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The Mediating Role of Job Satisfaction in the Relationship between Authentic Leadership and Perceived Readiness for Change among Nurses

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ABSTRACT

Background: In many contemporary healthcare systems, the capacity to adapt to change constitutes a fundamental prerequisite for successful organizational transformation. Authentic leadership is recognized as a contemporary leadership approach that fosters a supportive work environment and facilitates the change process. Job satisfaction plays a pivotal role in shaping employees' responses to change initiatives. Therefore, understanding the mediating influence of job satisfaction is essential for healthcare organizations to promote and sustain effective change processes***. Purpose:*** To examine the job satisfaction as a mediator in the relationship between authentic leadership and perceived nurses' readiness for change in healthcare organizations. ***Methods:*** A descriptive, cross-sectional correlational design was adopted for this study. A convenience sampling approach was utilized to recruit 367 registered nurses from hospitals in Jordan. The selected hospitals were located in Amman and represented diverse healthcare sectors, including public, private, and university-affiliated hospitals. Data was collected over a three-month period using a structured, self-administered questionnaire. The survey comprised four sections: demographic characteristics, the Authentic Leadership scale, the Perceived Nurses' Readiness for Change scale, and the Job Satisfaction scale. Data was analyzed using IBM SPSS statistics, version 25. Mediation analysis was conducted using Hayes' PROCESS Macro. ***Results*****:** Pearson's correlation analysis demonstrated significant, moderate positive associations among the study variables. Readiness for change was positively correlated with authentic leadership ($r = 0.419$, $p < 0.01$) and job satisfaction ($r = 0.471$, $p < 0.01$). In addition, authentic leadership showed a strong positive correlation with job satisfaction ($r = 0.629$, $p < 0.01$). Job satisfaction partially mediates the relationship between authentic leadership and perceived readiness for change with the direct relationship remaining significant ($B = 0.204$, $SE = 0.068$, 95% CI [0.0701, 0.3397]). The indirect effect was also statistically significant ($B = 0.264$, $SE = 0.047$, 95% CI [0.1705, 0.3604]). ***Conclusion:*** Job satisfaction partially mediated the relationship between authentic leadership and nurses' perceived readiness for change. ***Implications for Nursing:*** These findings offer empirical evidence for policymakers and healthcare leaders regarding the critical role of authentic leadership and job satisfaction in strengthening nurses' readiness for change. Investing in leadership development initiatives that promote authenticity, transparency, and ethical practice, alongside with efforts to enhance job satisfaction, may facilitate more effective and sustainable organizational transformation within healthcare settings.

Keywords: Readiness for change, Nurses, Authentic leadership, Job satisfaction, Jordan.

What does this paper add?

1. This study contributes to change management theory in nursing by empirically testing a mediation model demonstrating how authentic leadership enhances

nurses' readiness for change through job satisfaction, thereby extending previous research beyond simple bivariate associations.
2. The findings demonstrate that job satisfaction partially mediates the relationship between authentic leadership and nurses' perceived readiness for change. This highlights the importance of strengthening authentic leadership practices to enhance job satisfaction and, consequently, to promote greater readiness for change among nurses.
3. This study contributes meaningful insights for administrators, policymakers, and scholars by proposing a practical, theory-informed framework for healthcare leadership. The findings suggest that efforts to strengthen authentic leadership practices may produce a dual effect: directly increasing nurses' readiness for change, while also enhancing it indirectly through improved job satisfaction.

Introduction

Contemporary healthcare systems are characterized by sustained structural transformation driven by socioeconomic demands, policy reforms, and rapid technological advancement (Clack et al., 2025; Nilsen et al., 2020). These transformations are not episodic, but represent an ongoing process of organizational adaptation to maintain responsiveness, quality, and sustainability within complex healthcare environments (Shanker et al., 2017; Souba, 2015). Within this context, theoretical models of change provide essential guidance for managing adaptive processes. Lewin's three-stage model remains a foundational framework for understanding organizational change dynamics, conceptualizing transformation as a progression through unfreezing, movement, and refreezing phases (Hussain et al., 2018). These phases reflect an interconnected process that enables organizations to destabilize existing norms, implement new practices, and institutionalize revised behaviors (Deborah, 2018).

Moreover, the unfreezing phase underscores the deliberate cultivation of both psychological and organizational preparedness, framing readiness for change as a pivotal antecedent of effective transformation (Thakur & Srivastava, 2018). Within this conceptualization, readiness for change represents a cognitive–affective orientation that shapes employees to engage with, support, or resist proposed initiatives (Gordijn, 2015). In nursing practice settings, where frontline nurses are directly responsible for translating organizational initiatives into clinical action, leadership assumes a central role in shaping readiness for change (Alboroto et al., 2024). Accordingly, strengthening nurses' perceived readiness for change should be understood not as a preliminary step, but as a strategic leadership function that is essential to achieving sustained and effective organizational transformation.

Leadership represents a pivotal determinant of employees' readiness to engage with and sustain organizational change (Alboroto et al., 2024; Gelaidan et al., 2018). In contemporary organizational scholarship, authentic leadership has gained increasing prominence as a theoretically grounded and ethically anchored leadership paradigm; it emphasizes leaders' self-awareness, relational transparency, balanced processing of information, and adherence to internalized moral standards (Northouse, 2021).Authentic leaders demonstrate a set of defining characteristics, most notably relational transparency, strong ethical and moral principles, and supportive leadership behaviors. Collectively, these qualities play a substantive role in cultivating a positive and enabling work environment (Al Sabei et al., 2023; Amunkete & Rothmann, 2015; Malila et al., 2018).

