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ASSESSING THE RELATIONSHIP BETWEEN LEADERSHIP STYLES AND JOB SATISFACTION AMONG ICU NURSES OF GENERAL HOSPITAL ALHORE

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Leadership styles, Job satisfaction, ICU nurses, Nursing leadership, Directive leadership, Supportive leadership, Participative leadership, Achievement-oriented leadership.

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Abstract

Background: Leadership style plays a vital role in influencing nurses' job satisfaction and overall performance, particularly in Intensive Care Units (ICUs), where effective leadership is essential for delivering quality patient care. Different leadership approaches may positively or negatively affect nurses' motivation, commitment, and work outcomes.

Objective: To determine the relationship between leadership styles and job satisfaction among ICU staff nurses working in General Hospital Lahore.

Methodology: A descriptive cross-sectional study was conducted among 70 ICU nurses selected through a convenience sampling technique. Data were collected using a demographic questionnaire and an adapted Multifactor Leadership Questionnaire (MLQ), which assessed directive, supportive, participative, and achievement-oriented leadership styles, along with job satisfaction. Data were analyzed using SPSS. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the data. Pearson correlation analysis was performed to determine the relationship between leadership styles and job satisfaction, with a significance level set at $p < 0.05$.

Results: The findings revealed that directive leadership had a strong positive correlation with job satisfaction ($r = 0.718$, $p < 0.001$). Participative leadership ($r = 0.476$, $p < 0.001$), achievement-oriented leadership ($r = 0.459$, $p < 0.001$), and supportive leadership ($r = 0.366$, $p = 0.002$) also demonstrated significant positive relationships with job satisfaction. Most participants were young nurses with limited clinical and ICU experience, and the majority had not received formal leadership and management training.

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Conclusion: The study concluded that effective leadership styles significantly improve job satisfaction among ICU nurses. Strengthening leadership competencies through structured leadership development and management training programs may enhance nurses' satisfaction, professional performance, staff retention, and the quality of patient care in intensive care settings.

INTRODUCTION

Healthcare systems are expected to do so in a constantly challenging setting, and while meeting sometimes conflicting goals of improving public health, avoiding rising health expenditure(Rehman et al., 2025). Many researchers have shown that managers' practices and philosophies of management can affect measures of the performance of the healthcare system as well as employee performance. However, several things remain unresolved about the relationships between leadership and other issues such as job satisfaction, commitment and performance of healthcare employees. Leadership is a broad term which refers to the ability to persuade individuals to do their utmost to accomplish all tasks, goals or projects. (Specia *et al.*, 2021a).

Evidence-based knowledge can definitely enhance nurse leaders' performance as they play an important role in the retention and productivity and effectiveness of healthcare organizations. Work-related well-being refers to social and economic well-being, professional development-related well-being, psychological well-being and physical well-being, as well as occupational health. All of these factors are complicated as well. Self-worth, independence, personal growth, having a purpose in life, social support, and environment mastery are part of psychologic.al well-being, for example. (Niinihuhta and Häggman-Laitila, 2022)

Job satisfaction is an individual's assessment of their contentment at work, driven by their task proficiency, organizational communication, and treatment by management. It is divided into two categories: affective satisfaction, which covers emotional responses, and cognitive satisfaction, which involves rational evaluations of tangible factors like pay and hours. Because

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leadership styles significantly impact these feelings—particularly in fields like nursing—understanding these dynamics is vital for improving employee retention. (Othman & Khrais 2022)

The current issue is how to deliver more personalized, reliable and technologically advanced services to the patient and how to ensure timely therapeutic response and effective coordination to enhance the quality of the patient's nursing care. In order to create an environment of satisfaction and support the development of nursing profession, hospitals need to constantly innovate. Although we still don't fully grasp the factors that encourage innovative work behaviors, effective leadership is a key catalyst for encouraging innovation among nurses. (Notarnicola *et al.*, 2024)

The capability of the staff nurses to provide health care services to their patients, communicate and manage their knowledge is affected by the leadership of the head nurses and the period they have been in the profession. Staff and head nurses may become more clinically competent and foster a more supportive work environment if they receive leadership and management education and training. Programs for leadership development may also be put in place to give aspiring head nurses the essential skills they need before assuming official leadership positions. (Lin *et al.*, 2024)

Positive and encouraging leadership styles can help to increase the commitment of the organization in nurses, job satisfaction, and nurses' commitment to their occupations. In contrast, low performance leads to poor leadership performance, high cost and high turnover. There have been many studies that have explored the relationship between leadership philosophies and their impact on nurses' engagement and job satisfaction. A number of studies have found a positive link between the transformative leadership and nurses' work engagement and job satisfaction. These transformational leaders are said to be supportive of nurses, promote communication, and create a good work environment. However, the failure by the transactional

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and laissez-faire leaders to provide feedback, set clear expectations, and involve their subordinates led to decreased job satisfaction. (Al-Bashaireh *et al.*, 2025)

Numerous factors affect nurse managers' job happiness, and their self-perceived leadership style is receiving more scholarly attention. Nursing managers' values and behavioral tendencies are reflected in their leadership style, which is a crucial aspect of managerial behavior. It also has a significant impact on their psychological health and professional experiences.

