

The Effect Of Leadership Style Of Nurse Managers On Staff Nurses Absenteeism And Commitment Descriptive Co-Relational Study

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Abstract

Background: The study of leadership has been an important and central part of the literature on management and organizational behavior for several decades. Indeed, "no other role in organizations has received more interest than the leader". Commitment is portrayed as a mediator influencing job satisfaction, head nurse leadership and other factors, such as nurses' absenteeism.

Purpose: The present study aimed to identify the effect of nurse managers' leadership style on staff nurses' absenteeism and commitment. A descriptive correlational research design was used in this study.

Methods: Three different tools were used to collect data. The first tool was the leadership profile questionnaire. This part is geared to measure leadership style. The second tool was an absenteeism questionnaire format; this tool aims at determining the causes of absenteeism and the absenteeism record of staff nurses for a year to estimate the absenteeism rate. The third tool was organizational commitment scale, was used to measure organizational commitment.

Results: The results of the study revealed that most head nurses were adopting the mixed style of leadership, and financial and workplace factors were the main causes leading to absenteeism. Planned and unexcused absenteeism was the highest range of absenteeism. The majority of the nurses studied did not show commitment. There was a negative relationship between absenteeism and commitment. Moreover, it was found out that there is no significant correlation between the leadership style of nurse managers and staff nurses' absenteeism rate and commitment.

Conclusion: There is a negative relationship between absenteeism and commitment. Moreover, it was found that there no significant correlation between the leadership style of nurse managers and staff nurses' absenteeism rate and commitment among study nurses.

Recommendation: This study recommends improving workplace factors to reduce absenteeism by promoting communication between nursing and hospital management to provide a suitable work environment.

Keywords: leadership style, organizational commitment, and absenteeism

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I. Introduction

Leadership has become increasingly important in both private and public organizations, as well as in many areas of social and professional life. It represents a significant social phenomenon that has been widely studied by researchers of management and organizational behavior. The study of leadership has remained a central topic in organizational literature for several decades. In fact, the role of leadership within organizations has attracted considerable attention (Avolio & Yammarino, 2021; Marquis & Huston, 2021).

In healthcare organizations, nurse managers play a vital role in maintaining organizational stability and improving staff morale. Due to the global shortage of nurses, the role of the nurse manager has become increasingly critical, as they serve as a link between staff nurses and higher organizational management (Roussel et al., 2020; Spear, 2021). Effective leaders inspire commitment among staff members by communicating a clear vision and creating a supportive organizational culture. This can be achieved through group discussions, meetings, collaborative agreements, and consensus-building processes that encourage innovation and creativity among staff members. In addition, leaders should ensure that organizational goals and objectives are aligned with reward systems and staff performance appraisals (Marquis & Huston, 2021). Furthermore, empowering employees to

participate in decision-making processes allows them to develop a sense of ownership toward organizational goals and strengthens their trust in leadership (Al-Hamdan et al., 2020).

Leadership can also be defined in terms of formal and informal influence within an organization. Formal authority and position may not always determine a leader's effectiveness; rather, influence often represents the true source of power in organizations. Individuals who possess strong influence can guide organizational decisions even without formal authority. Leaders with formal authority may rely on transactional leadership approaches to guide subordinates and achieve specific goals. While this leadership style may be effective in certain situations, there is no single leadership style that is universally appropriate for all organizational contexts. The effectiveness of leadership depends largely on how leaders apply different leadership approaches to achieve organizational goals and respond to situational demands (Banks et al., 2022; Sfantou et al., 2023).

Leadership behaviors may also contribute to the development of a positive work environment by promoting teamwork, psychological safety, and supportive workplace relationships. These factors can influence several work-related outcomes, including employee health, work-family balance, and job satisfaction. Such factors may ultimately affect nurses' attendance and absenteeism rates, indicating that leadership behaviors can indirectly influence staff absenteeism (Duffield et al., 2020).

Empowerment has been identified as an important mediator in the relationship between transformational leadership and organizational commitment. When employees feel empowered in their work environment, they tend to develop greater confidence in their abilities and a stronger sense of responsibility toward organizational goals. This sense of empowerment may enhance their willingness to remain actively engaged in their workplace and strengthen their organizational commitment (Abdel-Aziz et al., 2022; Al-Hamdan et al., 2020).