This leadership approach fosters a work climate in which employees perceive that their fundamental professional and psychological needs are acknowledged and supported. When individuals experience such affirmation and encouragement, they are more likely to engage in innovative thinking and demonstrate enhanced creative performance (Moleka, 2024). Despite the well-established theoretical relevance of authentic leadership to organizational transformation, empirical investigations examining its relationship with readiness for change remain scarce (Bakari et al., 2017; Northouse, 2021). Accordingly, further scholarly inquiry is warranted to clarify the mechanisms through which authentic leadership shapes employees' perceived readiness for change.

Job satisfaction constitutes a foundational element in advancing organizational change processes. Prior research underscored its centrality in shaping employees' responses to change initiatives (Azra et al., 2017). Empirical evidence further indicates that job satisfaction enhances employees' readiness for change, suggesting a direct association between satisfaction levels and perceptions of, and willingness to engage in, organizational transformation (Azra et al., 2017;

Balami, 2022). In particular, satisfaction with workplace communication appears to strengthen employees' openness to change, increasing the likelihood of constructive engagement with new initiatives. Collectively, these findings reaffirm the pivotal role of job satisfaction as a facilitating mechanism in the successful implementation of organizational change.

In contrast, diminished levels of job satisfaction are frequently associated with heightened resistance to organizational change efforts. When this critical factor is overlooked, leaders may expend considerable time and resources managing opposition, thereby undermining the effectiveness and sustainability of the change process (Balami, 2022; Furxhi, 2021; Pandey, 2017). Accordingly, prioritizing job satisfaction is essential not only for retaining competent nursing staff, but also for fostering and sustaining employees' readiness to engage constructively in organizational change.

In the Jordanian context, research examining nurses' perceived readiness for organizational change remains scarce (Al-Hussami et al., 2018; Amarneh, 2017; Mderis et al., 2024). Available evidence indicates that nurses' readiness for change is significantly associated with factors, such as leadership style, organizational commitment, and perceived organizational support (Al-Hussami et al., 2018). However, much of the current literature has concentrated primarily on simple bivariate associations rather than more comprehensive analytical models (Amarneh, 2017; Mrayyan, 2020). Additionally, although some investigations in other professional fields have examined job satisfaction as a mediating variable in the linkage between leadership and readiness for change, such mediation models remain underexplored within nursing research (Balami, 2022).

A noticeable gap remains in the existing literature regarding the mediating effect of job satisfaction on the association between authentic leadership and nurses' perceived readiness for change within healthcare organizations. Examining this mechanism can provide meaningful evidence for nurse leaders and administrators seeking to enhance readiness for change, thereby supporting the effective implementation of organizational change initiatives and improving overall institutional performance. Accordingly, this study aims to examine whether job satisfaction mediates the relationship between authentic leadership and nurses' perceived readiness for change in healthcare settings.

Methods

Design

This study employs a descriptive, cross-sectional design to investigate the mediating role of job satisfaction in the relationship between authentic leadership and perceived readiness for change among nurses in healthcare organizations. Due to the cross-sectional design, causal relationships cannot be inferred. Mediation was examined using Hayes' PROCESS macro with bias-corrected bootstrapping, an established method for estimating indirect effects in non-experimental research and generating robust confidence intervals (Polit & Beck, 2020). Data was collected over a three-month period.

Study Site and Setting

This study was conducted in the capital city of Jordan and included two public hospitals, two private hospitals, and one university-affiliated hospital. Hospitals were randomly selected from a comprehensive list of Jordanian hospitals using a computerized randomization program. All selected hospitals were located in Amman, which represents the largest concentration of healthcare facilities and nursing workforce in the country. This distribution reflects the centralization of healthcare services within the capital and its surrounding region.

Population

The target population comprised full-time registered nurses working in hospitals in Jordan who were directly involved in patient care and had a minimum of one year of clinical experience. Requiring at least one year of experience ensured that participants had sufficient exposure to the organizational environment and were familiar with leadership practices within their institutions. Nurses who were not engaged in direct patient care were excluded from the study.

Sample and Sampling

The study sample consisted of registered nurses recruited from the selected Jordanian hospitals who met the predefined inclusion criteria. A convenience sampling approach was employed to enroll participants from these institutions. This method was chosen due to practical considerations, including the accessibility of eligible nurses and the feasibility of data collection within the specified study timeframe. Although this non-

probability sampling technique may limit representativeness, participants were recruited from multiple hospital sectors, public, private, and university-affiliated, to enhance sample variability and support the generalizability of the findings.

Sample Size Calculation

G*Power 3.1.9.2 software was used to estimate the sample size for this study (Faul et al., 2009). *A priori* power analysis was used. Based on linear multiple regression: fixed model, R^2 deviation from zero, the power was set at 0.80. The significance level was set at 0.05. The confidence interval was set at 0.95. The estimated sample size was 403 participants. A sample of 443 registered nurses was selected to account for incomplete questionnaires (Polit & Beck, 2020).