By creating more stimulating and rewarding work environments, transformational leadership significantly improves job satisfaction. But due to the complexity inherent in the educational system, the relationship between the educational system and perceived performance and turnover intention remains unclear. The implication of the findings is that the laissez faire leadership style has the potential to have a significant effect on the individual's intention to leave the organization, thus emphasizing the need to avoid passive leadership styles in environments where cohesion and motivation of team members depend on their leader's action and direction. (Lopez *et al.*, 2025)

The behavior of nurse leaders influences the occupational health of nurses. The role of indirect impacts as well as mediating factors in leadership styles should be considered when planning intervention research and training for work-related health. Global shortage of nurses is an enormous issue which all nurse leaders will have to face in the future. High level of busyness, well-being and results in patients' care implies that nurses are retained in their jobs and performing well. A number of reviews from various fields indicate that managers use of particular leadership styles increases their interaction with staff, enhances performance and productivity, working atmosphere and well-being of workers. Good leadership increases performance, decreases expenses and staff turnover or absenteeism, while poor leadership affects all these. (Niinihuhta and Häggman-Laitila 2022b)

The head nurse leadership style and nurses' length of service (in the clinical aspect and also communication, management and knowledge) influences the clinical competency of nurses

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working under the head nurse. Staff and head nurses may become more clinically competent and foster a more supportive work environment if they receive leadership and management education and training. Programs for leadership development may also be put in place to give aspiring head nurses the essential skills they need before assuming official leadership positions. (Lin *et al.*, 2024)

A knowledge of how nurse managers' leadership philosophies impact on nurse retention may help to improve retention. Therefore, it is recommended that nurse supervisors must participate in training programs which are associated with effective leadership in order to increase the satisfaction of the nurses and to decrease nurses turnover. (Suliman et al.,2020)

While global evidence confirms that transformational leadership is the gold standard for nurse satisfaction and patient safety, Pakistani healthcare remains tethered to rigid, transactional management (Carini et al., 2021; Shahzad et al., 2024). This reliance on task-oriented oversight in centers like Lahore has resulted in critically low morale and high turnover risks (Naseer et al., 2024). Despite established links between leadership and engagement (Jameel et al., 2025), a gap remains in identifying the institutional barriers to this shift and its subsequent impact on clinical outcomes. Failing to adopt visionary mentorship threatens both workforce stability and the quality of patient care.

By creating more stimulating and rewarding work environments, transformational leadership significantly improves job satisfaction. Given the complexity of the educational system, however, the relationships between perceived performance, educational system and turnover intention are still not clear. In situations requiring team cohesion and motivation to be maintained through direction and guidance, the influence of laissez faire on turnover intention is very high, so it is important to avoid passive leadership styles. (Lopez *et al.*, 2025)

What is the relationship between leadership styles and job satisfaction among ICU staff nurses at General Hospital Lahore?

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Objective:

To assess the relationship between leadership style and Job Satisfaction of staff nurses in Intensive Care Unit of general hospital Lahore.

Specific Objective:

- To explore the association between various leadership styles (transformational, transactional, Laissez Faire) and the job satisfaction of nurses as a whole.
- To identify the most powerful leadership style to predict nurse job satisfaction.

MATERIAL AND METHODS

Study Design:

This study will have descriptive cross-sectional study design.

Study Setting:

This research will be conducted on ICU nurses working in General Hospital Lahore.

Study Population:

The study population consists of all registered nurses working in the ICU of the selected hospital.

Sample Size

This sample size will be selected by using Slovin's formula (95% confidence level) Margin of Error = 5%, Level of Confidence = 95%. For N=85, Values of X & Y are X=4, Y=55. The sample size calculated will be 70.

Slovin's Formula

$$n = \frac{N}{1+Ne^2}$$

Where:

n = sample size

N= total population

e = margin of error (in decimal form)

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N=85

e= 0.05 (for 95% confidence)

$$n = \frac{85}{1+85(0.05)2}$$

$$n = \frac{85}{1+85(0.0025)}$$

$$n = \frac{85}{1.2125}$$

n= 70

Sample Size = 70 Participants

Sampling Techniques

A convenience (non-probability sampling technique) sampling technique will be used to collect sample from the tool population.

Sample Selection

Following are the criteria for sample selection.

Inclusion Criteria

An inclusion criterion includes ICU nurses:

- Medical ICU
- Surgical ICU
- Pediatric ICU
- Cardiac ICU
- Neonatal ICU

Exclusion Criteria

An exclusion criterion include as

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- Nurses on Long-term Leave
- ICU nurses having less than six months of working experience
- Nurses who do not voluntarily Participate

RESULTS

This chapter presents the results of the study examining the relationship between nurse manager leadership styles and job satisfaction among 70 ICU nurses at General Hospital, Lahore. To improve clarity and readability for publication, the frequency distribution tables and bar charts originally presented for each individual item have been consolidated into single, section-wise summary tables and composite figures. Findings are organized into four sections: (A) Demographic Characteristics, (B) Leadership Style Items, (C) Nurses' Self-Reported Performance, and (D) Job Satisfaction, followed by inferential statistics examining the relationship between leadership styles and job satisfaction.

