THE INFLUENCE OF TRANSFORMATIONAL LEADERSHIP AND PSYCHOLOGICAL CAPITAL ON JOB SATISFACTION AND ORGANIZATIONAL COMMITMENT AMONG HEALTH ASSISTANTS AND NURSES IN SAUDI ARABIAN HOSPITALS

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Abstract

Maintaining a satisfied and committed workforce is crucial for healthcare organizations to provide high-quality patient care and achieve organizational goals. This study aims to examine the influence of transformational leadership and psychological capital on job satisfaction and organizational commitment among health assistants and nurses working in hospitals across Saudi Arabia. A cross-sectional survey design was employed, and data were collected from a sample of 500 health assistants and nurses using validated questionnaires. The findings revealed that both transformational leadership and psychological capital had significant positive effects on job satisfaction and organizational commitment. Furthermore, psychological capital partially mediated the relationship between transformational leadership and the two outcome variables. The results highlight the importance of fostering transformational leadership practices and developing psychological capital among healthcare workers to enhance their job satisfaction and organizational commitment. The implications of these findings for healthcare management and future research directions are discussed.

Keywords: transformational leadership, psychological capital, job satisfaction, organizational commitment, health assistants, nurses, Saudi Arabia

Introduction

Healthcare organizations worldwide face significant challenges in attracting, retaining, and motivating a skilled and dedicated workforce (World Health Organization, 2020). In Saudi Arabia, the healthcare sector has experienced rapid growth and development in recent years, driven by government initiatives and investments (Almalki et al., 2011). However, this growth has also led to increased demands on healthcare workers, particularly health assistants and nurses, who play crucial roles in delivering patient care (Aldossary et al., 2008). Ensuring the job satisfaction and organizational commitment of these frontline workers is essential for maintaining a stable and high-performing healthcare system (Alharthi et al., 2020).

Transformational leadership has emerged as a promising approach for enhancing employee attitudes and behaviors in various settings, including healthcare (Bass & Riggio, 2006).

Transformational leaders inspire and motivate their followers by articulating a compelling vision, providing individualized support, and fostering a climate of trust and innovation (Avolio et al., 1999). Research has shown that transformational leadership is positively associated with job satisfaction and organizational commitment among nurses (Abualrub & Alghamdi, 2012; Alharbi et al., 2019).

Psychological capital, a positive psychological state characterized by self-efficacy, hope, resilience, and optimism, has also been identified as a key factor influencing employee well-being and performance (Luthans et al., 2007). Studies have demonstrated that psychological capital is positively related to job satisfaction and organizational commitment in various occupational settings (Avey et al., 2011), including healthcare (Wang et al., 2018). However, the combined influence of transformational leadership and psychological capital on job satisfaction and organizational commitment among health assistants and nurses in Saudi Arabia has not been thoroughly investigated.

This study aims to address this research gap by examining the influence of transformational leadership and psychological capital on job satisfaction and organizational commitment among health assistants and nurses working in Saudi Arabian hospitals. The findings of this study can contribute to the development of evidence-based strategies for enhancing the well-being and retention of this critical workforce.

Literature Review

Transformational Leadership

Transformational leadership theory, developed by Bass (1985), posits that leaders can inspire and motivate their followers to achieve exceptional outcomes by engaging in four key behaviors: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. Transformational leaders serve as role models, articulate a compelling vision, challenge followers to think creatively, and provide personalized support and mentoring (Bass & Riggio, 2006).

Empirical research has consistently demonstrated the positive impact of transformational leadership on employee attitudes and behaviors across various settings (Judge & Piccolo, 2004). In the healthcare context, transformational leadership has been found to enhance job satisfaction, organizational commitment, and work engagement among nurses (Abualrub & Alghamdi, 2012; Alharbi et al., 2019; Failla & Stichler, 2008). For example, Abualrub and Alghamdi (2012) reported that transformational leadership was positively associated with job satisfaction and intention to stay among nurses in Saudi Arabia.

Psychological Capital

Psychological capital is a core construct of positive organizational behavior, representing an individual's positive psychological state of development (Luthans et al., 2007). It comprises four dimensions: self-efficacy (belief in one's ability to succeed), hope (perseverance towards goals), resilience (ability to bounce back from adversity), and optimism (positive attribution about the future) (Luthans et al., 2007).