Instruments and Psychometric Properties

A face-to-face, self-administered questionnaire was utilized in the present study to assess the primary study constructs, including authentic leadership, nurses' perceived organizational readiness for change, and job satisfaction. The survey instrument comprised four sections: (1) a demographic data sheet, (2) the authentic leadership scale, (3) the perceived readiness for change measure, and (4) the job satisfaction instrument.

Sample Demographics

The questionnaire consisted of three sections. The first section collected participants' demographic characteristics, including age, gender, marital status, educational level, years of professional experience, and type of hospital. This data was obtained to describe the sample adequately and to support an assessment of its representativeness, thereby enhancing the potential generalizability of the study findings. See Table 1.

The second section of the questionnaire assessed authentic leadership using the Authentic Leadership Questionnaire (ALQ), a widely validated instrument developed by Avolio et al. (2007). The ALQ measures employees' perceptions of their immediate manager's authentic leadership behaviors. The instrument comprises 16 items distributed across four dimensions: relational transparency, internalized moral perspective, balanced processing, and self-awareness. Responses were rated on a five-point Likert scale ranging from 0 (not at all) to 4 (frequently, if not always). The overall mean score was computed by summing the item responses and dividing by the total number of items. Higher mean scores indicate stronger perceptions of the leader's authentic leadership behaviors (Wong et al., 2020).

The internal consistency of this scale was found to be high in the previous literature, with a Cronbach's alpha ranging from 0.70 to 0.96 (Assi et al., 2024; Dirik & Seren Intepeler, 2024; Wong et al., 2020; Zhang et al., 2023), the Cronbach's alpha for ALQ subscales ranged from 0.78 to 0.92 (Dirik & Seren Intepeler, 2017) This scale was evident to have adequate validity (Wong et al., 2020). In the current study, Cronbach's alpha was 0.96, and the content validity was 0.91.

Perceived readiness for change was assessed using the Perceived Individual Readiness for Change Scale originally developed by Hanpachern et al. (1998) and subsequently adapted by Al-Hussami et al. (2018) and McNabb and Šepič (1995). The instrument consists of 10 items rated on a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The total score was calculated by computing the mean of all items. Mean scores were interpreted using the equal-interval approach as recommended by Polit and Beck (2020), with values categorized as low (1–3), moderate (3.01–5), and high (5.01–7) (Al-Hussami et al., 2018).

Previous studies indicated that this scale has good reliability, with internal consistency reported as a Cronbach's alpha of 0.82 (Al-Hussami et al., 2018). In the current study, the Cronbach's alpha was 0.90, and the content validity was 0.90. This indicates that the tool has adequate reliability and validity.

Job satisfaction was assessed using the Job Satisfaction Scale developed by Mueller and McCloskey (1990). This instrument evaluates employees' overall satisfaction with their work and comprises 31 items rated on a five-point Likert scale ranging from 1 (very dissatisfied) to 5 (very satisfied). The scale measures eight domains: external rewards, scheduling, work–family balance, interaction, coworkers, praise and recognition, control and responsibility, and professional opportunities. Consistent with previous research, mean scores were described categorically for interpretive purposes, while the continuous mean score was retained for inferential statistical analyses. An equal-interval approach for Likert-scale data, as recommended by Polit and Beck (2020), was applied to classify the overall job satisfaction mean score into low (1–2.33), moderate

(2.34–3.66), and high (3.67–5) levels (Nyirenda & Mukwato, 2016; Salahat & Al-Hamdan, 2022).

This scale was reported to have good reliability and validity with Cronbach's alpha of 0.89. The validity index was reported as 0.83 (Mueller & Mccloskey, 1990). The Cronbach's alpha for the Arabic version ranged from 0.83 to 0.93 (AbuAlRub et al., 2009; Salahat & Al-Hamdan, 2022). In the current study, the Cronbach's alpha was 0.97, which indicates that this tool has good internal consistency. See Table 2.

Pilot Testing of Research Instruments

The Perceived Individual Readiness for Organizational Change Scale was translated from English into Arabic using a forward–backward translation procedure to ensure linguistic accuracy and conceptual equivalence.

All study instruments were pilot tested with approximately 10% of the intended sample, yielding a final pilot sample of 22 participants. The pilot study was conducted to evaluate the clarity and readability of the items, as well as to estimate the time required to complete the questionnaire. Participants involved in the pilot phase were excluded from the main study.

Data Collection

Data collection was conducted in the selected hospitals. Face to face self-reported questionnaire was used. Nurses were recruited through convenience sampling from different hospital units, floors and the emergency department. The nurse mangers of the selected hospitals were interviewed to explain the purpose and significance of the current study. Convenience sampling was used to select the registered nurses who met the inclusion criteria. Those who were willing to participate were given the questionnaire to complete and return it directly to the researchers. Data collection continued over a three-month period. All data was secured and only the researchers had access to it.

Ethical Considerations

This study was conducted in accordance with the ethical principles of the Declaration of Helsinki. Ethical approvals were obtained from the Institutional Review Board at Jordan University Hospital, the University of Jordan (IRB-JUH) (23191/2024) and the Ministry of Health (MOH/REC/2024/428). In addition, administrative permissions were obtained from the selected hospitals prior to data collection. Permission to use study instruments was obtained before starting the data collection. The study's purpose was clearly explained to participants. Participants were informed that completing and returning the questionnaire indicates their agreement to participate in this study. Participants were informed that their participation was completely voluntary and assured that their responses would be confidential. The raw data would be destroyed upon the data analysis completion.