4.1 Demographic Characteristics of Respondents

Table 4.1: Summary of Demographic Characteristics of ICU Nurses (N = 70)

Demographic Variable	Category	Frequency (n)	Percent (%)
Age of Respondents	20–24	30	42.9
	25–29	21	30.0
	30–34	14	20.0
	35–39	2	2.9
	40 and above	3	4.3
	Total	**70**	**100.0**
Gender	Male	38	54.3

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	Female	32	45.7
	Total	**70**	**100.0**
Education	BSN	40	57.1
	Post RN	23	32.9
	MSN	5	7.1
	Specialty	2	2.9
	Total	**70**	**100.0**
Position	Staff Nurse (Newly Joined)	37	52.9
	Senior Staff Nurse	28	40.0
	Nursing Officer (ICU Specialty)	5	7.1
	Total	**70**	**100.0**
Clinical Experience	Less than 1 Year	36	51.4
	1–5 Years	17	24.3
	6–10 Years	14	20.0
	11–15 Years	3	4.3
	Total	**70**	**100.0**
Experience in Intensive Care	Less than 1 Year	32	45.7
	1–5 Years	19	27.1
	6–10 Years	13	18.6

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	11–15 Years	5	7.1
	More than 15 Years	1	1.4
	Total	**70**	**100.0**
Type of Intensive Care Unit	Medical ICU	11	15.7
	Surgical ICU	22	31.4
	Pediatric ICU	23	32.9
	Cardiac ICU	8	11.4
	Neonatal ICU	3	4.3
	Others	3	4.3
	Total	**70**	**100.0**
Training in Leadership & Management	Yes	27	38.6
	No	43	61.4
	Total	**70**	**100.0**

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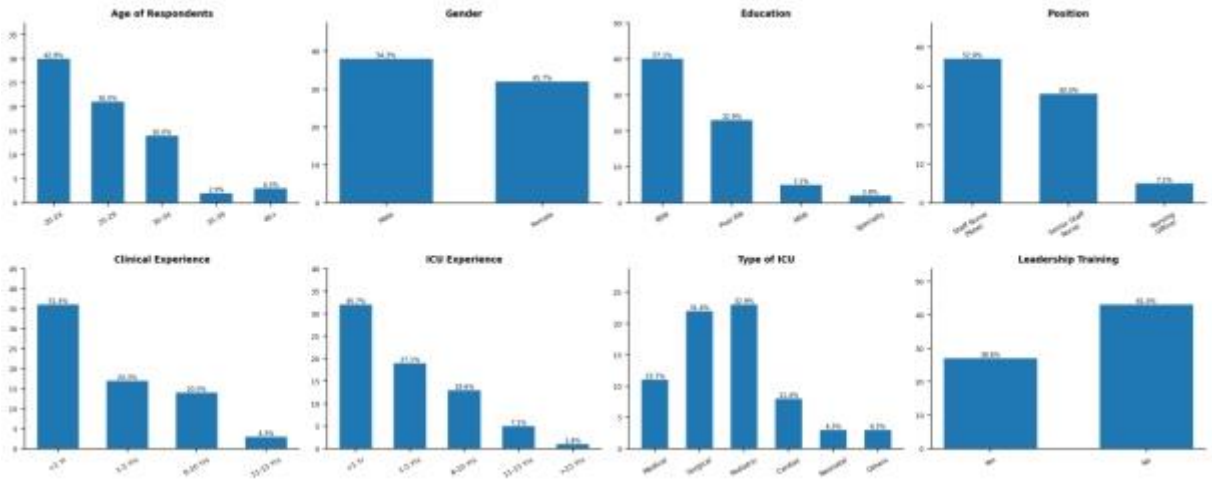
Figure 4.1: Demographic Characteristics of Respondents (N = 70)



The demographic profile indicates that the sample was predominantly composed of early-career nurses, with 42.9% aged 20–24 years and 51.4% reporting less than one year of general clinical experience; a similar pattern was observed for ICU-specific experience, where 45.7% had less than one year in critical care. The gender distribution was relatively balanced (54.3% male, 45.7% female). Most participants held a BSN qualification (57.1%) and worked as newly joined staff nurses (52.9%), with the largest proportional representation drawn from Pediatric (32.9%) and Surgical (31.4%) ICUs. Notably, 61.4% of respondents had not received any formal training in leadership or management, suggesting a structural gap in leadership development that may shape how nurses perceive and respond to their managers' leadership behavior.