High levels of nurse absenteeism and turnover can negatively affect an organization's ability to meet patient needs and deliver high-quality healthcare services (Park & Pierce, 2020; Tamata & Mohammad Nezhad, 2023). In addition, absenteeism creates significant challenges for healthcare managers and staff members, leading to increased workload among remaining nurses, reduced productivity, and a decline in both the quality and quantity of nursing care (Duffield et al., 2021).

Absenteeism among nurses is therefore considered a critical issue in healthcare organizations. Frequent staff absence may lead to disorganized work processes, dissatisfaction among staff members, and increased workload for available personnel. These conditions may contribute to reduced quality of patient care and decreased organizational productivity. In many cases, absenteeism is closely associated with unfavorable working conditions and workplace stressors (Duffield et al., 2020).

Organizational commitment refers to the strength of an individual's attachment to the organization. It is characterized by a strong belief in and acceptance of the organization's goals and values, as well as a strong desire to maintain membership within the organization (Mousa, 2021; Labrague & Lositam, 2023). Several factors influence employees' organizational commitment, including daily work experiences, availability of resources, fairness within the workplace, and the level of trust employees place in their organization (Jaradat et al., 2024).

The underlying assumption of the present study is that effective leadership can transform followers by strengthening their confidence and motivation. These positive leadership influences may contribute to the development of a supportive and favorable work climate, which in turn may reduce absenteeism among nursing staff (Labrague, 2021; Mousa et al., 2023). Moreover, previous studies have demonstrated that leadership is positively associated with nurses' job satisfaction and organizational commitment toward their institutions and professional responsibilities (Al-Dossary, 2022; Labrague & Lositam, 2023). Organizational commitment has also been described as a mediating factor linking leadership style, job satisfaction, and other workplace outcomes such as nurse absenteeism (Cho et al., 2022).

II. Aim Of Study:

Study the effect of the leadership style of nurse managers on nurses' absenteeism and commitment among staff nurses

III. Subject And Methods:

A descriptive correlational study design was used. The study population consisted of two groups: First group included all nurse managers in selected hospitals. While the second group includes staff nurses who was select from the inpatient units, the staff nurse selection was by a systematic random sample. Total sample size estimated for the study (170) staff nurses from two hospital Port Said General Hospital (Al Amery) and Al-Zohoor Hospital The data collection took a period of approximately four months.

Tools:

Three tools were used in the study; they are as follows:

Tool I:

This includes two parts.

Part (1): This part includes personal and job characteristics for nurse managers, such as age, gender, level of education, etc. **Part (2):** This part is geared to measure leadership style. It was developed by **Anderson, 1997 & Kurezn, 2001**, and adopted from **El Sayed, 2007**. It aims at determining the leadership style of head nurses; it consisted of twenty statements.

Tool II:

This tool includes three parts.

Part (1): This part includes personal and job characteristics for staff nurses, such as age, gender, level of education, etc. **Part (2):** This part is a self-administration questionnaire; it aims at determining causes of absenteeism it adopted from **Mohamed, 2002**. consisted of 58 statements, divided into the following items: Family factors, Financial factors, Health-related factors, Psychological factors, Peer- related factors, Workplace factors, Communication and relation, Distribution of work factors, and Rules controlling absenteeism. **Part (3):** This part includes the absenteeism record of staff nurses for a year to estimate the absenteeism rate. The official absenteeism record in selected hospitals was reviewed to get data about the days of absenteeism of nurses in the study, which included all types of absenteeism.

Tool III

Includes the organizational commitment scale. It is developed by **Meyer, J.P and Allen, N.J. 1991** The scale includes items for each of the three dimensions as follows :Affective, Normative and Continuance Employee Organizational Commitment. Responses were measured on a 5-point rating scale ranging from (1 strongly disagree) to (5 strongly agree).To apply this scale, it was translated into Arabic by a researcher and retranslated into English by a language expert.

IV. Results:

Table (1) This table shows the personal characteristics of head nurses in the study sample; the total study sample of head nurses is 23. 60.9% of them are more than 30 years old. While 39.1% were below 25 years old. Regarding their qualifications, slightly more than half of the study sample had a nursing school diploma (52.2%) , compared to 39.1% of the sample had a bachelor of nursing degree, and only 8.7% had a technical institute diploma. According to years of experience, slightly more than half of them (52.2%) had more than ten years of experience.

