Original Article

The Relationship between Head Nurses' Servant Leadership and Nurses' Commitment to Work

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Abstract

Background: Servant leadership focuses on serving others to meet the nurses' needs and optimize performance by developing self-empowerment and raising nurses' commitment, retention, and encouragement. **Aim:** to examine the relationship between head nurses' servant leadership and nurses' commitment to work at Damanhour Oncology Center. **Methods:** a descriptive correlational research design was used at Damanhour Oncology Center, El-Beheira Governorate, Egypt, in all inpatient and outpatient units, for all head nurses and their assistants and staff nurses. **Tools:** two tools were used: tool I: Servant Leadership Questionnaire (SLQ); tool Π: Organizational Commitment Questionnaire. **Results:** Nursing staff had high scores for servant leadership and organizational commitment. There is highly statistical relationship between total head nurse's servant leadership and total nurses' commitment to work. **Conclusion:** there are positive highly statistically significant correlations between total head nurse's servant leadership, all its dimensions and total nurses' commitment to work, all its dimensions. **Recommendations:** The managers should provide opportunities for staff nurses to grow and develop build confidence and encourage them to handle important career decisions. The managers should facilitate work group building, carry out long-term plans and solve work problems with new creative ideas.

Keywords: Head nurses, Nurses' commitment, Servant leadership.

INTRODUCTION

An organization's leadership is necessary for its success. [1] An Organization's leadership's capacity to inspire followers, foster and maintain employee commitment has a variety of effects on the outcomes of the organization. [2] Muller et al. (2018) [3] defined servant leaders as: "Servant leaders have the priority for encouraging their nurses to develop, contribute, and feel appreciated. These leaders foster a feeling of community and ownership among their nurses, allowing them the flexibility to manage challenging circumstances. [4] Organizational leaders employ servant leadership as a key strategy to fully engage nurses and foster a culture of well-being that encourages more expansive thinking and an organization-wide perspective. [5]

Servant leaders empower their followers to reach their highest potential, not the potential of the organization. [6] Servant leadership consists of eight dimensions, as follows: *empowerment*; which promotes followers with a sense of personal power and stimulates a realistic and optimistic mindset, *accountability*; which requires those in positions of authority to account for their decisions and deeds (authenticity), *standing back*; there is a direct correlation between nurses'

participation in decision-making and their general satisfaction with work, inspiration, and spirits. *humility*; that being the capacity to appraise oneself and one's achievements objectively, *authenticity*; Innovative method and continuous investigation as opposed to a fixed set of principles and calls to action

And, *courage*; The foundation of strong leadership is composed of wisdom, enthusiasm, and hope: The leader's wisdom enables them to fully comprehend the problem and recognize its associated hazards; enthusiasm drives the action; Because optimism fosters fortitude and the drive to accomplish the goal, *interpersonal acceptance / forgiveness*; being capable of intellectually taking on another person's psychological viewpoint and feeling their affection and empathy and finally, *stewardship*; performs tasks and assumes accountability for the greater organization or community. [7]

Nurses' commitment to organizations can be increased through servant leadership, which can reduce some of the organizational issues that are related to that commitment, such as turnover, a lack of dedication and trustworthiness, decreased productivity, a lack of commitment to the organization's ideals and goals, a decrease in job satisfaction, and a persistent intention to leave the organization..[8] Shahnawaz and Juyal [9] defined organizational commitment as: "the factor that ties a person to a path of action relevant to a specific goal. The process through which nurses decide to devote their allegiance and effort to the organization is known as commitment, and research has shown that it not only predicts absenteeism, attrition, and turnover in nurses but also their performance. [10, 11]

Meyer and Allen [12] identified three components of commitment as follows: first, *affective commitment*: is the nurses' passion to, feelings for affection for, and engagement with their work and the organization. Emotionally dedicated nurses want to be part of the organization and are in line with its objectives. [13] Second, *continuous commitment*: refers to the feelings of loss experienced by those who leave an organization, including losing their social connections, such as friendships with nurses, and their financial gains, like pension accruals. [12] Finally, *normative commitment* refers to the duty placed on a person to stay with the organization due to ethical or legal grounds. The nurses' level of power, remuneration, and information sharing inside the organization serves as a gauge of their level of involvement. Through achievement, coordination, and the accomplishment of corporate goals, nurses' involvement improves fulfilment with work. More organizational commitment is shown by nurses who start and continue their careers with a company than by those who join midway. [13]

Significance of the study:

The development and improvement of an organization greatly depend on t leadership qualities. In this situation, a servant leadership style that promotes establishing a trustworthy and sincere work environment that tends to put nurses before the organization, stressing their care, regard, and respect [14], improving the commitment of nurses to the organization may be achieved by establishing organizations where leaders remove impediments and barriers that would hinder them from developing personally, achieving success at work, and appreciating the value of collaborating with them. [15]

The dedication of a skilled team will guarantee that all skills and expertise are used for the benefit of the organization. Individuals will be successful at work as much as they feel committed to their organizations. If not, they will look for a method to leave the organization and be unable to live up to the standards of excellence. [14]. Thus, head nurses need to increase organizational commitment among their nurses to improve organizational effectiveness.

According to Mostafa [16], 55% of Egyptian nurses believed that servant leadership and organizational citizenship practices were related. Furthermore, Sorour (2021) [17] investigated the relationship between servant leadership and its role on staff nurses creativity and sustainable development behavior in Shebin El-Kom Teaching Hospital, Menoufia

Governorate. And found that there was a highly statistically significant positive correlation between servant leadership and its "role on staff nurses" creativity and sustainable development behavior.

Aim of the study:

This study aims to examine the relationship between head nurses' servant leadership and nurses' commitment to work at Damanhour Oncology Center.

Research question:

What is the relationship between head nurses' servant leadership and nurses' commitment to work at Damanhour Oncology Center?

II. Materials and Methods

Research design:
A descriptive correlational research design was used to conduct this study.

Setting:

The study was conducted in both inpatient and outpatient units (N=7) at Damanhour Oncology Center. It is considered only oncology-specialized center, in El-Beheira Governorate, which is affiliated with the Specialized Medical Centers, which contain 102 beds. It was divided into (1) medical units (N=2): male and female; (2) surgical units (N=2): A and B; (3) Intensive Care Units (N=2): general ICU and surgical ICU; and finally, (4) Chemotherapy outpatient unit.

Subjects:

The study was included:

a) All head nurses and their assistants who were on duty in the settings mentioned above and available at the time of data collection. (N = 14).

b) All nurses who were available at the time of data collection and were employed in the above-mentioned settings. (N = 90).

Tools of the study:

Two tools were used to conduct this study:

Tool (I): Servant Leadership Questionnaire (SLQ):

This tool was developed by Van Dierendonck and Nuijten (2011) [7] to measure head nurses' servant leadership style. This instrument contains 30 items subdivided into eight dimensions, namely: (1) empowerment (7-item); (2) accountability (3-item); (3) standing back (3-item); (4) humility (5-item); (5) authenticity (4-item); (6) courage (2-item); (7) forgiveness (3-item); and finally, (8) stewardship (3-item). Responses were measured on 6-point Likert scale ranging from (1) strongly disagree to (6) strongly agree. The overall score level was ranging from 30 to 180. The higher score was state a higher degree of servant leadership style. The level of servant leadership was as follow: low level from 30 to 104; moderate level from 105 to 141; and high level from 142 to 180.

Tool (II): Organizational Commitment Questionnaire:

This tool was developed by Meyer and Allen (2004) [12] to measure nurses' commitment to work. It includes 18 items, grouped into three components: (1) affective commitment (6-item); (2) continuance commitment (6-item); lastly, (3) normative commitment (6-item). Responses were measured on 7-point Likert scale ranging from (1) strongly disagree to (7) strongly agree. The overall score level was range from 18 to 126. The higher score was state a higher level of nurses' commitment to work. The level of nurses' commitment to work was as follow: low level from 18 to 71; moderate level from 72 to 98; and high level from 99 to 126.

Methods

i.   **Administrative process**

- An official permission letter was obtained from the Dean of Faculty of Nursing –Damanhour University and the responsible authorities of the study settings, at Damnhour Oncology Center after explanation the aim of the study.

ii.   Study tools

- The two tools were translated into Arabic and tested for its content validity by five experts in nursing administration department- Faculty of Nursing, Damanhour University (two professors and three lecturers). Accordingly, some modifications were done as modify translation some questions.
- The two tools of the study were tested for its reliability, using Cronbach's Alpha test where: tool I: Servant Leadership Questionnaire was (0.897); and tool II: Organizational Commitment Questionnaire was (0.817); which indicating good reliability.

iii.   Pilot study

- A pilot study was carried out on (10%) of total sample size; head nurses (n=1) and nurses (n=9) , not included in the study sample; in order to check and ensure the clarity, feasibility of the study tools and to identify obstacles and problems that may be encountered during data collection. Based on the findings of the pilot study, no modifications were done.