4.2 Leadership Style Items (Section 2)

This section summarizes nurses' perceptions of their managers' leadership behavior across the four leadership style domains adapted from the Multifactor Leadership Questionnaire (MLQ): Directive, Supportive, Participative, and Achievement-Oriented Leadership. Each item was rated on a five-point frequency scale (1 = Never to 5 = Always).

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Table 4.2: Response Distribution, Mean, and Standard Deviation for Leadership Style Items (N = 70)

Questionnaire Item	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)	Mean	SD
Directive Leadership Style							
Q1. Lets subordinates know what is expected of them	22.9	35.7	25.7	4.3	11.4	2.46	1.22
Q2. Informs subordinates what needs to be done and how	4.3	20.0	47.1	21.4	7.1	3.07	0.94
Q3. Asks subordinates to follow standard rules and regulations	–	30.0	38.6	18.6	12.9	3.14	1.00
Q4. Explains the level of performance that is expected	–	18.6	40.0	24.3	17.1	3.40	0.98
Q5. Gives vague explanation of what is expected	2.9	22.9	32.9	28.6	12.9	3.26	1.05
Supportive Leadership Style							
Q6. Maintains a friendly working relationship with subordinates	30.0	15.7	21.4	15.7	17.1	2.74	1.47
Q7. Does little things to make team membership pleasant	4.3	34.3	28.6	17.1	15.7	3.06	1.15
Q8. Says things that hurt subordinates' personal feelings	11.4	28.6	38.6	14.3	7.1	2.77	1.07

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Q9. Helps subordinates overcome problems that stop them carrying out tasks	–	28.6	32.9	25.7	12.9	3.23	1.01
Q10. Is thoughtful of subordinates' personal needs	2.9	14.3	42.9	22.9	17.1	3.37	1.02
Participative Leadership Style							
Q11. Consults with subordinates when facing a problem	10.0	17.1	40.0	15.7	17.1	3.13	1.19
Q12. Listens receptively to subordinates' ideas and suggestions	2.9	34.3	27.1	24.3	11.4	3.07	1.08
Q13. Acts without consulting subordinates	5.7	20.0	40.0	31.4	2.9	3.06	0.93
Q14. Asks for suggestions on how to carry out assignments	5.7	21.4	44.3	18.6	10.0	3.06	1.02
Q15. Asks subordinates what assignments should be made	5.7	18.6	44.3	22.9	8.6	3.10	0.99
Achievement-Oriented Leadership Style							
Q16. Expects subordinates to perform at their highest level	10.0	20.0	41.4	15.7	12.9	3.01	1.14
Q17. Sets challenging goals for subordinates' performance	1.4	32.9	37.1	21.4	7.1	3.00	0.95

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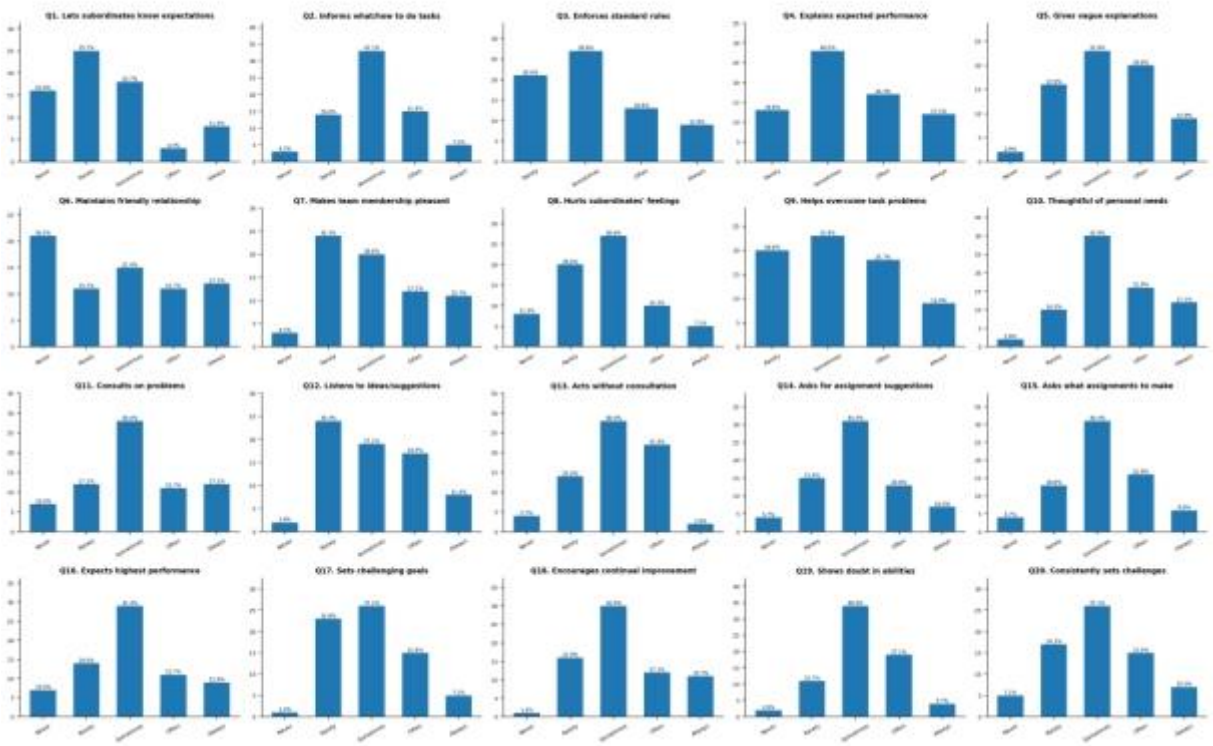
Q18. Encourages continual improvement in performance	1.4	22.9	42.9	17.1	15.7	3.23	1.02
Q19. Shows doubts about subordinates' ability to meet objectives	2.9	15.7	48.6	27.1	5.7	3.17	0.87
Q20. Consistently sets challenging goals for subordinates to attain	7.1	24.3	37.1	21.4	10.0	3.03	1.08

