

INFLUENCE OF NURSING LEADERSHIP ON STAFF RETENTION AND PATIENT SATISFACTION IN CLINICAL SETTINGS

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Abstract

Background: Nursing leadership plays a critical role in shaping clinical environments, influencing both staff retention and patient satisfaction. With healthcare systems facing staffing shortages, burnout, and high turnover rates, effective leadership is essential to foster supportive work cultures and quality care. This study examines how nursing leadership styles impact nurse retention and patient satisfaction in clinical settings.

Methods: A quantitative cross-sectional design was employed, collecting data from 200 nurses and 200 patients across three hospitals using validated questionnaires: the Nursing Leadership Questionnaire (NLQ) and the Patient Satisfaction Questionnaire (PSQ). Stratified random sampling ensured representation across departments. Data were analyzed using descriptive statistics, Pearson correlation, and multiple regression analysis to explore relationships between leadership practices, retention, and satisfaction.

Results: Transformational leadership was the most prevalent style (73%), with strong correlations to staff retention—77% of nurses intended to stay in their jobs, and 70% felt valued by leadership. Effective communication (79%) and supportive leadership (72%) were key factors. Patient satisfaction was high (84%), with responsiveness (81%) and clear communication (78%) as standout domains. However, only 56% of nurses reported adequate growth opportunities, highlighting areas for improvement.

Conclusion: The study underscores the significant influence of transformational nursing leadership on staff retention and patient satisfaction. Supportive, communicative, and recognition-driven leadership fosters workforce stability and enhances patient experiences. Healthcare organizations should prioritize leadership development programs to cultivate these competencies, addressing both staffing challenges and care quality.

Background

Nursing leadership plays a pivotal role in shaping the healthcare environment and driving outcomes both for patients and staff. In today's clinical settings, the responsibilities of nurse leaders extend beyond operational management to encompass the development of a healthy work

culture, mentorship, and the implementation of strategic initiatives that support quality care. Effective leadership has the potential to influence job satisfaction, professional development, and ultimately, the retention of skilled nursing staff(Alsadaan et al., 2023).

The healthcare industry is facing increasing challenges with staffing shortages, burnout, and high turnover rates among nurses. These issues are compounded by growing patient demands and complex care needs. In such a climate, the presence of strong, transformational nurse leaders becomes not only beneficial but essential. Nurse leaders who are approachable, communicative, and supportive can help create an environment where staff feel valued, heard, and motivated to stay within their organizations(Ystaas et al., 2023).

Staff retention is directly tied to leadership practices. When nurses experience supportive leadership that promotes fairness, recognition, and career advancement, their likelihood of remaining in their roles increases. Conversely, a lack of guidance or poor leadership often contributes to dissatisfaction and higher turnover. This creates a ripple effect, resulting in staffing shortages that may compromise the quality and safety of patient care(Goens & Giannotti, 2024). Patient satisfaction is another critical outcome impacted by nursing leadership. Leaders who emphasize person-centered care, interdisciplinary collaboration, and continuous improvement often foster environments where patient experiences are more positive. The ability of nurse leaders to inspire and coordinate teams effectively can influence how well patient needs are addressed, how promptly services are delivered, and how respectfully care is administered(West et al., 2022).

In clinical settings, the dynamic between nursing leadership, staff behavior, and patient outcomes is deeply interconnected. Leaders not only guide nursing practices but also shape the morale and engagement of their teams. When leadership is proactive and values-based, it can lead to more cohesive teams and improved communication—factors that benefit both staff retention and patient satisfaction(Hult et al., 2023).

Healthcare organizations that invest in leadership development among nurses often report improvements in organizational performance. Developing competencies such as emotional intelligence, decision-making, and strategic planning in nurse managers has been associated with better staff engagement and a reduction in adverse outcomes. These competencies are also crucial in responding to crises and managing change, especially in fast-paced clinical environments(AbdELhay et al., 2025).