Table (2): Shows leadership styles among head nurses in the study sample. This table indicates that the majority of head nurses (95.7%) were adopting the mixed style of leadership, while only (4.3%) were adopting the moderately autocratic style. **Table (3):** Shows the personal characteristics of the studied nurses in the study sample. This table shows that the total study sample of nurses is 170 nurses. 43.5% of them ranged between 25 to 30 years old, while 39.4% are less than 25 years old. As inferred from the table, the highest percentage of the study sample (92.9%) were females, and (69.4%) of them were married. More than three-quarters of them had a nursing school diploma (80.6%). The mean of their monthly income was (540.0±162.2) Egyptian pounds. **Table (4):** Illustrates the job characteristics of the studied nurses; it found that 50.6% had more than 10 years of experience in nursing. 18.8% of them were working in intensive care units, and 18.2% working in surgical units. **Table (5):** Illustrates total absenteeism factors as expressed by the studied nurses. As shown in the table, more than half of nurses in the study sample agreed that financial factors, workplace factors and system and rules controlling absenteeism were the main factors that led to absenteeism (59.4% & 55.9% & 52.9% respectively). While Peer- related factors and Psychological factors (27.1% & 25.9% respectively) had the lowest percentage of agreement as causal factors leading to absenteeism. **Table (6):** Shows organizational commitment among study nurses. The table pointed to the majority of the studied nurses did not show commitment, where the normative commitment showed the highest percentage of un-commitment, followed by the affective commitment and continuance commitment (80% & 72.4% & 70% respectively). **Table (7):** Delineates the correlation between total organizational commitment, nurses' characteristics and absenteeism factors among studied nurses. The organizational affective commitment score was positively correlated with the monthly income of nurses ($r = 0.249$, $P = 0.016$), while it was negatively correlated with scores of financial factors ($r = -0.157$, $P = 0.041$) and psychological factors ($r = -0.17$, $P = 0.027$). Regarding continuance commitment score, it was positively correlated with female nurses ($r = 0.154$, $P = 0.045$), number of children the nurses had ($r = 0.192$, $P = 0.045$), score of workplace factors ($r = 0.198$, $P = 0.01$), score of rules controlling absence ($r = 0.195$, $P = 0.011$), and total score of factors affecting absenteeism ($r = 0.177$, $P = 0.021$). The normative commitment score was positively correlated with age of nurses ($r = 0.161$, $P = 0.036$), female nurses ($r = 0.152$, $P = 0.047$), monthly income ($r = 0.234$, $P = 0.024$) and years of experience ($r = 0.169$, $P = 0.028$). Moreover, the normative score was also positively correlated with workplace factors ($r = 0.189$, $P = 0.014$). **Table (8):** Shows the correlation between head nurses, leadership, absenteeism, and organizational commitment among the studied nurses. Absenteeism of

nurses was negatively correlated with affective and continuance commitment (-0.047, -0.037 respectively), and it was positively related to leadership styles of head nurses (0.085). Affective commitment was positively correlated with continuance and normative commitment (0.258&0.284), respectively. continuance score was positively correlated with normative score (r = 0.401, P<0.0001. **Table (9):** Shows the correlation between nurses' leadership style, absenteeism, and commitment among the studied nurses. It was found that both the head nurses' leadership styles and nurses' commitment were neither statistically significantly correlated with each other nor with nurses' absenteeism rate. Also, it was observed positive correlation was observed between head nurses' leadership styles, absenteeism rate, and commitment. A negative correlation was observed among nurses' commitment and absenteeism rate.

Table (1): Personal and job characteristics of head nurses in study sample

Personal and job characteristics	Study head nurses (n=23)	
	No.	%
Age (years)		
25-	9	39.1
30 or more	14	60.9
Min-Max	25-57	
Mean±SD	36.8±11.2	
Level of education		
Nursing school diploma	12	52.2
Technical institute diploma	2	8.7
Bachelor of nursing	9	39.1
Place of work		
Al-Zohor Hospital	10	43.5
Port Said Hospital	13	56.5
years of experience		
less than 5	8	34.8
5-	3	13.0
10+	12	52.2
Min-Max	1-33	
Mean±SD	13.8±11.3	

Table (2): Leadership styles among head nurses in study sample (n=23)

Leadership styles	Frequency	Percent
Moderately autocratic	1	(4.3%)
Mix leadership style	22	(95.7%)

Table (3): Personal and job characteristics of nurses in the study sample.