Figure 4.2: Leadership Style Items — Directive, Supportive, Participative & Achievement-Oriented (N = 70)



Across the four leadership domains, response patterns clustered around the midpoint of the scale ("Sometimes"), with item means ranging from 2.46 to 3.40. Directive Leadership items reflected the widest spread, with managers least consistently informing staff of expectations (Q1, M = 2.46) but more consistently explaining expected performance levels (Q4, M = 3.40). Within

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Supportive Leadership, maintaining friendly working relationships received the lowest endorsement (Q6, M = 2.74, with 30.0% reporting "Never"), indicating an interpersonal gap in day-to-day supervisory rapport, whereas attentiveness to personal needs was rated more favorably (Q10, M = 3.37). Participative items showed moderate and fairly uniform endorsement (M = 3.01–3.13), suggesting nurses are consulted and involved in decisions to a moderate but inconsistent degree. Achievement-Oriented items also clustered near the midpoint (M = 3.00–3.23), indicating that performance expectations are communicated but not strongly emphasized. Overall, the pattern suggests an inconsistently applied leadership style in which directive clarity and interpersonal support are the weakest dimensions, while goal-setting and consultative behaviors are present but moderate.

4.3 Nurses' Self-Reported Performance (Section 3)

Table 4.3: Response Distribution, Mean, and Standard Deviation for Nurses' Performance Items (N = 70)

Questionnaire Item	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)	Mean	SD
Q21. Completes ICU patient care tasks efficiently during shift	38.6	18.6	10.0	27.1	5.7	2.43	1.39
Q22. Maintains accuracy and safety in handling critical patients	2.9	35.7	32.9	22.9	5.7	2.93	0.97
Q23. Prioritizes nursing tasks effectively in emergency situations	2.9	34.3	27.1	12.9	22.9	3.19	1.22

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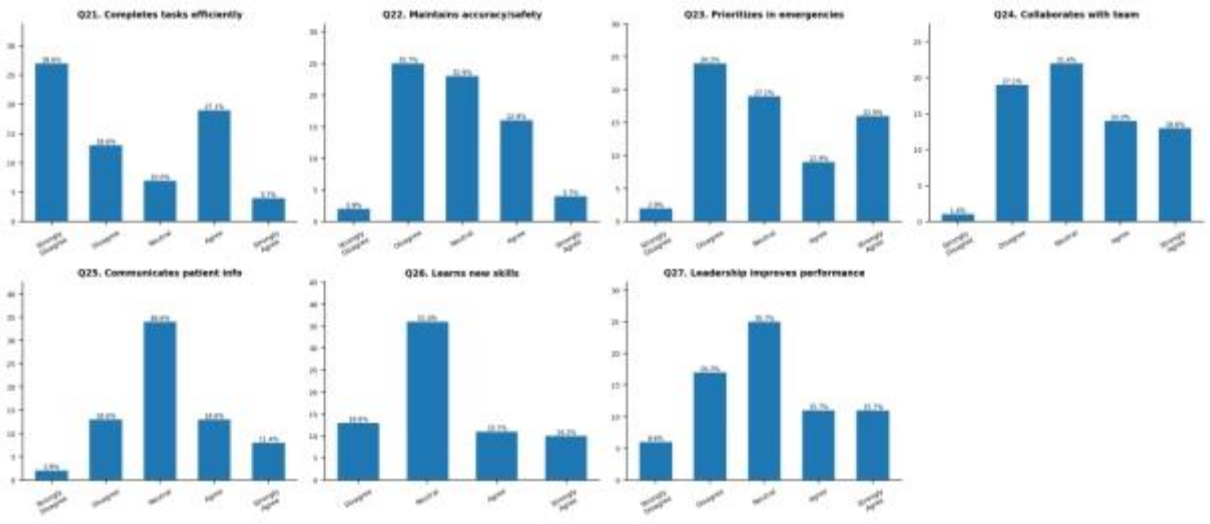
Q24. Collaborates effectively with doctors and colleagues in the ICU[1]	1.4	27.1	31.4	20.0	18.6	3.28	1.11
Q25. Communicates patient information clearly and promptly	2.9	18.6	48.6	18.6	11.4	3.17	0.96
Q26. Learns new skills and improves practice through ICU work	–	18.6	51.4	15.7	14.3	3.26	0.93
Q27. Leadership support improves my ability to perform well in the ICU	8.6	24.3	35.7	15.7	15.7	3.06	1.18

