean score. The minimum mean score that can be obtained from the scale is 1, and the maximum mean score is 7. If the average score is close to 7, it is interpreted that organizational commitment increases, and when it approaches 1, it decreases. The Cronbach Alpha Coefficients (α) of the OCS sub-dimensions in the study of Allen and Meyer (1990) were as follows: AC α 0.87, NC α 0.75, CC α 0.79. In the Turkish validity and reliability study, it was determined as AC α 0.78, NC α 0.75, and CC α 0.58 (Wasti, 2000). In this study they were found as follows; AC α 0.79, NC α 0.72, CC α 0.63.

Data Analysis: The program used in the data analysis was SPSS Inc. IBM Company Copyright 1989, 2010, version 19. Statistical tests used in the evaluation of the data are as follows: Pearson correlation was used in the relationship between Leadership Behaviors and Organizational Commitment, Regression was used in the Effect of Leadership Behaviors on Organizational Commitment.

Ethical Considerations: Before starting the study, permission was obtained from Çanakkale Onsekiz Mart University Clinical Research Board Ethics Committee 15.03.2019 date and 2011-KAEK-27/2019-E.1900012499 number. In addition, permission was obtained by applying to the medical research ethics committee which the study will be conducted. Electronic permission was obtained from Wasti and Buluç for the use of the scales in the research. Written consent was obtained from the nurses who agreed to participate in the study.

Limitations: The research is limited to the responses of the nurses who have been working in the same institution for more than one year in 13 private hospitals in Turkey.

Findings

Respondents' Characteristics

In line with the data obtained from the study, 36.3% (n:147) of the SN participants were 24 years old and younger, 84.4% (n:342) were female, 64.7% (n:262) were single, 71.6% (n:290) had no children, 50.4% (n:58) of those who had children had 1 child, and 51.9% (n:210) were found to be nurses with a bachelor's degree. 37.8% (n:153) of the SN's participating in the study had been working in the same institution for 1-3 years, 50.6% were working in internal and surgical units, 53.1% (n:215) were working day and night. It was found that 74.6% (n:302) were not members of any nursing association and 59% (n:239) did not receive any training on leadership.

Table 1. Descriptive statistics of the Multifactor Leadership Questionnaire 5X Short Scale (N:405)

| | n | Minimum | Maximum | Average | SD | Skewness | Kurtosis | Cronbach's alpha α |
|------------------------------------|------------|-------------|-------------|-------------|-------------|--------------|--------------|---------------------------|
| Idealised Influence (Attributed) | 405 | 0.00 | 4.00 | 2.54 | 0.92 | -.713 | .375 | .863 |
| Idealised Influence (Behavior) | 405 | 0.00 | 4.00 | 2.73 | 0.80 | -.571 | .343 | .825 |
| Inspirational Motivation | 405 | 0.00 | 4.00 | 2.62 | 0.85 | -.566 | .085 | .837 |
| Intellectual Stimulation | 405 | 0.00 | 4.00 | 2.61 | 0.77 | -.559 | .501 | .831 |
| Individualised Consideration | 405 | 0.00 | 4.00 | 2.55 | 0.90 | -.513 | .080 | .862 |
| Transformational Leadership | 405 | 0.00 | 4.00 | 2.61 | 0.78 | -.547 | .267 | .962 |
| Management | | | | | | | | |
| By Exceptions (Active) | 405 | 0.50 | 4.00 | 2.28 | 0.71 | -.220 | -.006 | .511 |
| Management | | | | | | | | |
| by Exception (Passive) | 405 | 0.00 | 4.00 | 1.44 | 0.81 | .452 | -.032 | .619 |
| Laissez-Faire Leadership | 405 | 0.00 | 4.00 | 1.04 | 0.99 | .742 | -.418 | .820 |
| Contingent Reward | 405 | 0.00 | 4.00 | 2.63 | 0.79 | -.610 | .459 | .788 |
| Transactional Leadership | 405 | 0.44 | 4.00 | 1.85 | 0.49 | .892 | 2.064 | .713 |
| Leader's extra effort | 405 | 0.00 | 4.00 | 2.41 | 0.96 | -.394 | -.074 | .853 |
| Leader's effectiveness | 405 | 0.00 | 4.00 | 2.64 | 0.88 | -.593 | .314 | .900 |
| Satisfaction with the leader | 405 | 0.00 | 4.00 | 2.53 | 1.01 | -.565 | -.080 | .881 |
| Leadership Behavior | 405 | 0.00 | 4.00 | 2.53 | 0.90 | -.502 | .148 | .952 |