iv.   Data collection process

- The researcher obtained data for this study by hand-delivering questionnaires to the study's subjects. This was done following a five-minute, individual interview in which the researcher explained the aim of the study and provided any necessary instructions before distributing the questionnaire in the nurses' settings. Each nurse took fifteen to twenty minutes to fill the two instruments. The researcher present in the Damanhour Oncology Center to collect data a day per week. Data collection took three months from the beginning of January 2021 to the end of March 2021.

v.   Data analysis:

The collected data was revised, categorized, coded, computerized, tabulated and analyzed using Statistical Package for Social Sciences (SPSS) version 22. The reliability tests were confirmed by using the Chronbach's Alpha Coefficient tests. Data were presented using:

a. Descriptive statistics: In the form of frequencies and percentages for qualitative variables, mean and standard deviation for the quantitative variables. P value ≤ 0.05 was considered statistically significant, and P value ≤ 0.01 was considered highly statistically significant.

b. Analytic statistics: Deferential analysis was done for quantitative variables using chi square test in cases of two independent variables with parametric data.

Ethical Considerations:
- The research approval was obtained from the ethical committee of the Faculty of Nursing – Damanhour University, before starting of the study.
- An informed consent was obtained from the study subjects after explain the aim of the study.
- Privacy of the study were assured during the study.
- All subjects have the right to refuse to participate or withdraw from the study.
- Anonymity was maintained by using nurses' code number instead of the study nurses' names.
- Data confidentiality was assured during implementation of the study.

Results

Table (1)) reveals that, 32.7% of nurses work in the surgical unit, followed by 27.9% of nurses working in the medical unit, followed by 23.1% of them working in the intensive care unit and finally, and 16.3% working in the chemotherapy unit. Regarding age, more than half (58.7%) of nurses within the age of 20 to less than 30 years old, followed by 31.7% of them within age 30 to less than 40 years old, followed by 5.8% within age 40 to less than 50 years old, and finally, 3.8% only within age 50 years old and more with mean score (30.29±6.356). According to gender, the majority (67.3%) of nurses were female, conversely, 32.7% of them were male, as well as, regarding marital status 70.2% of them were married and 29.8% were single. As regards, educational qualification, more than half of nurses (53.8%) had a technical health institute followed by 32.7% of them had a Bachelor of Science in nursing and only 13.5% of them had a diploma of a secondary technical nursing school. As for years of nursing experience, it was found that 35.6% of nurses had more than 10 years of nursing experience 33.6% of them had from 1 year to 5 years and 30.8% of them had from 5 years to less than 10 years of nursing experience. Concerning years of unit experience, it was found that 65.4% had from 1 year to less than 5 years 23.1% of them had from 5 years to less than 10 years and 11.5% of them had more than 10 years of unit experience with mean score (4.55± 3.944).

Table (1): Distribution of Staff nurses according to their demographic characteristics at Damanhour Oncology Center.

Demographic Characteristics	Nurses (N=104)	
	No	%
Working Unit		
Medical	29	27.9%
Surgical	34	32.7%
ICU	24	23.1%
Chemotherapy outpatient	17	16.3%
Age (years)		
20 - <30	61	58.7%
30 - <40	33	31.7%
40 - <50	6	5.8%
50 +	4	3.8%
Min-Max 22 – 54 Mean ±SD 30.29± 6.356		
Gender		
Male	34	32.7%
Female	70	67.3%
Marital status		
Single	31	29.8%
Married	73	70.2%
Nursing educational qualification		
Diploma of secondary technical nursing school	14	13.5%
Diploma of technical health institute	56	53.8%
Bachelor of science in nursing	34	32.7%
Years of nursing experience		
1-<5	35	33.6%
5- <10	32	30.8%
10 +	37	35.6%
Min-Max 1 – 22 Mean ±SD 8.06 ± 5.534		
Years of unit experience		
1-<5	68	65.4%
5- <10	24	23.1%
10 +	12	11.5%
Min-Max 1 – 20 Mean ±SD 4.55± 3.944		

Table (2) illustrates the distribution of the studied nurses according to the level of nurses' perception of servant leadership mean percent scores. The total servant leadership mean score for nurses was (80.48%). The highest mean score was for forgiveness, courage, stewardship, and authenticity (88.28%, 87.92%, 84.44%, 84.21%), respectively. While the lowest mean scores were for humility, accountability, standing back and empowerment (81.93%, 79.27%, 78.5%, 71.45%), respectively.