Figure 4.3: Nurses' Self-Reported Performance Items (N = 70)



Self-reported performance outcomes were mixed. Confidence in completing ICU patient care tasks efficiently was notably low, with 57.2% of respondents disagreeing or strongly disagreeing (Q21, M = 2.43, SD = 1.39), the lowest mean across the performance domain and the item with

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the greatest response variability. Perceptions of accuracy and safety in handling critical patients were similarly modest (Q22, M = 2.93), with over a third (35.7%) disagreeing. In contrast, nurses reported comparatively stronger confidence in emergency prioritization (Q23, M = 3.19) and interprofessional collaboration with doctors and colleagues (Q24, M = 3.28), the highest-rated performance item. Communication of patient information and continuous skill development were both rated near the midpoint (Q25–Q26, M = 3.17–3.26), while the perceived contribution of leadership support to ICU performance was moderate (Q27, M = 3.06). These findings suggest that while collaborative and communicative competencies are perceived favorably, nurses report comparatively lower confidence in independent task efficiency and patient-safety practices, areas that may be most sensitive to inconsistent directive and supportive leadership.

[1] One response (1.4%) on Q24 was recorded as an invalid numeric entry in the original dataset and was excluded from the percentage and mean calculations; the reported n therefore reflects 69 valid responses for this item.

4.4 Job Satisfaction (Section 4)

Table 4.4: Response Distribution, Mean, and Standard Deviation for Job Satisfaction Items (N = 70)

Questionnaire Item	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)	Mean	SD
Q28. I am very satisfied with my job	12.9	32.9	25.7	22.9	5.7	2.76	1.12
Q29. I feel my co-workers are satisfied with their jobs	–	27.1	48.6	15.7	8.6	3.06	0.88

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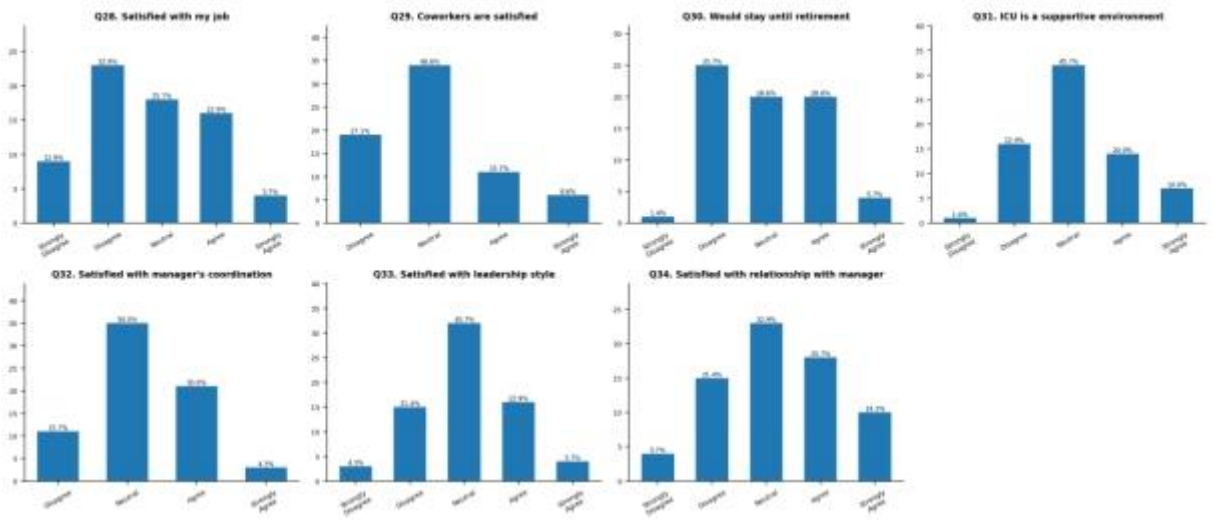
Q30. I would be happy to work here until I retire	1.4	35.7	28.6	28.6	5.7	3.01	0.97
Q31. I feel the ICU provides a supportive work environment	1.4	22.9	45.7	20.0	10.0	3.14	0.94
Q32. I am satisfied with my nurse manager's ability to coordinate ICU activities	–	15.7	50.0	30.0	4.3	3.23	0.76
Q33. I am satisfied with my nurse manager's leadership style	4.3	21.4	45.7	22.9	5.7	3.04	0.92
Q34. I am satisfied with my relationship with my nurse manager	5.7	21.4	32.9	25.7	14.3	3.21	1.12

Figure 4.4: Job Satisfaction Items (N = 70)