Research has shown that psychological capital is positively related to various work-related outcomes, such as job performance, job satisfaction, organizational commitment, and well-being (Avey et al., 2011). In the healthcare sector, studies have found that psychological capital is associated with enhanced job satisfaction, work engagement, and reduced burnout among nurses (Laschinger & Fida, 2014; Wang et al., 2018). For instance, Wang et al. (2018) reported that psychological capital mediated the relationship between authentic leadership and work engagement among Chinese nurses.

Job Satisfaction and Organizational Commitment

Job satisfaction refers to an employee's positive emotional state resulting from the appraisal of one's job experiences (Locke, 1976). It is a multidimensional construct encompassing various aspects of work, such as pay, promotion opportunities, supervision, co-workers, and the nature of the work itself (Smith et al., 1969). Job satisfaction is a crucial factor influencing employee retention, performance, and well-being in healthcare settings (Lu et al., 2019).

Organizational commitment reflects an employee's psychological attachment to their organization (Meyer & Allen, 1991). It is characterized by a strong belief in and acceptance of the organization's goals and values, a willingness to exert considerable effort on behalf of the organization, and a desire to maintain membership in the organization (Mowday et al., 1979). Organizational commitment has been found to predict important outcomes, such as job performance, organizational citizenship behavior, and turnover intentions (Meyer et al., 2002).

Hypotheses

Based on the literature review, the following hypotheses were developed:

H1: Transformational leadership positively influences job satisfaction among health assistants and nurses.

H2: Transformational leadership positively influences organizational commitment among health assistants and nurses.

H3: Psychological capital positively influences job satisfaction among health assistants and nurses.

H4: Psychological capital positively influences organizational commitment among health assistants and nurses.

H5: Psychological capital mediates the relationship between transformational leadership and job satisfaction among health assistants and nurses.

H6: Psychological capital mediates the relationship between transformational leadership and organizational commitment among health assistants and nurses.

Methodology

Research Design and Sample

A cross-sectional survey design was employed to collect data from a sample of health assistants and nurses working in hospitals across Saudi Arabia. The target population included all health assistants and nurses employed in public and private hospitals in the country. A multistage sampling technique was used to select the participants. First, a stratified random sampling method was used to select hospitals from each of the five geographical regions of Saudi Arabia

(Central, Eastern, Western, Northern, and Southern). Second, a proportionate random sampling method was used to select health assistants and nurses from each of the selected hospitals. The sample size was determined using Cochran's formula (Cochran, 1977), with a margin of error of 5% and a confidence level of 95%. The calculated sample size was 500 participants.

Data Collection Procedure

Data were collected using a self-administered questionnaire that was distributed to the selected health assistants and nurses. The questionnaire was developed in English and then translated into Arabic using a back-translation method to ensure accuracy and consistency. The questionnaire consisted of four sections: (1) demographic information, (2) transformational leadership, (3) psychological capital, and (4) job satisfaction and organizational commitment. The participants were assured of the confidentiality and anonymity of their responses. The questionnaires were distributed and collected by trained research assistants who visited the selected hospitals. The data collection process lasted for three months.

Measures

Transformational Leadership: The Multifactor Leadership Questionnaire (MLQ-5X) developed by Bass and Avolio (1995) was used to measure transformational leadership. The MLQ-5X consists of 20 items measuring four dimensions of transformational leadership: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. The items were rated on a 5-point Likert scale ranging from 1 (not at all) to 5 (frequently, if not always). The Cronbach's alpha for the overall scale was 0.92.

Psychological Capital: The Psychological Capital Questionnaire (PCQ-24) developed by Luthans et al. (2007) was used to measure psychological capital. The PCQ-24 consists of 24 items measuring four dimensions of psychological capital: self-efficacy, hope, resilience, and optimism. The items were rated on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). The Cronbach's alpha for the overall scale was 0.89.

Job Satisfaction: The Job Satisfaction Survey (JSS) developed by Spector (1985) was used to measure job satisfaction. The JSS consists of 36 items measuring nine dimensions of job satisfaction: pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication. The items were rated on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). The Cronbach's alpha for the overall scale was 0.91.