Table (2): Mean percent score of nurses' perception of servant leadership working at Damanhour Oncology Center (N=104).

Servant Leadership Dimensions	Min.	Max.	Mean ± SD	Mean % Score
Empowerment	9	42	30.01± 11.967	71.45 %
Accountability	7	18	14.27± 2.822	79.27 %
Standing Back	5	18	14.13±3.031	78.5 %
Humility	5	30	24.58±6.507	81.93 %
Authenticity	5	24	20.21±4.325	84.21 %
Courage	4	12	10.55±2.013	87.92 %
Forgiveness	5	18	15.89±3.106	88.28 %
Stewardship	5	18	15.2±3.120	84.44 %
Total servant leadership	45	180	144.86± 34.849	80.48 %

High mean percent score: ≥66.6-100% Moderate mean percent score: ≥33.3- <66.6% Low mean percent score: 0- <33.3%

Table (3) illustrates the distribution of the studied nurses according to the mean percent score of nurses' perception of organizational commitment. The total organizational commitment mean scores were (78.59%). The highest mean score was (80.59%) for normative, the moderate mean score was (78.66%) for affective while, continuance was the lowest mean score (76.53%).

Table (3): Mean percent score of nurses' perception of organizational commitment working at Damanhour Oncology Center (N=104).

Organizational Commitment Dimensions	Min.	Max.	Mean ± SD	Mean Score %
• Affective	14	42	33.03±9.785	78.66 %

• Continuance	12	42	32.14±10.11	76.53 %
• Normative	13	42	33.85±9.104	80.59 %
Total organizational commitment	39	126	99.03±28.802	78.59 %

High mean percent score: ≥66.6-100% Moderate mean percent score: ≥33.3- <66.6% Low mean percent score: 0- <33.3%

Table (4) illustrates a correlation matrix between the studied nurses' perception of servant leadership and their organizational commitment. The table revealed that there was a highly statistically significant relationship between the studied nurses' perception of all servant leadership dimensions and their all-organizational commitment dimensions, where (p=0.000).

Table (4): **The correlation matrix between nurses' perception of servant leadership and their organizational commitment.**

		Servant leadership dimensions									Organizational commitment dimensions			
		Empowerment	Accountability	Standing Back	Humility	Authenticity	Courage	Forgiveness	Stewardship	Total servant leadership	Affective	Continuance	Normative	Total commitment
Empowerment	r	1	0.91	0.869	0.87	0.824	0.833	0.756	0.637	0.93	0.954	0.947	0.919	0.947
	P (2-tailed)		0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
Accountability	r		1	0.985	0.924	0.949	0.941	0.891	0.847	0.979	0.876	0.897	0.863	0.885
	P (2-tailed)			0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
Standing Back	r			1	0.933	0.967	0.955	0.926	0.896	0.977	0.846	0.872	0.844	0.86
	P (2-tailed)				0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
Humility	r				1	0.955	0.943	0.908	0.832	0.97	0.894	0.934	0.936	0.928
	P (2-tailed)					0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
Authenticity	r					1	0.976	0.952	0.912	0.969	0.813	0.849	0.836	0.838
	P (2-tailed)						0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
Courage	r						1	0.964	0.895	0.966	0.833	0.86	0.831	0.847
	P (2-tailed)							0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
Forgiveness	r							1	0.919	0.927	0.742	0.779	0.763	0.767
	P (2-tailed)								0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
Stewardship	r								1	0.857	0.585	0.646	0.64	0.628
	P (2-tailed)									0.000**	0.000**	0.000**	0.000**	0.000**
Total servant leadership	r									1	0.906	0.93	0.911	0.922
	P (2-tailed)										0.000**	0.000**	0.000**	0.000**
Affective	r										1	0.988	0.965	0.992
	P (2-tailed)											0.000**	0.000**	0.000**
Continuance	r											1	0.984	0.998
	P (2-tailed)												0.000**	0.000**
Normative	r												1	0.99
	P (2-tailed)													0.000**
Total commitment	r													1
	P (2-tailed)													

r=Pearson Correlation   **P value at level ≤ 0.01 (highly statistically significant)

Table (5) illustrates the result covariance analysis between servant leadership was as independent variable and organizational commitment was as dependent variable where adjusted R^2 =0.983. This means that approximately 98.3% of the explained variance of organizational commitment is related to the servant leadership dimension where the model is significant (F=470.362, P=0.000).