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Overall job satisfaction among ICU nurses was moderate to low. Direct satisfaction with one's job was the lowest-rated item in this section (Q28, M = 2.76), with 45.8% of respondents disagreeing or strongly disagreeing, and only 28.6% expressing agreement. Long-term organizational commitment was similarly limited, as 37.1% of nurses disagreed that they would remain in the role until retirement (Q30, M = 3.01). Satisfaction with the broader work environment, perceptions of co-workers' satisfaction, and satisfaction with the nurse manager's coordination ability, leadership style, and interpersonal relationship were all rated near the midpoint of the scale (M = 3.04–3.23), reflecting predominantly neutral sentiment rather than strong endorsement. The relatively higher mean for satisfaction with the manager's coordination ability (Q32, M = 3.23, SD = 0.76, the most consistent response pattern in the section) suggests that operational/logistical aspects of leadership are perceived more favorably than the affective dimension of overall job satisfaction itself.

4.5 Relationship between Leadership Styles and Job Satisfaction

Pearson correlation analyses were conducted to examine the relationship between each leadership style and overall job satisfaction among ICU nurses.

Table 4.5: Pearson Correlations between Leadership Styles and Job Satisfaction (N = 70)

Leadership Style	Pearson r	p-value	Strength / Direction
Directive Leadership	0.718	< 0.001	Strong positive
Supportive Leadership	0.366	0.002	Moderate positive
Participative Leadership	0.476	< 0.001	Moderate positive
Achievement-Oriented Leadership	0.459	< 0.001	Moderate positive

All four leadership styles were significantly and positively correlated with job satisfaction. Directive leadership demonstrated the strongest association ($r = 0.718$, $p < 0.001$), indicating that clearer goal-setting, instruction, and performance expectations were the leadership

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behaviors most closely linked to how satisfied nurses felt in their roles. Participative leadership showed a moderate positive correlation ($r = 0.476$, $p < 0.001$), followed by achievement-oriented leadership ($r = 0.459$, $p < 0.001$), while supportive leadership demonstrated the weakest, though still significant, correlation ($r = 0.366$, $p = 0.002$). These results indicate that, in this ICU setting, structured and goal-oriented leadership behaviors were more strongly associated with job satisfaction than interpersonally supportive behaviors, possibly reflecting the high-acuity, protocol-driven nature of critical care work, where clarity and direction may be valued more immediately than relational warmth.

Taken together, the results presented in this chapter indicate that ICU nurses in this sample were largely early-career, under-trained in leadership, and reported only moderate confidence in core performance domains and job satisfaction. Despite these gaps, leadership style, particularly directive leadership, emerged as a statistically significant and practically meaningful correlate of job satisfaction, supporting the study's alternative hypothesis that a significant relationship exists between leadership style and job satisfaction among ICU nurses.

DISCUSSION

Demographic Profile and Professional Background

The findings of the present study demonstrated that the ICU nursing workforce was predominantly young and relatively inexperienced. A large proportion of respondents (42.9%) belonged to the 20–24 years age group, while more than half (51.4%) had less than one year of clinical experience. Similarly, most participants had limited ICU experience, reflecting that many nurses were still in the early stages of professional and critical care skill development. These findings suggest that newly recruited nurses constitute a major portion of the ICU workforce, which may increase the need for guidance, supervision, and leadership support within the clinical environment.

Additionally, the study revealed that 61.4% of respondents had not received formal leadership and management training. The absence of such training may affect leadership effectiveness,

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communication practices, and team coordination within ICU settings. Similar findings were reported by Al-Thawabiya et al. (2023), who emphasized the importance of strengthening leadership competencies among nurses to improve workplace outcomes and professional performance in healthcare settings.

Impact of Directive Leadership on Job Satisfaction

The present study identified a strong positive correlation between directive leadership and job satisfaction ($r = 0.718$, $p < 0.001$). This indicates that nurses working under leaders who provide clear instructions, defined expectations, and structured guidance tend to report higher levels of job satisfaction. Although many respondents perceived that leaders only "sometimes" communicated expectations clearly, the strong relationship highlights the importance of directive leadership in the ICU environment, where rapid decision-making, patient safety, and adherence to protocols are essential.

These findings are supported by Al-Rjoub et al. (2024), who reported that structured leadership approaches contribute positively to staff clarity, performance, and efficiency in acute healthcare settings. In highly demanding units such as ICUs, nurses may prefer leadership styles that reduce uncertainty and provide consistent direction during critical situations.

Influence of Supportive and Participative Leadership

Supportive leadership demonstrated a moderate positive correlation with job satisfaction ($r = 0.366$, $p = 0.002$), while participative leadership also showed a moderate positive relationship ($r = 0.476$, $p < 0.001$). These findings suggest that leadership behaviors involving emotional support, encouragement, consultation, and staff participation in decision-making contribute positively to nurses' satisfaction levels.