Personal characteristics	Study nurses (n=170)	
	No.	%
Age (years)		
Less than 25	67	39.4
25-	29	17.1
30+	74	43.5
Min-Max	18-57	
Mean±SD	30.4±9.4	
Gender		
Male	12	7.1
Female	158	92.9
Nursing qualifications		
Nursing school diploma	137	80.6
Special diploma	1	0.6
Technical institute diploma	14	8.2
Bachelor of Nursing	18	10.6
Marital status		
Single	44	25.9
Married	118	69.4
Widow	5	2.9
Divorced	3	1.8
Having children [n=126]		
No	17	13.5
Yes	109	86.5
Monthly income		
Min-Max	300-1000	
Mean±SD	540.0±162.2	

Table (4): Job characteristics of the nurses in the study

Job characteristics	Study nurses (n=170)	
	No.	%
Place of work		
Al-Zohor Hospital	60	35.3
Port Said General Hospital	110	64.7
Departments		
Surgery	31	18.2
Nephrology	24	14.1
Orthopedics	9	5.3
ICU	30	17.8
Emergency	24	14.1
CCU	5	2.9
Internal medicine	19	11.2
Neonates	10	5.9
Gynecology	9	5.3
ENT	4	2.3
Burn unit	5	2.9
Experience (years)		
Less than 5	44	25.9
5-	40	23.5
10+	86	50.6
Min-Max	1-35	
Mean±SD	11.8±8.9	
Means of transportation to work		
Walking	15	8.8
One means of transportation	45	26.5
More than one mean	93	54.7
Daily travel	10	5.9
Weekly travel	7	4.1

Table (5): Factors that lead to absenteeism as expressed by study nurses, n=170.

Factors affecting absenteeism	Score percent					
	Min-Max	Mean±SD	Disagree		Agree	
			No.	%	No.	%
Family factors	33.3-100.0	55.7±14.5	105	61.8	65	38.2
Financial factors	33.3-100.0	60.6±17.2	69	40.6	101	59.4
Health-related factors	33.3-100.0	59.5±18.7	96	56.5	74	43.5
Psychological factors	33.3-94.4	50.7±14.1	126	74.1	44	25.9
Peer- related factors	33.3-100.0	52.4±15.5	124	72.9	46	27.1
Workplace factors	33.3-100.0	63.4±18.8	75	44.1	95	55.9
Communication and relation	33.3-100.0	53.3±18.4	115	67.6	55	32.4
Distribution of work factors	33.3-94.9	57.2±14.0	110	64.7	60	35.3
System and rules of absenteeism	33.3-97.4	60.3±15.1	80	47.1	90	52.9
Total score	35.1-90.8	60.2±10.6	73	42.9	97	57.1

Table (6): Organizational commitment among studied nurses (n=170)

Item	Commitment			
	Committed		Un committed	
	No.	%	No.	%
Affective	47	27.6	123	72.4
Continuance	51	30.0	119	70.0
Normative	34	20.0	136	80.0

Table (7): Correlation between total organizational commitment, personal and job characteristics and absenteeism factors among studied nurses.

Variables	Organizational commitment scale Score					
	Affective		Continuance		Normative	
	r	P	r	P	r	P
Personal characteristics						
Age (years)	0.013	0.865	0.0	1.0	0.161	0.036*
Gender (male/female)	-0.031	0.693	0.154	0.045*	0.152	0.047*
Having children (no/yes)	-0.104	0.247	-0.118	0.189	-0.048	0.591
Number of children	0.025	0.797	0.192	0.045*	-0.109	0.844