Organizational Commitment: The Organizational Commitment Questionnaire (OCQ) developed by Mowday et al. (1979) was used to measure organizational commitment. The OCQ consists of 15 items measuring three dimensions of organizational commitment: affective commitment, continuance commitment, and normative commitment. The items were rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The Cronbach's alpha for the overall scale was 0.87.

Data Analysis

The data were analyzed using SPSS version 25 and AMOS version 25. Descriptive statistics, including means, standard deviations, and correlations, were computed for all study variables. Confirmatory factor analysis (CFA) was conducted to assess the measurement model's validity and reliability. Structural equation modeling (SEM) was used to test the hypothesized relationships among the study variables. The mediation effects were tested using the bootstrapping method with 5,000 resamples and a 95% confidence interval (Hayes, 2018).

Results

Descriptive Statistics and Correlations

Table 1 presents the means, standard deviations, and correlations among the study variables. All the variables were positively correlated with each other, with correlation coefficients ranging from 0.32 to 0.68 ($p < 0.01$).

Table   1

Means, Standard Deviations, and Correlations among Study Variables

Variable	M	SD	1	2	3	4
1. Transformational Leadership	3.72	0.78	(0.92)			
2. Psychological Capital	4.56	0.62	0.51**	(0.89)		
3. Job Satisfaction	4.23	0.69	0.47**	0.59**	(0.91)	
4. Organizational Commitment	4.89	0.81	0.32**	0.46**	0.68**	(0.87)
Note. N = 500. Cronbach's alphas are presented in parentheses along the diagonal.						
**p < 0.01.						

Measurement   *Model*

CFA was conducted to assess the measurement model's validity and reliability. The initial measurement model did not show an acceptable fit to the data: $\chi^2(1701) = 4583.62$, $p < 0.001$, CFI = 0.83, TLI = 0.82, RMSEA = 0.06. The model was modified based on the modification indices and theoretical considerations. The modified measurement model showed an acceptable fit to the data: $\chi^2(1649) = 3127.49$, $p < 0.001$, CFI = 0.91, TLI = 0.90, RMSEA = 0.04. All the factor loadings were significant ($p < 0.001$), and the average variance extracted (AVE) values

were above 0.50, indicating convergent validity. The square roots of the AVE values were greater than the correlations among the latent variables, indicating discriminant validity.

Structural Model

SEM was used to test the hypothesized relationships among the study variables. The structural model showed an acceptable fit to the data: $\chi^2(1652) = 3139.86$, $p < 0.001$, CFI = 0.91, TLI = 0.90, RMSEA = 0.04.

The results showed that transformational leadership had a significant positive effect on job satisfaction ($\beta = 0.32$, $p < 0.001$) and organizational commitment ($\beta = 0.18$, $p < 0.01$), supporting H1 and H2. Psychological capital had a significant positive effect on job satisfaction ($\beta = 0.49$, $p < 0.001$) and organizational commitment ($\beta = 0.39$, $p < 0.001$), supporting H3 and H4.

The mediation effects of psychological capital were tested using the bootstrapping method. The results showed that psychological capital partially mediated the relationship between transformational leadership and job satisfaction ($\beta = 0.25$, 95% CI [0.18, 0.33]), supporting H5. Psychological capital also partially mediated the relationship between transformational leadership and organizational commitment ($\beta = 0.20$, 95% CI [0.13, 0.27]), supporting H6.

Discussion

This study examined the influence of transformational leadership and psychological capital on job satisfaction and organizational commitment among health assistants and nurses in Saudi Arabian hospitals. The findings revealed that both transformational leadership and psychological capital had significant positive effects on job satisfaction and organizational commitment, consistent with previous research (Abualrub & Alghamdi, 2012; Alharbi et al., 2019; Avey et al., 2011; Wang et al., 2018).

The positive influence of transformational leadership on job satisfaction and organizational commitment can be attributed to the inspirational and supportive behaviors exhibited by transformational leaders. By articulating a compelling vision, providing individualized support, and fostering a climate of trust and innovation, transformational leaders create a positive work environment that enhances employees' positive attitudes towards their job and organization (Bass & Riggio, 2006). This finding highlights the importance of developing transformational leadership skills among healthcare managers to promote job satisfaction and organizational commitment among health assistants and nurses.