The sub-dimension average scores of the MLQ 5XS are as follows (Table1); Transformational Leadership sub-dimension score average (TL) is 2.61 (SD=0.78), and the sub-score averages of TFL are; idealised influence-attributed (IIA) 2.54 (SD=0.92), idealised influence-behaviour (IIB) 2.73 (SD=0.80), inspirational motivation (IM) 2.62 (SD=0.85), intellectual stimulation (IS) 2.61 (SD=0.77), and Individualised Consideration (IC) 2.55 (SD=0.90). TAL sub-dimension average score was 1.85 (SD=0.49), and the sub-score averages of TRL were as follows: management by exceptions -active (MEA) 2.28 (SD=0.71), management by exceptions -passive MEP 1.44 (SD=0.81), LFL 1.04 (SD=0.99), and contingent reward CR 2.63 (SD=0.79). Leadership Behavior (LB) sub-dimension average score is 2.53 (SD=0.90), and Leader Satisfaction (LM) sub-dimension average scores are as follows; leader's extra effort (LEE) 2.41 (SD=0.96), leader effectiveness (LE) 2.64 (SD=0.88), satisfaction with the leader (SL) was 2.53 (SD=0.90).

Table 2. Descriptive statistics of the Organizational Commitment Scale (N:405)

| | n | Minimum | Maximum | Mean | SD | Skewness | Kurtosis | Cronbach's alpha α |
|----------------------------------|------------|-------------|-------------|-------------|------------|--------------|--------------|---------------------------|
| Affective Commitment | 405 | 1.67 | 7.00 | 4.58 | 1.15 | .086 | -.624 | .779 |
| Continued Commitment | 405 | 1.00 | 6.83 | 3.71 | 1.01 | -.206 | .068 | .720 |
| Normative Commitment | 405 | 1.17 | 7.00 | 4.23 | 1.08 | -.097 | -.224 | .636 |
| Organizational Commitment | 405 | 1.78 | 6.39 | 4.17 | .84 | -.092 | -.266 | .821 |

The sub-score averages of the OCS are as follows (Table 2). Affective Commitment (AC) is 4.58 (SD=1.15), Continued Commitment (CC) is 3.71 (SD=1.01) and Normative Commitment (NC) is 4.23 (SD=1.08), and the average score of OCS was found to be 4.17 (SD=0.84).

Table 3. The relationship between the general and sub-dimensions of the Multifactor Leadership Questionnaire 5X Short and the general and sub-dimensions of the Organizational Commitment Scale (N:405)