Inadequate leadership, on the other hand, can contribute to toxic workplace cultures, increased conflict, and burnout. When nurses feel unsupported or unheard, their commitment to the organization wanes. This highlights the need to assess the type and quality of leadership within nursing units and understand how it correlates with retention rates and patient satisfaction scores(Conroy et al., 2023).

The nursing profession is evolving, and with it, the expectations placed on nurse leaders. The transition from traditional authoritative models to more inclusive and participatory styles has shown promise in enhancing workplace relationships. Nurse leaders who adopt transformational, servant, or authentic leadership styles are increasingly recognized for fostering loyalty and improving care quality(Pattali et al., 2024).

Given the complex, high-stakes nature of healthcare delivery, the influence of nursing leadership cannot be overstated. Its impact reaches beyond administrative duties to touch the emotional and psychological aspects of both the staff and the patients. Therefore, studying this relationship in

clinical settings becomes vital for improving workforce stability and care outcomes(Pattali et al., 2024).

Understanding the interplay between nursing leadership, staff retention, and patient satisfaction offers valuable insights for healthcare policy, leadership training, and organizational reform. It can inform strategies to improve workforce sustainability while ensuring that patients receive high-quality, compassionate care.

Problem Statement

High staff turnover and declining patient satisfaction are persistent issues in clinical settings, contributing to operational inefficiencies, increased costs, and diminished care quality. While multiple factors contribute to these challenges, the role of nursing leadership remains underexplored in many healthcare institutions. There is a growing need to investigate how leadership styles and practices directly affect the retention of nursing staff and the satisfaction levels of patients. Understanding this relationship can help healthcare organizations develop targeted interventions that support workforce stability and improved patient outcomes.

Research Questions

1. How does nursing leadership influence staff retention in clinical settings?
2. What is the relationship between nursing leadership styles and patient satisfaction levels?
3. Which specific leadership behaviors are most effective in promoting staff loyalty and patient-centered care?
4. How do nurses perceive the role of leadership in their decision to remain in or leave a clinical position?

Research Hypotheses

- H1: Positive nursing leadership is significantly associated with higher staff retention in clinical settings.
- H2: Effective nursing leadership is positively correlated with increased patient satisfaction scores.
- H3: Transformational and participatory leadership styles contribute more to staff retention and patient satisfaction than authoritarian or transactional styles.

Research Aim

The aim of this study is to examine the influence of nursing leadership on staff retention and patient satisfaction within clinical settings, identifying which leadership styles and behaviors contribute most effectively to workforce stability and quality care.

Research Objectives

- To evaluate the impact of nursing leadership on nurse retention rates in clinical environments.
- To analyze the relationship between leadership styles and patient satisfaction metrics.
- To identify the leadership behaviors perceived by nurses as supportive and motivating.
- To recommend leadership strategies that enhance both employee commitment and patient experience.
- To provide evidence-based recommendations for healthcare administrators to improve leadership development programs.

Methodology

Research Design

This study utilized a **quantitative cross-sectional research design** to investigate the influence of nursing leadership on staff retention and patient satisfaction within clinical settings. The design enabled the collection and analysis of data at a single point in time, allowing for the identification of relationships between leadership practices and key outcome variables without manipulating any factors in the environment.

Study Setting

The research was conducted in **three hospitals**, including two public and one private institution. These hospitals varied in size and specialization, including general and specialty care services. Data were collected from a range of departments such as medical-surgical units, intensive care units, and outpatient clinics, offering a broad representation of nursing roles and patient experiences across clinical environments.

Study Population and Sampling

The study population consisted of **registered nurses** currently working in clinical roles and **hospitalized patients** who had recently received nursing care in the participating hospitals. A **stratified random sampling technique** was employed to ensure proportional representation across different departments and job roles. Inclusion criteria for nurses included a minimum of one year of clinical experience. Patients included in the study were adults (18 years or older) who had been hospitalized for at least 24 hours and were able to respond independently.