Data Analysis

Preliminary data analysis was conducted using IBM SPSS statistics, version 25. Hayes Process Macro model 4 was used to test the mediation model (Hayes, 2022). This software provides bias-corrected bootstrapping with a 95% confidence interval derived from 5,000 samples to estimate the significance level of the indirect effects. This method is regarded as the gold standard for testing of the significance of indirect effects in mediation analysis (Hayes, 2022). Before testing the mediation model, the covariates, such as (sex, marital status, age, educational background, hospital type, total experience in the current unit/floor, type of current workplace, and salary) were accounted for. Assumptions for the mediation test were checked. Histograms and scatter plots for all independent and dependent variables were reviewed, showing that all variables demonstrated approximately normal distribution. There were no bivariate outliers, and all relationships between independent and dependent variables were examined and confirmed to be linear. The homoscedasticity assumption was evaluated, indicating no pattern, trend, or heteroscedasticity in the residuals graph. The Durbin-Watson test was performed to assess for autocorrelation, with no violations found, as the Durbin-Watson value was 1.78. Testing for multicollinearity was conducted through tolerance values; all tolerance values fell within an acceptable range from 0.50 to 0.95. All linearity, multicollinearity, normality, and homoscedasticity assumptions were met.

Results

The final sample was 367 questionnaires with a response rate of 82%.

Sample Characteristics

The mean age of nurses in this study was 32.16 years (SD 6.72), ranging from 22 to 50 years. About 51.5% of

the participants were female (n=189). More than a half of the participants were married (n=220, 59.9%). The majority of study sample held a master's degree or higher (n=222, 60.5%). Participants were recruited from public (42.2%), private (35.5%), and university-affiliated (22.3%) hospitals. The percentage of nurses who worked in various hospital units was 39.5%, on floors 30.8%, and in emergency departments 29.7%. In addition, the mean total work experience in the nursing profession was 9.56 years (SD 6.41), while the average tenure of current hospital was 8.04 years (SD 6.23). The mean duration of the work experience in the unit or floor was 7.04 years (SD 5.62). See Table 1.

Table 1. Demographic data of the sample (n=367)

Variable	Frequency (%)
Sex	
Female	189 (51.5)
Male	178 (48.5)
Marital status	
Single	137 (37.4)
Married	220 (59.9)
Divorced	10 (2.7)
Educational level	
BSN	145 (39.5)
Master or higher	222 (60.5)
Type of hospital	
Private 1	70 (19.1)
Private 2	60 (16.4)
Public 1	65 (17.7)
Public 2	90 (24.5)
University-affiliated hospital	82 (22.3)
Current work settings	
Floors	113 (30.8)
Units	145 (39.5)
Emergency	109 (29.7)
Variable	**Mean (SD)**
Age (years)	32.16 (6.72). (22-50)
Total experience in nursing (years)	9.56 (6.41)
Total experience in the hospital (years)	8.04 (6.23)
Total experience in the current unit/floor (years)	7.04 (5.62)

Table 2. The reliability and score ranges of study instruments

Instrument	No. of Items	Scale Range	Cronbach's α
Authentic Leadership (ALQ)	16	0–4	0.90
Job Satisfaction (MMSS)	31	1–5	0.97
Perceived Readiness for Change	10	1-7	0.90

Descriptive Statistics for Study Variables

Perceived readiness for change was 4.25 (SD = 0.95) with mean score ranging from 1-7, indicating that the nurses perceived themselves as being moderately ready for change. Job satisfaction level was rated at 2.74 (SD=0.76), with mean score ranging from 1-5, indicating moderate level of satisfaction. Furthermore, authentic leadership was rated at M=2.30 (SD=0.88), suggesting that nurses perceived their leaders as authentic, with the mean score ranging from 0-4, with

higher scores indicating higher levels of perceived authentic leadership. See Tables 2 and 3.

The Relationships between Study Variables

Pearson correlation analysis was employed to assess the direction and strength of relationships between the study variables. Results indicated moderate, positive, and significant correlations between the total score of readiness for change and the total score of authentic leadership (r=0.419, p < 0.01). In addition, job satisfaction also exhibited a positive correlation with readiness for organizational change (r=0.471, p < 0.01), indicating that employees with high job satisfaction tend to perceive a greater readiness for organizational change. Furthermore, job satisfaction was positively correlated with authentic leadership (r=0.629, p < 0.01). See Table 3.

Table 3. Correlations between the main variables

	Study variables	Mean	SD	1	2	3
1	Authentic leadership	2.30	0.88	1		
2	Perceived readiness for change	4.25	0.95	+0.419**	1	
3	Job satisfaction	2.74	0.76	0.629**	0.471**	1

** p < 0.01, Authentic leadership (independent variable), Perceived readiness for change (dependent variable), Job satisfaction (mediator).