| | | Affective Commitment | Continued Commitment | Normative Commitment | Organizational Commitment |
|-------------------------------------|---|----------------------|----------------------|----------------------|---------------------------|
| Idealised Influence (Behavior) | r | .356 | .071 | .325 | .332 |
| | p | <0.001 | 0.155 | <0.001 | <0.001 |
| Idealised Influence (Attributed) | r | .279 | .106 | .322 | .309 |
| | p | <0.001 | 0.034* | <0.001 | <0.001 |
| Inspirational Motivation | r | .308 | .114 | .325 | .327 |
| | p | <0.001 | 0.022* | <0.001 | <0.001 |
| Intellectual Stimulation | r | .299 | .172 | .339 | .352 |
| | p | <0.001 | 0.001** | <0.001 | <0.001 |
| Individual Consideration | r | .331 | .133 | .349 | .356 |
| | p | <0.001 | 0.007** | <0.001 | <0.001 |
| Transformational Leadership | r | .340** | .128 | .359 | .362 |
| | p | <0.001 | 0.010* | <0.001 | <0.001 |
| Management by Exceptions (Active) | r | .008 | .051 | .043 | .043 |
| | p | 0.876 | 0.307 | 0.386 | 0.391 |
| Management by Exception (Passive) | r | -.153 | .143 | -.043 | -.031 |
| | p | 0.002** | 0.004** | 0.393 | 0.535 |
| Laissez-Faire (Avoidant) Leadership | r | -.274** | .147** | -.162** | -.136** |
| | p | .000 | .003 | .001 | .006 |
| Contingent Reward | r | .316 | .093 | .329 | .324 |
| | p | <0.001 | 0.061 | <0.001 | <0.001 |
| Transactional Leadership | r | -.071 | .188 | .048 | .064 |
| | p | 0.152 | <0.001 | 0.333 | 0.200 |
| Leader's Extra Effort | r | .300 | .079 | .295 | .296 |
| | p | <0.001 | 0.112 | <0.001 | <0.001 |
| Leader's Effectiveness | r | .291 | .100* | .277 | .293 |
| | p | <0.001 | 0.044 | <0.001 | <0.001 |
| Satisfaction with the leader | r | .269 | .086 | .273 | .275 |
| | p | <0.001 | 0.083 | <0.001 | <0.001 |
| Leadership Behaviors | r | .300 | .093 | .296 | .302 |
| | p | <0.001 | 0.062 | <0.001 | <0.001 |

Pearson correlation test *p<0.05; **p<0.01

The results of the Pearson correlation test (Table 3), which was conducted to determine the relationship between MLQ 5XS and Organizational Commitment (OC), are given below: A positive weak correlation was found between IIA and AC sub-dimension. IAA had a positive weak correlation with CC sub-dimension a positive moderate correlation with NC sub-dimension and a positive moderate correlation with OC. A positive moderate correlation was found between IIB and AC sub-dimension. IBB had a positive moderate correlation with NC sub-dimension and a positive moderate correlation with OC. A negative weak correlation was found between MEP and AC sub-dimension, and a weak positive correlation was found between MEP and CC. A positive moderate correlation was found between IM and AC sub-dimension. IM had a positive weak correlation with CC sub-dimension, a positive moderate correlation with NC sub-dimension, and a positive moderate correlation with OC. A negative weak correlation was found between LFA and AC sub-dimension. LFA had a positive weak correlation with CC sub-dimension, a positive weak correlation with NC sub-dimension, and a weak negative correlation with OC. A positive weak correlation was found between IS and AC sub-dimension. IS had a positive weak correlation with CC sub-dimension, a positive moderate correlation with NC sub-dimension, and a positive moderate correlation with OC.

A positive moderate correlation was found between LEE and AC sub-dimension. LEE had a positive weak correlation with NC sub-dimension and a weak positive correlation with OC. A positive moderate correlation was found between IC and AC sub-dimensions. IC had a positive weak correlation with CC sub-dimension, a positive weak correlation with NC, and a positive moderate correlation with OC. A positive weak correlation was found between LE and AC sub-dimension. LE had a positive weak correlation with CC sub-dimension, a weak positive correlation with NC and a weak positive correlation with OC. A positive moderate correlation was found between CR and AC sub-dimension. CR had a positive moderate correlation with NC sub-dimension and a positive moderate correlation with OC. A weak positive correlation was found in the satisfaction and AC sub-dimension. Satisfaction had a weak positive correlation with NC and a weak positive correlation with organizational commitment. A positive moderate was found between transformational leadership and AC sub-dimension. Transformational Leadership had a weak positive correlation with the CC sub-dimension, a positive moderate correlation with the NC sub-dimension, and a positive moderate correlation with organizational commitment. A weak positive correlation was found between TAL and CC sub-dimension. A positive moderate correlation was found between leadership behaviours and emotional commitment sub-dimension. Leadership behaviours had a weak positive correlation was found in the NC sub-dimension and a moderate positive correlation with organizational commitment.