The respondents reported moderate perceptions regarding consultation with subordinates and receptiveness toward staff suggestions. Despite this, the positive correlations indicate that ICU nurses value leaders who acknowledge their opinions, provide support, and encourage collaborative practices. These findings are consistent with the studies conducted by

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Specchia et al. (2021) and Carini et al. (2021), which concluded that supportive leadership behaviors improve nurse well-being, teamwork, and organizational outcomes.

Similarly, the positive association between participative leadership and job satisfaction aligns with findings reported by Al-Bashaireh et al. (2025), where inclusive and participative management practices were associated with improved work engagement and professional satisfaction among nurses.

Achievement-Oriented Leadership and Job Satisfaction

The findings further revealed a moderate positive correlation between achievement-oriented leadership and job satisfaction ($r = 0.459$, $p < 0.001$). This suggests that leaders who set challenging goals, encourage high performance, and promote continual improvement positively influence nurses' satisfaction levels. In ICU settings, where patient care requires competence, efficiency, and continuous learning, achievement-oriented leadership may motivate nurses to enhance their clinical performance and professional growth.

These findings are supported by Jameel et al. (2025), who reported that goal-oriented leadership behaviors significantly improve work engagement and job satisfaction among nurses. Encouraging professional achievement may therefore strengthen motivation and increase commitment within critical care environments.

Overall Job Satisfaction and Organizational Commitment

Despite the positive correlations observed between leadership styles and job satisfaction, the overall satisfaction level among respondents remained comparatively low. A considerable proportion of participants (32.9%) disagreed that they were satisfied with their jobs, while 35.7% reported uncertainty or disagreement regarding their willingness to remain in the organization until retirement. These findings suggest that although effective leadership contributes positively to satisfaction, additional workplace factors may continue to negatively influence nurses' experiences in the ICU setting.

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Possible contributing factors may include workload burden, workplace stress, limited staffing, insufficient professional support, and challenging working conditions commonly experienced in intensive care environments. Similar observations were highlighted by Naseer et al. (2024), who emphasized that leadership alone cannot fully address nurse dissatisfaction unless broader organizational and systemic issues are also managed effectively.

Overall, the findings of the present study emphasize that leadership styles play a significant role in influencing job satisfaction among ICU nurses, with directive leadership showing the strongest association. However, healthcare organizations should also focus on improving workplace conditions, professional development opportunities, and supportive organizational policies to enhance nurse satisfaction and retention.

CONCLUSION:

This study concludes that leadership styles have a significant impact on the job satisfaction of ICU nurses. Directive leadership was found to have the strongest positive correlation with job satisfaction ($r = 0.718$, $p < 0.001$), suggesting that in the high-stakes, high-acuity environment of an Intensive Care Unit, clear expectations and structured protocols are vital for staff. Participative ($r = 0.476$), achievement-oriented ($r = 0.459$), and supportive ($r = 0.366$) leadership styles also contribute positively to satisfaction levels, though to a more moderate degree. Despite these positive associations, the research highlights a significant gap in professional development, as **61.4%** of respondents had not received leadership or management training. Furthermore, nearly half of the participants (**45.8%**) reported being dissatisfied with their jobs, indicating that while leadership is a key factor, organizational challenges still persist.

Limitations

The findings of this study should be interpreted in light of the following limitations:

- **Sample Size and Setting:** The study was conducted with a relatively small sample of **70 ICU nurses**. While representative of the specific ICU setting, the results may not be generalizable to all nursing departments or broader healthcare environments.

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- **Junior Workforce Bias:** Over half of the participants (**51.4%**) had less than one year of clinical experience. The strong preference for directive leadership may be highly specific to this inexperienced demographic, as senior nurse might value autonomy and participative styles differently.
- **Self-Reported Data:** The reliance on self-administered questionnaires may introduce social desirability bias, where participants respond in a way they believe is expected rather than reflecting their true feelings.
- **Cross-Sectional Design:** This study captures perceptions at a single point in time, which prevents the establishment of a long-term cause-and-effect relationship between leadership changes and shifts in satisfaction.

Recommendations

Based on the study results, the following recommendations are proposed to improve nursing satisfaction and organizational performance:

- **Mandatory Leadership Training:** Since **61.4%** of staff lack formal training, healthcare organizations should implement mandatory leadership and management programs. These programs should focus on teaching managers how to balance directive guidance with supportive and participative behaviors.
- **Refine Communication Strategies:** Leaders should focus on enhancing clarity, as **35.7%** of nurses felt that expectations were "rarely" communicated clearly. Standardizing task instructions and feedback loops could significantly improve performance and morale.
- **Incentivize Career Development:** Given the high percentage of junior staff (**52.9% newly joined**), hospitals should create clear career progression pathways and mentorship programs to improve long-term commitment.
- **Foster Participative Environments:** While directive leadership is currently most impactful, managers should gradually increase participative practices—such as consulting staff on ICU problems—to improve long-term work engagement.

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- **Future Research:** Future studies should utilize longitudinal designs and larger, multi-departmental samples to better understand how leadership needs evolve as nurses gain more clinical experience.

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