Results of Mediation Analysis

The mediation model examines the job satisfaction as a mediator in the relationship between authentic leadership and readiness for organizational change, after controlling for the covariates (age, total experience in the current floor/unit, income, dummy sex, dummy educational level, dummy hospital type, and dummy marital status). Hayes' PROCESS Macro software was used to examine this mediation model. The independent variable was authentic leadership, the mediator was job satisfaction, and the dependent variable was perceived readiness for organizational change. The analysis of mediation model showed that the direct effect was significant (B = 0.204, SE = 0.068, 95% CI [0.0701, 0.3397]). The indirect effect was also statistically significant (B = 0.264, SE = 0.047, 95% CI [0.1705, 0.3604]), and the total effect was significant as well (B = 0.469, SE = 0.056, 95% CI [0.3590, 0.5797]). This indicates that job satisfaction partially mediates the relationship between authentic leadership and readiness for change. See Table 4 for unstandardized regression coefficients (b), standard errors (SE), t-statistic values, and confidence intervals. Refer to Figure 1 for additional details.

Note. ***p<0.0001, ** p<0.001.

Figure 1. A simple mediation model with Job satisfaction as a proposed mediator in the relationship Between authentic leadership and perceived organization readiness for change

Table 4. Summary for each mediation model with unstandardized path coefficients for all directions

Model	Effect	B (path coefficients)	S.E.	t	95% CI (LL, UL)	Conclusion
TA-TJS-TR	TA-TR Total Effect Path c	0.469***	0.056	8.365***	0.3590 0.5797	Partial mediation
	TA-TR Direct Effect Path c`	0.2049**	0.0685	2.9896**	0.0701 0.3397	
	Indirect Effect (a*b)	**0.2644**	**0.0479**		**0.1705 0.3604**	
					0.4964 0.6450	
	TA-TJS (Path a)	0.5707***	0.0378	15.1068	0.3153 0.6115	
	TJS-TR (Path b)	0.4634***	0.0753	6.1528		

Note. * P < 0.01, **p < 0.001, ***p < 0.0001. TA: Total score of authentic leadership; TR: Total score of organizational readiness for change; TJS: Total score of job satisfaction.

Discussion

The present study investigated the mediating role of job satisfaction in the relationship between authentic leadership and nurses' perceived readiness for change in healthcare settings. The findings indicated that nurses' perceived readiness for change was at a moderate level. This result is consistent with previous studies reporting moderate levels of readiness for change among nurses (Al-Hussami et al., 2018; Mrayyan, 2020). In contrast, Amarneh (2017) found that nurses demonstrated low readiness for change. Such discrepancies across studies may be attributable to differences in contextual factors, organizational characteristics or the use of different measurement instruments. Therefore, further research is warranted to promote greater standardization in the assessment of nurses' perceived readiness for change, thereby facilitating more robust comparisons across studies and settings.

Regarding job satisfaction, the present study found that nurses reported a moderate level of job satisfaction, consistent with prior research (Al-Mnaizel & Al-Zaru, 2023; Fadel et al., 2023; Salahat & Al-Hamdan, 2022). Similarly, a systematic review and meta-analysis examining nurses in Eastern Mediterranean countries (Iraq, Pakistan, Jordan, Egypt, and Lebanon) indicated overall moderate levels of job satisfaction. The authors further reported that nurses working in high-income countries, particularly in Gulf states, demonstrated higher levels of job satisfaction compared with those employed in middle- and lower-income countries (Isfahani et al., 2024).

Conversely, nurses working in underserved areas in Jordan were found to report average levels of job satisfaction (AbuAlRub et al., 2016). Such variations may reflect differences in organizational context, resource availability, and the broader work environment. Evidence suggests that a supportive practice environment is a key determinant of nurses' perceived job satisfaction (AbuAlRub et al., 2016). In contrast, Banibaker et al. (2019) reported low job satisfaction among nurses in Jordanian hospitals. This discrepancy may be explained by contextual factors at the time of data collection, particularly the Syrian refugee crisis, which imposed substantial pressure on public healthcare services and intensified workload demands. Together, these findings suggest that variations in job satisfaction across studies are likely influenced by contextual and environmental factors, underscoring the need to strengthen supportive and resource-adequate practice environments within healthcare organizations

The mean score for authentic leadership observed in the present study is consistent with findings reported in previous research conducted in comparable healthcare contexts (Al-Hassan et al., 2023; Assi et al., 2024; Mrayyan et al., 2022; Zeng et al., 2022). This consistency may indicate a relatively stable perception of authentic leadership behaviors among nurses across similar organizational environments.

In contrast, Dirik and Seren Intepeler (2024) reported that nurses perceived their leaders as demonstrating high levels of authentic leadership. This

discrepancy may reflect contextual and cultural differences that shape how leadership behaviors are enacted and interpreted within healthcare settings. Variability in authentic leadership scores across studies underscores the pivotal role of organizational culture and sociocultural expectations in influencing nurses' perceptions of leadership authenticity. Collectively, these findings suggest that authentic leadership is not solely an individual leader attribute, but is also embedded within the broader institutional and cultural context in which leadership is practiced.

The findings of the present study indicated that job satisfaction partially mediated the relationship between authentic leadership and perceived readiness for change. This suggests that when nurses perceive their leaders as authentic, their level of job satisfaction improves, which in turn strengthens their perceived readiness for change. Thus, authentic leadership appears to influence readiness for change, not only directly, but also indirectly through its positive impact on job satisfaction.

The direct positive association between authentic leadership and perceived readiness for change identified in this study is consistent with previous findings (Bakari et al., 2017). This supports the view that leadership characterized by transparency, ethical conduct, and genuine relational engagement can enhance nurses' willingness and preparedness to engage in organizational change initiatives.