Table 4. The effects of the general and sub-dimensions of the Multifactor Leadership Questionnaire 5X Short on the general and sub-dimensions of the Organizational Commitment Scale (N:405)

| Depandant Variable | Independent | Coefficient (B) | t | p | R ² | F |
|---------------------------|--|-----------------|--------------|------------------|----------------|-------------------|
| Affective Commitment | Idealised Influence (Behavior) | .463 | 3.236 | 0.001** | .183 | 7.315; p<0.05 |
| | Laissez-Faire (avoidant) Leadership | -.259 | -3.05 | 0.002** | | |
| | Individualised Consideration | .32 | 2.325 | 0.021* | | |
| Continued Commitment | Laissez-Faire (avoidant) Leadership | .243 | 3.092 | 0.002** | .094 | 3.405; p<0.05 |
| | Intellectual Stimulation | .43 | 2.952 | 0.003** | | |
| Organizational Commitment | Individualised Consideration | .215 | 2.111 | 0.035* | .154 | 5.935; p<0.05 |
| | Leader's Effectiveness | -.098 | -.82 | 0.412 | | |
| | Contingent Reward | -.005 | -0.042 | 0.966 | | |
| | Satisfaction with the leader | -.146 | -1.499 | 0.135 | | |
| Organizational Commitment | Transformational Leadership | .553 | 4.514 | <0.001 | .136 | 21.016; p<0.05 |
| | Transactional Leadership | -.025 | -.307 | .759 | | |
| | Leadership Behaviours | -.155 | -1.479 | .14 | | |

Regression test *p<0.05; **p<0.01

The results of the regression test (Table 4) performed to examine the effect of the MLQ 5XS on the AC sub-dimension were found to be significant (p<0.05). When the coefficients were examined, it was found that IIB and IC had a positive effect on AC (B=.463; B=320 p<0.05), while they had a negative effect on Laissez-Faire (ineffective) leadership sub-dimension. (B=-.259). 18% of the change in AC is explained by the IIB and LFL leadership sub-dimension and the individual support sub-dimension. The results of the regression test performed to examine the effect of the MLQ 5X scale on the CC sub-dimension were found to be significant (p<0.05). When the coefficients were examined, it was found that the LFL leadership sub-dimension and the intellectual stimulation sub-dimension had a positive effect on the CC sub-dimension (B=.243; B=430 p<0.05). 9% of the change in the CC sub-dimension is explained by the LFL leadership and intellectual stimulation sub-dimension. The results of the regression test performed to examine the effect of the MLQ 5XS on the NC sub-dimension were found to be significant (p<0.05). When the coefficients were examined, it was found that the variables did not affect the NC sub-dimension (p>0.05). The results of the regression test performed to examine the effect of the MLQ 5XS on the overall organizational commitment were found to be significant (p<0.05). When the coefficients are examined, individualized consideration sub-dimension positively affects organizational commitment (B=215 p<0.05). 15% of the change in the organizational commitment of SN is explained by the IC of nurse management. The results of the regression test performed to examine the effect of the total scores obtained from the sub-dimensions of the MLQ5 XS on organizational commitment were found significant (p<0.05). When the coefficients were examined, it was found that Transformational Leadership had a positive effect on organizational commitment (B=.553 p<0.05). As a result; 14% of the change in the organizational commitment of SN is explained by the transformational leadership behaviours of NM.

Discussion

This study was conducted in a descriptive and relationship-seeking style to determine the relationship between the leadership style of nurse management and the organizational commitment of staff nurses.

Discussion of findings regarding the MLQ 5XS

It is very important to increase the number of nurses who exhibit TFL behaviour in the hospital for better patient care outcomes, higher performance of nurses, higher organizational commitment, and other positive outcomes (reduction in costs and in negative situations such as medical errors, work accidents, and leaving work). In parallel with our results, in the study of Casida and Parker (2011) with North American nurses, the TSL of NM and Idealized influence (attributed) and inspirational motivation scores which are sub-dimensions of TFL were found to be the highest. This result supports the result of our research. Kramer et al. (2010) also stated in their meta-analysis study that the development of TFL in hospitals is a very important component to building a healthy working environment and that TFL plays a mediating role in positive patient care outcomes. In addition, they stated that TFL also affects the development of nurses, collaborative work, team relations, and reward and appreciation practices in decision making. In the study of Al-Yami et al. (2018) in Saudi Arabia, NM perceived themselves as both transformational and TAL. In addition, in the study, they found that as the TFL characteristics of the NM increased, the commitment of the SN to the hospital went up. In El El Dahshan et al. (2017)'s study conducted with nurses working in Saudi Arabia, SN stated that they see NM as both transformational leaders and TAL. In a study conducted in Qatar, nurse managers were found to exhibit transformational, transactional and autocratic leadership styles, respectively (Al-Thawabiya et al., 2023).