Monthly income	0.249	0.016*	-0.016	0.878	0.234	0.024*
Duration of experience (years)	-0.03	0.694	-0.024	0.752	0.169	0.028*
Factors affecting absenteeism						
Family factors	-0.062	0.425	0.163	0.034*	0.081	0.295
Financial factors	-0.157	0.041*	0.016	0.836	-0.103	0.182
Health –related factors	-0.067	0.387	0.084	0.274	0.044	0.571
Psychological factors	-0.17	0.027*	-0.12	0.879	-0.054	0.482
Peer related factors	-0.083	0.281	0.084	0.278	-0.107	0.165
Workplace factors	0.108	0.16	0.198	0.01*	0.189	0.014*
Communication and relation	-0.045	0.563	0.119	0.124	-0.021	0.786
Distribution of work factors	0.011	0.891	0.134	0.082	-0.04	0.6
Systems and rules of absenteeism	-0.021	0.791	0.195	0.011*	0.006	0.934
Total score	0.004	0.962	0.177	0.021*	0.047	0.545

r: Spearman Rho correlation coefficient *significant at P≤0.05

Table (8): Correlation between head nurses, leadership score, absenteeism, and score of commitment among the studied nurses.

Items	Leadership		Absenteeism		Commitment					
					Affective commitment		Continuance Commitment		Normative commitment	
	r	P	r	P	r	P	r	P	r	P
Leadership	--	--	0.085	0.268	0.084	0.278	0.005	0.945	-0.003	0.971
Absenteeism	0.085	0.268	--	--	-0.047	0.539	-0.037	0.636	0.058	0.451
Affective commitment	0.084	0.278	-0.047	0.539	--	--	0.258	0.001*	0.284	<0.0001*
Continuance commitment	0.005	0.945	-0.037	0.636	0.258	0.001*	--	--	0.401	<0.0001*
Normative commitment	-0.003	0.971	0.058	0.451	0.284	<0.0001*	0.401	<0.0001*	--	--

r : Spearman Rho correlation coefficient *significant at P≤0.05

Table (9): Correlation between nurses' leadership styles, absenteeism, and organizational commitment.

Items	Leadership		Absenteeism		Commitment	
	r	P	r	P	r	P
Leadership	--	--	0.085	0.268	0.052	0.501
Absenteeism	0.085	0.268	--	--	-0.007	0.925
Commitment	0.052	0.501	-0.007	0.925	--	--

r: Spearman Rho correlation coefficient *significant at P≤0.05

V. Discussion

Leadership has often been perceived as an inherent personal characteristic; however, contemporary leadership theories emphasize that effective leadership requires knowledge, skills, and continuous development. Leadership competencies are essential for achieving positive organizational outcomes, particularly in healthcare organizations where leadership directly influences staff performance, patient safety, and service quality (Avolio & Yammarino, 2021; Marquis & Huston, 2021). In nursing practice, leadership plays a crucial role in guiding teams, supporting staff nurses, and ensuring that organizational goals are achieved.

Nurse managers occupy a critical position within healthcare organizations. They serve as a link between hospital administration and nursing staff, facilitating communication, coordinating patient care, and promoting a supportive work environment. With the increasing global shortage of nurses, the role of nurse managers has become even more significant in maintaining workforce stability and improving staff morale (Roussel et al., 2020; Spear, 2021). High levels of absenteeism and turnover among nurses can negatively affect the ability of healthcare institutions to meet patient needs and maintain high-quality care. Previous studies have indicated that nurse absenteeism is associated with increased workload among remaining staff, decreased productivity, and reduced quality of patient care (Duffield et al., 2020; Duffield et al., 2021).

Organizational commitment is another important factor influencing employee behavior and organizational performance. Organizational commitment refers to the employee's psychological attachment to the organization, including a strong belief in organizational goals and values, willingness to exert effort on behalf of the organization, and desire to remain a member of the organization (Mousa, 2021). Higher levels of organizational commitment among nurses have been associated with improved job performance, lower turnover intention, and better patient outcomes (Labrague & Lositam, 2023).

The findings of the present study revealed that the majority of head nurses were over 30 years of age and that slightly more than half held a nursing diploma, while a smaller proportion possessed a bachelor's degree in nursing. From the researcher's perspective, the educational level of some head nurses may not fully meet the requirements of leadership positions in modern healthcare organizations. Contemporary nursing leadership literature emphasizes the importance of advanced education for nurse managers to enhance their leadership competencies, decision-making abilities, and administrative skills (Marquis & Huston, 2021). Similarly, Ghanbari et al. (2023) highlighted that nurse managers require specialized competencies and leadership preparation to effectively manage clinical teams and organizational challenges.