Moreover, the significant relationship between authentic leadership and job satisfaction aligns with earlier research (Arriagada-Venegas et al., 2022; Ayça, 2019), which demonstrated that authentic leadership behaviors contribute to improved work experiences and higher satisfaction levels among employees. In addition, the observed association between job satisfaction and perceived readiness for change is supported by prior studies (Azra et al., 2017; Balami, 2022), indicating that satisfied employees are more likely to respond positively to change efforts. Together, these findings provide empirical support for the mediating role of job satisfaction in explaining how authentic leadership enhances nurses' readiness for change. However, the finding of partial mediation indicates that authentic leadership exerts not only an indirect effect through job satisfaction, but also a significant direct influence on nurses' perceived readiness for change. This suggests that authentic leadership functions as an independent driver of change readiness beyond its impact on attitudinal outcomes. Collectively, these findings highlight the complementary roles of authentic leadership and job satisfaction in strengthening nurses' preparedness to engage in organizational change initiatives. Accordingly, future research should further examine the association between authentic leadership and perceived readiness for change while incorporating additional contextual and individual-level predictors to provide a more comprehensive explanatory framework.

Implications for Nursing

The findings of the present study make a meaningful contribution to the existing body of knowledge by advancing a more integrative understanding of how leadership shapes nurses' readiness for change. Specifically, the study offers a comprehensive framework to guide policymakers and healthcare administrators in strengthening employees' readiness for change through the deliberate cultivation of authentic leadership competencies, including self-awareness, internalized moral perspective, balanced processing, and relational transparency. Strengthening these core dimensions of authentic leadership may enhance nurses' job satisfaction and, consequently, promote higher levels of perceived readiness for change within healthcare organizations.

Furthermore, nurse leaders should routinely assess nurses' job satisfaction and implement targeted strategies to strengthen satisfaction across key domains, including extrinsic rewards, salary, career advancement, autonomy, and professional responsibility. Proactively addressing these dimensions may enhance nurses' perceived readiness for change and support smoother implementation of organizational initiatives.

In addition, integrating a structured change management course into the nursing curriculum is recommended. Such a course should address determinants of readiness for change and provide practical strategies for fostering job satisfaction within healthcare teams. Equipping future nurses with these competencies may enhance their capacity to adapt effectively to ongoing transformations within contemporary healthcare systems.

The findings of the present study may serve as a foundational reference for future research in this area. To strengthen causal inferences regarding the identified mediation effects, subsequent studies are encouraged to adopt interventional or longitudinal designs. Moreover,

replication across diverse healthcare contexts, cultural settings, and sampling approaches would enhance the generalizability of the findings. Future research may also incorporate additional predictors and mediating variables—such as organizational culture and organizational support—to further explore the factors that contribute to enhancing nurses' perceived readiness for change within healthcare organizations.

Strengths and Limitations

This study makes a distinct contribution to the existing literature by examining the mediating role of job satisfaction in the relationship between authentic leadership and perceived readiness for change among nurses in healthcare settings. The study was conducted with a relatively adequate sample size and achieved a high response rate, which strengthens the robustness of the findings. These methodological strengths enhance the potential generalizability of the results to similar healthcare contexts.

However, several limitations should be acknowledged. First, the use of a cross-sectional design precludes establishing causal relationships among the study variables. In addition, the study was conducted in Amman, the capital city of Jordan, which may limit the generalizability of the findings to other geographic regions. Nevertheless, Amman hosts a diverse healthcare workforce drawn from various parts of the country, which may partially mitigate this concern. Finally, the use of convenience sampling may have limited the external validity of the findings. As a non-probability sampling approach, it can reduce representativeness and restrict broader generalization. However, recruiting nurses from public, private, and university-affiliated hospitals enhanced the diversity of the sample and allows for cautious interpretation of the findings within similar healthcare settings.

Despite these limitations, the sample size was adequate to support mediation analysis, and bootstrapping procedures were applied to strengthen the robustness of the indirect effect estimates. The present study employed a regression-based path analytic approach (Hayes' PROCESS Macro) to test a simple mediation model. Future research may consider utilizing structural equation modeling (SEM) to examine the latent constructs of authentic leadership, job satisfaction, and readiness for change. Such an approach would allow for a more comprehensive assessment of the measurement and structural components of the proposed model and provide a more rigorous evaluation of the hypothesized relationships. Future research should employ longitudinal designs to trace the temporal sequence from leadership interventions to changes in job satisfaction and subsequent readiness for change. Additionally, multi-level modeling could be used to examine how unit-level authentic leadership climate interacts with individual-level job satisfaction to predict change readiness.

Conclusion

This study provides empirical evidence that job satisfaction partially mediates the relationship between authentic leadership and nurses' perceived readiness for change within healthcare settings. The findings indicate that authentic leadership influences readiness for change both directly and indirectly through its positive effect on job satisfaction. These results suggest that strengthening authentic leadership practices may enhance nurses' job satisfaction, which in turn contributes to greater preparedness and willingness to engage in organizational change initiatives.

Author Contributions

Study Design: **NA, MA**. Data Collection: **NA**. Data Analysis: **NA, MA**. Study Supervision: **MA**. Manuscript Writing: **NA**. Critical Revision for Important Intellectual Content: **MA, NA**.