Discussion of findings regarding the OCS

In our study, the organizational commitment of the SN was found to be moderate. In some studies, nurses' organizational commitment was found to be slightly above average (Akgerman and Sönmez, 2020). The organizational commitment of nurses is low in different international studies (Chang, 2014, Ellershaw et al., 2016; Israel et al., 2017; Nunes and Gaspar, 2017), and it is moderate in some studies (Khodadadei et al., 2016; Karami et al., 2017; Moon and Han, 2009; Sepahvand et al., 2017) it was also found to be high in some studies. (El Dahshan et al., 2017). As a result of Baek et al. (2019) study in Korea, it was found that authentic leadership increases nurses' organizational commitment, but leadership is not important for organizational commitment in nurses who have worked for more than 20 years. Hoeve et al. (2018) stated in their study that nurses with high emotional commitment had high job satisfaction, less job stress, and more attachment to their jobs and professions, and that they were happy to be a member of the hospital. They found that the organizational commitment of newly graduated nurses was low, which was due to their negative work experiences, complexity of care, and lack of support from colleagues, doctors, and managers. In another study, it was emphasized that the organizational commitment and job performance of nurses working with strong leader nurses were high, that their occupational burnout levels were low, and that they did not have intention to leave their job (Wei et al, 2020).

Discussion of the findings regarding the relationship between the MLQ 5XS and the OCS

Organizational commitment was found to be higher in SN, where NM who showed TFL qualities. Organizational commitment was found to be higher in SN, where NM who showed TFL qualities. Asiri et al. (2016) found that nurses' organizational commitment was moderate and that interactionist leadership was more effective in organizational commitment. In another study, it was found that young nurses' high organizational commitment and job satisfaction were due to the authentic leadership behaviors of the executive nurse. They stated that the reason for this was that young nurses took the experiences, education and decision-making characteristics of the executive nurse as an example and were therefore influenced by them (Almutairi and Bahari, 2022). The inclusion of nurses in performance evaluation systems increases organizational commitment (Sepahvand et al., 2020). In the study of Putra et al. (2020), it was found that nurses' job satisfaction affected organizational commitment, that both of them were affected by the same factors, such as age, marital status, wage, working environment, career journey, promotion system, promotions given, and executive nurses, and that as job satisfaction increased, organizational commitment also increased. In the study of Iqbal et al. (2020), a positive relationship was found between transformational leadership and organizational commitment of nurses. They concluded that executive nurses, who adopt transformational leadership in nurses' organizational commitment, should psychologically empower employees and should be in good relations to ensure their psychological well-being. This ultimately supports the conclusion of our study. In a study by Leach (2005) conducted in the USA, SN found NM to be TFL, but a positive relationship was found between both TFL and TAL in organizational commitment. This study was carried out in a group of private hospitals. It is important for the researchers to develop a critical perspective on the features such as the management style of the hospitals, organizational culture, and employee differences.

Conclusion and Recommendations

According to study the results, the leadership behaviour score of the manager nurses was found to be above the middle. Transformational leadership behaviour was found to be higher than transactional leadership. Nurses' emotional and normative commitment was found to be moderate, but continued commitment was low. As a result of the regression analysis performed to evaluate the effect of the Leadership on organizational commitment, it was found that transformational leadership positively affects organizational commitment and part of the change in organizational commitment is caused by transformational leadership and individual support. Transformational leadership has been found to positively affect organizational commitment. In order to increase the organizational commitment of nurses, it is recommended that nurses who are innovative, open to change, able to solve problems, motivate their subordinates, and able to manage crises should be selected for management positions, and that manager nurses who exhibit negative leadership behavior should be provided with training that develops their leadership skills. It is also recommended that motivational tools be increased to increase the organizational commitment of young nurses.

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