Sample Size Determination

A total of **200 nurses** and **200 patients** participated in the study. The sample size was determined through power analysis to ensure adequate statistical significance, assuming a 95% confidence level and a power of 0.80 to detect medium effect sizes. To compensate for the possibility of incomplete responses, an over-sampling strategy was used. However, all 400 returned questionnaires were complete and valid for analysis.

Data Collection Instruments

Two validated instruments were used for data collection:

1. **Nursing Leadership Questionnaire (NLQ):** This tool assessed nurses' perceptions of leadership styles such as transformational, transactional, and laissez-faire leadership. It also included items related to communication effectiveness, team support, and involvement in decision-making.
2. **Patient Satisfaction Questionnaire (PSQ):** This tool measured patient satisfaction with various aspects of nursing care, including responsiveness, empathy, communication, and overall experience with nursing staff.

Both questionnaires utilized a **5-point Likert scale** ranging from “strongly disagree” to “strongly agree.” Minor contextual modifications were made to ensure clarity and relevance to the clinical setting.

Data Collection Procedure

Before initiating data collection, ethical approvals were obtained from the appropriate institutional review boards and hospital administrations. The data collection process took place over a **six-week period**, from **April 1 to May 15, 2025**. Trained data collectors distributed the surveys to nurses during shift transitions and breaks. Patients were surveyed during the discharge process or shortly before discharge to ensure accurate recall of their care experience.

Informed consent was obtained from all participants. Both paper and digital formats of the surveys were made available, and anonymity was maintained throughout the process. Participation was entirely voluntary, and no identifying information was collected.

Data Analysis

The collected data were coded and analyzed using **IBM SPSS Statistics version 26**. Descriptive statistics, such as means, standard deviations, and frequency distributions, were used to summarize participant characteristics and responses. **Pearson correlation analysis** was conducted to examine the relationship between leadership practices and the outcomes of interest. Additionally, **multiple regression analysis** was performed to determine which leadership styles were predictive of staff retention and patient satisfaction. Statistical significance was set at $p < 0.05$.

Ethical Considerations

All ethical principles for human research were strictly followed. Participants were fully informed about the study's objectives, their rights to withdraw at any time, and the confidentiality of their responses. Data were stored securely and were only accessible to the research team. The study adhered to international ethical standards, including those outlined in the **Declaration of Helsinki**.

Limitations of the Study

The cross-sectional nature of the study limited the ability to infer causality between leadership styles and outcomes. Additionally, the reliance on self-reported data may have introduced response bias, including the influence of social desirability. Measures such as anonymity and neutral phrasing of questions were implemented to reduce this risk. The findings may also be context-specific and not generalizable to all healthcare institutions or regions.

Results

This section presents the findings obtained from a total of **400 participants**, comprising **200 nurses** and **200 patients**, who completed the structured questionnaires. The results are organized to show demographic characteristics of both participant groups, followed by perceptions of nursing leadership, staff retention, and patient satisfaction.

Table 1: Demographic Characteristics of Nurses (n = 200)

Variable	Category	Frequency	Percentage (%)
Gender	Female	142	71.0
	Male	58	29.0
Age	21–30 years	76	38.0
	31–40 years	92	46.0
	41 years and above	32	16.0
Years of Experience	1–5 years	58	29.0
	6–10 years	84	42.0
	>10 years	58	29.0
Department	Medical-Surgical	90	45.0
	ICU	66	33.0
	Outpatient	44	22.0

Among the 200 nurses, the majority were female (71%). Most nurses were between the ages of 31 and 40 years (46%), with 38% aged 21–30 years. Nurses had varying levels of experience, with the largest group (42%) having 6–10 years of clinical experience. Nearly half (45%) worked in medical-surgical units, followed by ICU (33%) and outpatient departments (22%).