REFERENCES

AbuAlRub, R., El-Jardali, F., Jamal, D., & Abu Al-Rub, N. (2016). Exploring the relationship between work environment, job satisfaction, and intent to stay of Jordanian nurses in underserved areas. *Applied Nursing Research*, *31*, 19-23. https://doi.org/10.1016/j.apnr.2015.11.014

AbuAlRub, R., Omari, F., & Al-Zaru, I. (2009). Support, satisfaction and retention among Jordanian nurses in private and public hospitals. *International Nursing Review*, *56*(3), 326-332. https://doi.org/10.1111/j.1466-7657.2009.00718.x

Alboroto, R., Garza, T., & McNaughtan, J. (2024). Readiness for change: Understanding the importance of empowering leadership. *Children and Youth Services*

Review, *163*, 107768. https://doi.org/10.1016/j.childyouth.2024.107768

Al-Hassan, N.S., Rayan, A.H., Baqeas, M.H., Hamaideh, S.H., & Khrais, H. (2023). Authentic leadership and its role in registered nurses' mental health and experiences of workplace bullying. *SAGE Open Nursing*, *9*, 23779608231185919. https://doi.org/10.1177/23779608231185919

Al-Hussami, M., Hammad, S., & Alsoleihat, F. (2018). The influence of leadership behavior, organizational commitment, organizational support, and subjective career success on organizational readiness for change in healthcare organizations. *Leadership in Health Services*, *31*(4), 354-370. https://doi.org/10.1108/LHS-06-2017-0031

Al-Mnaizel, E.A.M., & Al-Zaru, I.M. (2023). The relationship between nursing job satisfaction and missed nursing care in critical care units. *The Open Nursing Journal*, *17*. https://doi.org/10.2174/18744346-v17-230731-2023-73

Al Sabei, S., AbuAlRub, R., Al Yahyaei, A., Al-Rawajfah, O.M., Labrague, L.J., Burney, I.A., & Al-Maqbali, M. (2023). The influence of nurse managers' authentic leadership style and work environment characteristics on job burnout among emergency nurses. *Int Emerg Nurs*, *70*, 101321. https://doi.org/10.1016/j.ienj.2023.101321

Amarneh, B.H. (2017). Nurses & rsquo: Perspectives on readiness of organizations for change: A comparative study. *Nursing: Research and Reviews*, *7*, 37-44. https://doi.org/10.2147/nrr.S126703.

Amunkete, S., & Rothmann, S. (2015). Authentic leadership, psychological capital, job satisfaction and intention to leave in state-owned enterprises. *Journal of Psychology in Africa*, *25*. https://doi.org/10.1080/14330237.2015.1078082

Arriagada-Venegas, M., Ariño-Mateo, E., Ramírez-Vielma, R., Nazar-Carter, G., & Pérez-Jorge, D. (2022). Authentic leadership and its relationship with job satisfaction: The mediating role of organizational dehumanization. *Eur J Psychol*, *18*(4), 450-463. https://doi.org/10.5964/ejop.6125

Assi, H., Rayan, A., Eshah, N., Albashtawy, M., & Al-Ghabeesh, S. (2024). Nurse managers' authentic leadership and its relationship with work engagement among registered nurses. *Nursing Forum*, *2024*. https://doi.org/10.1155/2024/7523906

Avolio, B.J., Gardner, W.L., & Walumbwa, F.O. (2007). Authentic leadership questionnaire. In W.L. Gardner & B.J. Avolio, *Authentic leadership development* (pp. 83-104).

Ayça, B. (2019). The impact of authentic leadership behavior on job satisfaction: Aresearch on hospitality enterprises. *Procedia Computer Science*, *158*, 790-801. https://doi.org/10.1016/j.procs.2019.09.116

Azra, M.V., Etikariena, A., & Haryoko, F.F. (2017). The effect of job satisfaction employees' readiness for change. https://doi.org/10.1201/ 9781315225302-63

Bakari, H., Hunjra, A.I., & Niazi, G.S.K. (2017). How does authentic leadership influence planned organizational change? The role of employees' perceptions: Integration of Theory of Planned Behavior and Lewin's three-step model. *Journal of Change Management*, *17*(2), 155-187. https://doi.org/10.1080/14697017.2017.1299370

Balami, S. (2022). Job satisfaction and change readiness: A study of Global IME Bank. *Interdisciplinary Journal of Innovation in Nepalese Academia*. *1*(1), 50-64. https://www.nepjol.info/index.php/idjina/article/view/51968

Banibaker, A., Mohd Shafie, Z., Mohammad, A., & Alkuwaisi, M. (2019). Factors influencing job satisfaction among nurses in Jordanian public hospitals. *International Journal of ADVANCED AND APPLIED SCIENCES*, *6*, 81-89. https://doi.org/10.21833/ijaas.2019.01.011

Clack, L., Smith, J., & Charns, M. (2025). Defining and measuring organizational transformation in health care: A systematic literature review. *Medical Care Research and Review*, https://doi.org/10.1177/10775587251356130

Deborah, O.K. (2018). Lewin's theory of change: Applicability of its principles in a contemporary organization. *Journal of Strategic Management*, *2*(5). https://stratfordjournalpublishers.org/journals/index.php/journal-of-strategic-management/article/view/229.