Table (5): **Results of multiple regression analysis to illustrate predictors of organizational commitment among the staff nurses.**

	Unstandardized Coefficients	Standardized Coefficients	T	`P-value
	B	β		
(Constant)	19.834		4.142	0.000**
Age (years)	0.429	0.095	2.354	0.021*
Years of nursing experience	0.220	0.042	1.086	0.280
Years of unit experience	0.009	0.001	0.060	0.952
Empowerment	0.804	0.334	6.745	0.000**

Accountability	**3.195**	**0.309**	**2.482**	**0.015***
Standing Back	**3.037**	**0.320**	**2.626**	**0.010***
Humility	**3.971**	**0.897**	**15.529**	**0.000****
Authenticity	**2.274**	**0.342**	**3.605**	**0.001****
Courage	**6.286**	**0.440**	**4.773**	**0.000****
Forgiveness	**1.490**	**0.161**	**2.573**	**0.012***
Stewardship	**3.388**	**0.367**	**7.581**	**0.000****
ANOVAᵃ				
Model	**Df**	**F**	**p values**	**R^2**
Regression	**11**	**470.362**	**0.000**(b)**	**0.983**

a: Dependent Variable: Nurses' organizational commitment.
b: Predictors: (Constant), Stewardship, Years of unit experience, Years of nursing experience, Empowerment, Age (years), Humility, Forgiveness, Courage, Authenticity, Accountability, Standing Back.
*P value (significant) ≤ 0.05 **P value (highly significant) ≤ 0.01

DISCUSSION

In this study, there was a positive highly statistically significant relationship between total servant leadership and its dimensions and total organizational commitment and its dimensions. This correlation may be due to the positive effect of head nurses' servant leadership on nurses' organizational commitment reflected in their actions, which dramatically embrace and uphold the hospital's ideals, and their attempts to assist it, demonstrate the spiritual vitality of the staff, connect with, and embody the hospital's highest goals, and take pride in being a part of it. A servant leadership style, which prioritizes helping others, boosts organizational commitment by prioritizing the requirements for everyone first while empowering them to achieve maximum performance. The benefits of optimizing performance and enhancing the organization as a whole are the results.

This result is supported by Ajobiewe (2017) [8], Heinz (2017) [18] and Shaff (2015) [19], who were examined the relationship between Servant Leadership and Organizational Commitment, and they found that there was a positive statistically significant relationship between head nurses' servant and their organizational commitment and demonstrated how servant leadership, which emphasizes helping others, increases organizational commitment by putting their requirements first while enabling stakeholders to maximize performance and improve the organization as a whole. As a result, highly committed nurses remain employed by the hospital, accept its goals, put in a lot of effort even going above and beyond what is required of them by contract and are prepared to make a positive contribution to their workplace. Conversely, this finding is contradicted by Whorton (2014) [20] who assessed if servant leadership positively influences employee engagement, Carder (2012) [21] who assessed the relationship between servant leadership and affective organizational commitment, they did not find conclusive evidence to indicate a significant correlation between servant leadership and employee commitment.

The present study revealed that the overall mean percent score of total servant leadership that was perceived by all staff nurses was highly represented in its dimensions in the following order: forgiveness, courage, stewardship, authenticity, humility, accountability, standing back and empowerment. This may be connected to the idea that servant leaders enable their followers to realize their greatest potential by giving them chances to achieve, coaching and mentoring them to develop their abilities assisting them in realizing their full potential, providing training and instructions for their service, establishing a vision, fostering an environment of justice and trust, and developing team potency.

This is congruent with Al-Asadi et al. (2019) [22] who studied the impact of servant leadership on intrinsic and extrinsic job satisfaction. revealed that nurses mean percent scores of servant leadership and its dimensions, were high due to Servant leaders approach leadership with the mindset that prioritizes the needs of others over their own wants and needs, as well as the needs of the business. They usually pay attention to what their followers have to say, provide them encouragement and support, and demonstrate a genuine concern for their needs and goals. The followers are more satisfied with their jobs at work when leaders put their followers' needs ahead of their own. According to the current study's findings, the total mean percent, These results was in line with Cai et al, (2018) [23] who studied the servant leadership and innovative work behavior in chinese high-tech firms, Ye et al. (2019) [24] who studied servant leadership and proactive customer service performance, Schwarz et al. (2016) [25] who studied servant leadership and follower job performance: the mediating effect of public service motivation, Hanse et al. (2016) [26] who the impact of servant leadership dimensions on leader–member exchange among health care professionals and they revealed that high level of total servant leadership.