Regarding leadership style, the results of the present study indicated that the majority of head nurses adopted a mixed leadership style. This finding suggests that nurse managers tend to apply different leadership approaches depending on the situation, staff needs, and organizational context. This result is consistent with contemporary leadership theories that emphasize the importance of adaptive leadership and situational decision-making. Effective leaders often combine different leadership styles to respond appropriately to changing circumstances and workforce needs (Banks et al., 2022; Sfantou et al., 2023).

The present study also explored the causes of absenteeism among nurses. The findings indicated that absenteeism was influenced by multiple factors, including family responsibilities, financial challenges, health-related issues, psychological stress, workplace environment, communication problems, and organizational policies. Among these factors, financial issues and workplace conditions were identified as the most significant contributors to absenteeism among the study participants. These findings are consistent with previous research indicating that poor working conditions, inadequate compensation, and high levels of job stress contribute significantly to nurse absenteeism and burnout (Duffield et al., 2020). Furthermore, Tamata and Mohammad Nezhad (2023) reported that unfavorable work environments and a lack of incentives are major factors contributing to nursing workforce shortages and absenteeism in hospitals.

A study by Cho et al. (2022) showed that the Positive leadership styles of nurse managers effectively decrease turnover intention of hospital nurses, and the negative leadership styles of nurse managers effectively increase turnover intention of hospital nurses.

The study also revealed that absenteeism rates increased with nurses' age and years of professional experience. This finding may be attributed to the increased physical demands of nursing work, health-related challenges, and family responsibilities experienced by older nurses. Similar findings were reported by Tamata and Mohammad Nezhad (2023), who indicated that experienced nurses may experience higher levels of work-related stress and health issues that contribute to absenteeism.

In terms of organizational commitment, the findings of the present study indicated that a considerable proportion of nurses demonstrated low levels of commitment to their organizations. This result may be related to workplace challenges such as heavy workloads, limited professional development opportunities, and insufficient managerial support. Previous studies have demonstrated that supportive leadership, empowerment, and positive workplace environments are key factors in enhancing nurses' organizational commitment (Labrague & Lositam, 2023; Mousa et al., 2023). Moreover, structural empowerment has been found to significantly improve job satisfaction and organizational commitment among nurses (Al-Hamdan et al., 2020; Abdel-Aziz et al., 2022).

Despite these findings, the present study found no statistically significant relationship between nurse managers' leadership styles and nurses' absenteeism rates or organizational commitment. This result may be influenced by several factors, including organizational policies, staffing shortages, workload pressures, and external personal factors affecting nurses' attendance and commitment. It is possible that leadership style alone may not be sufficient to influence absenteeism and commitment without the presence of supportive organizational systems, adequate staffing, and favorable working conditions.

Overall, the findings of this study highlight the importance of strengthening nursing leadership, improving workplace conditions, and promoting supportive management practices to enhance nurses' organizational commitment and reduce absenteeism. Developing leadership competencies among nurse managers and implementing strategies to improve staff satisfaction and workplace support may contribute to improved workforce stability and better patient care outcomes.

VI. Conclusion

Based on the results of the present study, it can be concluded that the majority of head nurses were adopting the mixed style. More than half of the nurses in the study sample agreed that the financial factors and workplace factors were the main causal factors that lead to absenteeism. The majority of the studied nurses did not show commitment to the organization. There is a negative relationship between absenteeism and commitment. Moreover, it was found out that there is no significant correlation between the leadership style of nurse managers and staff nurses' absenteeism rate and commitment among study nurses.

VII. Recommendations

Based on the results of the present study. It is recommended that:

- Training programs for head nurses focused on advanced styles of leadership to enhance leadership skills.
- Salary and rewards of nurses should be commensurate with their assigned work responsibilities.
- Providing a fair system for incentives for working overtime and holidays.
- Improve workplace conditions to decrease the absenteeism rate by enhancing communication between the hospital administration and the nursing staff.
- Creating conditions that result in increased commitment among nurses through developing a friendly work climate.
- Head nurses should focus on creating a positive emotional atmosphere through recognition, reward for achievements, follow appropriate communication styles, and use conflict resolution strategies.

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