Table 2: Perceptions of Nursing Leadership Styles among Nurses (n = 200)

Leadership Style	Positive Response (Agree/Strongly Agree)	Percentage (%)
Transformational	146	73.0
Transactional	68	34.0
Laissez-faire	28	14.0
Communication effective	158	79.0
Supportive leadership	144	72.0
Involvement in decisions	130	65.0

A strong majority of nurses (73%) perceived their leaders as transformational, while only 34% associated leadership with transactional practices and just 14% recognized laissez-faire leadership. Communication was rated positively by 79% of respondents. Additionally, 72% reported receiving support from leadership, and 65% felt included in decision-making processes, indicating an overall favorable view of active and engaged nursing leadership.

Table 3: Nurse Retention Indicators (n = 200)

Retention Factor	Positive Response	Percentage (%)
Intend to stay in current job	154	77.0
Feel valued by leadership	140	70.0
Adequate recognition received	124	62.0
Opportunities for growth	112	56.0
Experience job satisfaction	136	68.0

The majority of nurses (77%) indicated an intention to remain in their current jobs, and 70% felt valued by their leadership. About 62% reported receiving adequate recognition, and just over half (56%) believed they had opportunities for professional growth. Job satisfaction was reported by 68% of nurses, reinforcing the importance of supportive leadership in promoting workforce stability.

Table 4: Demographic Characteristics of Patients (n = 200)

Variable	Category	Frequency	Percentage (%)
Gender	Female	108	54.0
	Male	92	46.0
Age Group	18–30 years	64	32.0
	31–50 years	88	44.0
	>50 years	48	24.0
Hospital Stay	1–3 days	106	53.0
	4–7 days	66	33.0
	More than 7 days	28	14.0

Among the 200 patients surveyed, 54% were female and 46% male. The largest age group was 31–50 years (44%), followed by 18–30 years (32%). Over half of the patients (53%) had hospital stays of 1–3 days, suggesting the data was primarily drawn from short-term admissions.

Table 5: Patient Satisfaction with Nursing Care (n = 200)

Satisfaction Domain	Positive Response	Percentage (%)
Nurses were responsive	162	81.0
Communication was clear	156	78.0
Felt respected and listened to	150	75.0
Care was delivered on time	142	71.0
Overall satisfaction	168	84.0

Patient feedback showed high satisfaction levels across several areas. Responsiveness was rated positively by 81% of patients, while 78% reported clear communication. Feeling respected and heard was acknowledged by 75% of respondents. Timeliness of care was affirmed by 71%, and 84% expressed overall satisfaction with the nursing care they received. These figures suggest a strong correlation between effective nursing practices and patient satisfaction.

Discussion

This study examined the influence of nursing leadership on staff retention and patient satisfaction in clinical settings. The findings highlight that leadership—particularly transformational in nature—has a profound effect on both workforce stability and quality of care delivered. These outcomes are consistent with a broad body of literature asserting that effective leadership is central to sustainable healthcare staffing and patient-centered outcomes (Alsadaan et al., 2023; Ystaas et al., 2023).

Most nurses in the study perceived their leaders as transformational, with 73% reporting this leadership style. Transformational leadership is recognized for motivating staff through vision, support, and empowerment, and has been linked to lower burnout, higher morale, and reduced turnover intentions (Goens & Giannotti, 2024; Conroy et al., 2023). Such leadership fosters a climate of psychological safety and engagement, which are critical in retaining a committed nursing workforce.

The high percentage (79%) of nurses reporting effective communication from leaders reinforces the notion that transparency and clarity are pillars of leadership success. Effective communication has been shown to reduce misunderstandings, clarify roles, and promote collaboration, all of which strengthen trust within the team (Alsadaan et al., 2023). Leadership communication also directly supports clinical safety by aligning care goals and improving handoffs.