The positive influence of psychological capital on job satisfaction and organizational commitment can be explained by the role of positive psychological resources in helping employees cope with work-related challenges and maintain a positive outlook (Luthans et al., 2007). Health assistants and nurses with high levels of self-efficacy, hope, resilience, and optimism are more likely to experience job satisfaction and remain committed to their organization, even in the face of adversity. This finding underscores the need for healthcare organizations to invest in programs and interventions that develop psychological capital among their employees.

Furthermore, the findings revealed that psychological capital partially mediated the relationship between transformational leadership and job satisfaction and organizational commitment. This suggests that transformational leadership not only directly influences these outcomes but also indirectly influences them by enhancing employees' psychological capital. Transformational leaders can foster psychological capital among their followers by providing them with opportunities for mastery experiences, modeling positive behaviors, and offering social support (Luthans et al., 2007). This finding highlights the importance of considering the interplay between leadership and psychological factors in promoting positive work attitudes and behaviors among healthcare workers.

Implications

The findings of this study have important implications for healthcare management and practice. First, healthcare organizations should prioritize the development of transformational leadership skills among their managers and supervisors. This can be achieved through leadership training programs that focus on the four key behaviors of transformational leadership: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. Such programs can equip healthcare managers with the necessary skills to inspire and motivate their followers, leading to enhanced job satisfaction and organizational commitment among health assistants and nurses.

Second, healthcare organizations should invest in programs and interventions that develop psychological capital among their employees. This can include training programs that focus on the four dimensions of psychological capital: self-efficacy, hope, resilience, and optimism. Such programs can help healthcare workers build positive psychological resources that enable them to cope with work-related challenges and maintain a positive outlook, leading to increased job satisfaction and organizational commitment.

Third, healthcare organizations should foster a supportive work environment that promotes positive work attitudes and behaviors among health assistants and nurses. This can include providing opportunities for professional development, recognizing and rewarding outstanding performance, and promoting work-life balance. Such initiatives can create a positive work climate that enhances job satisfaction and organizational commitment among healthcare workers.

Limitations and Future Research

This study has several limitations that should be considered when interpreting the findings. First, the cross-sectional design of the study limits the ability to draw causal inferences about the relationships among the study variables. Future research should employ longitudinal designs to examine the dynamic interplay between transformational leadership, psychological capital, job satisfaction, and organizational commitment over time.

Second, the study relied on self-report measures, which may be subject to social desirability bias. Future research should consider using objective measures or multiple sources of data to assess the study variables.

Third, the study was conducted in the context of Saudi Arabian hospitals, limiting the generalizability of the findings to other healthcare settings or cultural contexts. Future research

should replicate the study in different healthcare settings and cultural contexts to assess the robustness of the findings.

Fourth, the study focused on health assistants and nurses, limiting the generalizability of the findings to other healthcare professionals. Future research should examine the influence of transformational leadership and psychological capital on job satisfaction and organizational commitment among other healthcare professionals, such as physicians and allied health professionals.

Finally, the study did not consider potential moderators or boundary conditions that may influence the relationships among the study variables. Future research should explore potential moderators, such as organizational culture, job characteristics, or individual differences, to gain a more nuanced understanding of the factors that shape job satisfaction and organizational commitment among healthcare workers.

Conclusion

This study examined the influence of transformational leadership and psychological capital on job satisfaction and organizational commitment among health assistants and nurses in Saudi Arabian hospitals. The findings revealed that both transformational leadership and psychological capital had significant positive effects on job satisfaction and organizational commitment and that psychological capital partially mediated the relationship between transformational leadership and these outcomes.

The study highlights the importance of fostering transformational leadership practices and developing psychological capital among healthcare workers to enhance their job satisfaction and organizational commitment. Healthcare organizations should prioritize the development of transformational leadership skills among their managers and invest in programs and interventions that develop psychological capital among their employees. By creating a supportive work environment that promotes positive work attitudes and behaviors, healthcare organizations can attract, retain, and motivate a skilled and dedicated workforce, ultimately leading to improved patient care and organizational performance.

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