The findings of the present study concluded that; the overall mean percent score of the perception of staff nurses about total organizational commitment was highly represented in its dimensions in the following order: normative, affective, and continuance. This may be the result of a sense of responsibility, duty, or dedication to an organization. Members of the organization stay dedicated to moral and ethical grounds. Committed nurses are more likely to put forth more effort at work, stick with the organization, and strive toward organizational goals. Higher organizational commitment organizations foster an environment that is conducive to working, involve nurses in decision-making, and pay attention to their concerns. By accomplishing these things, nurses will feel valued and involved in the organization. Also, head nurses treat their staff respectfully, and with dignity, motivate and encourage them to achieve high-quality nursing care by providing them with information and support that make them more attached to their hospital. Higher levels of engagement from nurses will benefit patients more effectively and advance the organization. Increasing the commitment of nurses aids organizational managers in placing nurses in roles that enable them to positively impact social change in their local communities. Customer satisfaction rises as nurses become more committed. Productivity increases an organization's percentage of employee retention.

This is the same with Elmasry et al. (2022) [27] who assessed the relationship between nurses' organizational commitment and their organizational citizenship behavior and revealed that nurses' mean percent scores of organizational commitments and their dimensions, were high because of the support of their managers, flexible work schedules, and the desire of nurses to lead secure lives at work. Furthermore, nurses believe that working in a hospital presents them with more options than looking for other jobs that may pay less; additionally, they believe that receiving their retirement benefits is quite valuable. To give staff nurses an opportunity for improved performance and, as a result, to respect their contributions at work, head nurses also often offer in-service education programs, which increases the staff nurses' sense of commitment to the organization. The current results was in line with Aranki et al. (2019) [28] who assessed the relationship between organizational culture and organizational commitment, Dahmardeh and Nastiezaie (2019) [29] who assessed the impact of organizational trust on organizational commitment through the mediating variable of organizational participation, Elzohairy et al. (2019) [30] who studied the relationship between organizational commitment and intention to leave among professional nurses at Damanhur National Medical Institute, and Berberoglu (2018) [31] who assessed the impact of organizational climate on organizational commitment and perceived organizational performance , and they revealed that the majority of staff nurses had high and moderate level of total organizational commitment.

Conclusion

There was a highly positive statistically significant relationship between total servant leadership and total organizational commitment at Damanhour Oncology Center. There was highly statistically significant correlation between the studied

nurses' perception of all servant leadership dimension and their all-organizational commitment dimension, where (p=0.000). Also, the majority of nurses had a high level of total servant leadership and total organizational commitment.

Recommendations

Based on the results the following recommendations are suggested:

The hospital administrators should:

- Make educational program investments to help nurses become more competent leaders in the workplace and advance their careers.

- The managers should provide opportunities for staff nurses to grow and develop build confidence and encourage them to handle important career decisions.

- Increase the career flexibility of staff nurses, managers should encourage the formation of work groups, implement long-term planning, and find innovative solutions to difficulties at work.

- Establish high-achieving settings by allowing organizational policies to be flexible in order to accommodate the needs of the nurses.

- Establishing a culture in which the director empowers and fortifies the spiritual allegiance of nurses in order to uplift and inspire them, so strengthening their commitment to the company.

- Clearly communicate expectations and goals to nurses through the sharing of innovative ideas; this will keep them engaged in the organization and give them a sense of motivation and ownership.

- Encourage a constructive work culture that allows staff nurses to contribute to problem-solving and decision-making processes to support a healthy work environment.

Head nurses should:

- Hold frequent conferences with staff nurses to address methods to enhance the standard of working life, ensure that awards are equitable, and motivate them to report any abnormal behavior.

- Provide effective strategies to enhance their organizational commitment through giving their staff nurses: constructive feedback, knowledge sharing and management, emotional incentive and support.

- Improve workflow and have a favorable impact on their organizational dedication through promoting teamwork and teambuilding.

- Encourage their subordinates and assist them in enrolling in educational programs.

Nurses should:

• Have open lines of communication with their manager about any negative behavior or issues they are having.

• Participate in training programs to learn about corporate policies, guidelines, and regulations; this will boost their dedication as well as their ability and skill set to operate efficiently.

Further studies to be carried out:

- Factor affecting servant leadership and their nurses' organizational commitment

- Relationship between head nurses servant leadership and staff nurses empowerment.

- Relationship between head nurses servant leadership and citizenship behavior.

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