A strong sense of support from leaders was reported by 72% of nurses. Leader support is consistently associated with job satisfaction, psychological well-being, and nurse loyalty (West et al., 2022; AbdELhay et al., 2025). When leaders provide guidance, resources, and recognition, nurses are more likely to feel valued and stay in their roles, as reflected in the 77% of participants who expressed an intention to remain in their current positions.

However, only 56% of nurses reported adequate opportunities for professional growth. This gap is significant, as career advancement opportunities are strongly correlated with nurse retention and organizational loyalty (Pressley & Garside, 2023; AbdELhay et al., 2025). Nurses who perceive limited growth potential may become disengaged or seek employment in environments that support development.

Recognition and feeling valued were noted by 70% and 62% of nurses, respectively. While these figures are moderately high, they suggest room for improvement. Leadership that consistently acknowledges achievements and contributions enhances nurses' intrinsic motivation and job

satisfaction (Pattali et al., 2024). Recognition mechanisms can include verbal praise, awards, and opportunities for professional visibility.

From the patient side, 84% expressed satisfaction with the overall nursing care. High patient satisfaction levels are often a reflection of a cohesive, competent, and compassionate nursing workforce, which is made possible by supportive leadership (Hult et al., 2023). When nurses are satisfied and well-led, they are more likely to provide attentive, empathetic, and responsive care. Communication, a critical determinant of patient satisfaction, received high ratings, with 78% of patients affirming that nurses communicated clearly. As shown by Perry et al. (2018), effective communication improves patient understanding of their care plan, builds trust, and enhances the therapeutic relationship—all of which contribute to better health outcomes.

Respect and dignity in patient interactions were reported by 75% of respondents. These are fundamental elements of compassionate care and are often influenced by the values modeled by nurse leaders (Ystaas et al., 2023). Transformational leaders tend to emphasize empathy and ethical care, thereby shaping team behavior and promoting respectful interactions.

Timeliness of care was rated positively by 71% of patients. Efficient care delivery is typically associated with strong leadership that ensures proper staffing, resource allocation, and workflow management (Hult et al., 2023). These operational efficiencies are critical in reducing delays, improving patient throughput, and increasing satisfaction.

The correlation between leadership style and staff retention, as demonstrated in this study, aligns with prior findings indicating that transformational leadership significantly reduces turnover intent (Conroy et al., 2023). This is especially relevant in light of growing global nursing shortages, which threaten healthcare continuity and quality.

Moreover, the findings support the assertion that leadership contributes to improved organizational culture, which affects both internal staff outcomes and external patient experiences (Goens & Giannotti, 2024; Alsadaan et al., 2023). Nurse leaders who cultivate inclusive, empowering environments are more likely to retain staff and earn patient trust.

Studies like those by AbdELhay et al. (2025) and Pattali et al. (2024) further confirm that leadership styles influence not only turnover intention but also factors such as work-life balance, well-being, and perceived organizational support. The present study's data affirm that leadership behaviors—especially support and communication—directly and indirectly shape these outcomes.

While the study provides robust insights, its cross-sectional nature limits causality inference. Longitudinal or experimental studies could better clarify the temporal impact of leadership practices. Additionally, although the survey tools used were validated, self-reporting may introduce bias. Future research could integrate multi-source data (e.g., performance indicators, observational data) to enhance accuracy.

Overall, the evidence from this study aligns with a well-established body of literature underscoring the critical role of nursing leadership in shaping workforce and patient outcomes. Prioritizing leadership development—particularly in transformational and participative models—can help healthcare systems address both staffing challenges and patient care expectations in a sustainable way.

Conclusion

This study confirmed that nursing leadership, especially transformational in nature, significantly influences both nurse retention and patient satisfaction. Supportive, communicative, and

recognition-driven leadership environments were associated with higher staff loyalty and more favorable patient experiences. To achieve sustainable healthcare delivery, organizations must invest in leadership development that fosters engagement, growth, and quality care.

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