Dirik, H.F., & Seren Intepeler. (2024). An authentic leadership training programme to increase nurse empowerment and patient safety: A quasi-experimental study. *J Adv Nurs*, *80*(4), 1417-1428. https://doi.org/10.1111/jan.15926

Dirik, H.F., & Seren Intepeler, S. (2017). The influence of authentic leadership on safety climate in nursing. *J Nurs Manag*, *25*(5), 392-401. https://doi.org/10.1111/jonm.12480

Fadel, A., Khrais, H., Bani-Hani, M., & Nashwan, A.

(2023). *The relationship between organizational justice, responsibility, and job satisfaction among jordanian nurses.* https://doi.org/10.21203/rs.3.rs-2690305/v1

Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods, 41*(4), 1149-1160. https://doi.org/10.3758/BRM.41.4.1149

Furxhi, G. (2021). Employee's resistance and organizational change factors. *European Journal of Business and Management Research, 6*, 30-32. https://doi.org/10.24018/ejbmr.2021.6.2.759

Gelaidan, H.M., Al-Swidi, A., & Mabkhot, H.A. (2018). Employee readiness for change in public higher education institutions: Examining the joint effect of leadership behavior and emotional intelligence. *International Journal of Public Administration*, *41*(2), 150-158. https://doi.org/10.1080/01900692.2016.1255962

Gordijn, L. (2015). The relationships between organizational culture, job satisfaction and readiness for change. *Erasmus Rotterdam*, *46*(2), 6-15. https://thesis. eur.nl/pub/33370/

Hanpachern, C., Morgan, G.A., & Griego, O.V. (1998). An extension of the theory of margin: A framework for assessing readiness for change. *Human Resource Development Quarterly*, *9*(4), 339-350. https://doi.org/10.1002/hrdq.3920090405

Hayes, A.F. (2022). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (3rd ed.). Guilford Press.

Hussain, S.T., Lei, S., Akram, T., Haider, M.J., Hussain, S.H., & Ali, M. (2018). Kurt Lewin's change model: A critical review of the role of leadership and employee involvement in organizational change. *Journal of Innovation & Knowledge*, *3*(3), 123-127. https://doi.org/10.1016/j.jik.2016.07.002.

Isfahani, P., Poodineh Moghadam, M., Sarani, M., Bazi, A., Boulagh, F., Afshari, M., Samani, S., & Alvani, S. (2024). Job satisfaction among nurses in Eastern Mediterranean Region hospitals: A systematic review and meta-analysis. *BMC Nurs*, *23*(1), 812. https://doi.org/10.1186/s12912-024-02480-0

Malila, N., Lunkka, N., & Suhonen, M. (2018). Authentic leadership in healthcare: A scoping review. *Leadership in Health Services, 31*(1), 129-146. https://doi.org/10.1108/LHS-02-2017-0007

McNabb, D.E., & Sepic, F.T. (1995). Culture, climate, and total quality management: Measuring readiness for change. *Public Productivity & Management Review, 18*(4), 369-385.

Mderis, W., Abu Shosha, G., Oweidat, I., Al-Mugheed, K., Farghaly Abdelaliem, S. M., Alabdullah, A.A.S., & Alzoubi, M.M. (2024). The relationship between emotional intelligence and readiness for organizational change among nurses. *Medicine (Baltimore), 103*(32), e38280. https://doi.org/10.1097/md.0000000000038280

Mrayyan, M.T. (2020). Nurses' views of organizational readiness for change. *Nurs Forum, 55*(2), 83-91. https://doi.org/10.1111/nuf.12393

Mrayyan, M.T., Al-Atiyyat, N., Al-Rawashdeh, S., Algunmeeyn, A., & Abunab, H.Y. (2022). Nurses' authentic leadership and their perceptions of safety climate: differences across areas of work and hospitals. *Leadersh Health Serv (Bradf Engl), ahead-of-print.* https://doi.org/10.1108/lhs-05-2021-0040

Moleka, P. (2024). The role of leadership in fostering innovation: A qualitative study in organizational settings. *Advanced Research in Economics and Business Strategy Journal*, 5, 48-53. https://doi.org/10.52919/arebus.v5i02.63

Mueller, C.W., & McCloskey, J.C. (1990). Nurses' job satisfaction: A proposed measure. *Nursing Research, 39*(2), 113-117. https://doi.org/10.1097/00006199-199003000-00014

Nilsen, P., Seing, I., Ericsson, C., Birken, S.A., & Schildmeijer, K. (2020). Characteristics of successful changes in health care organizations: An interview study with physicians, registered nurses and assistant nurses. *BMC Health Services Research*, *20*(1), 147. https://doi.org/10.1186/s12913-020-4999-8

Northouse, P.G. (2021). *Leadership: Theory and practice* (9th ed.). SAGE Publications.

Nyirenda, M., & Mukwato, P. (2016). Job satisfaction and attitudes towards nursing care among nurses working at Mzuzu Central Hospital in Mzuzu, Malawi. *Malawi Med J, 28*(4), 159-166. https://doi.org/10.4314/mmj.v28i4.3

Pandey, D.L. (2017). Impact of employee satisfaction on change readiness in Nepalese commercial banks. *Journal of Emerging Technologies and Innovative Research, 4*(12), 120-125.

Polit, D.F., & Beck, C.T. (2020). *Essentials of nursing research: Appraising evidence for nursing practice* (9th ed.). Wolters Kluwer.

Salahat, M.F., & Al-Hamdan, Z.M. (2022). Quality of nursing work life, job satisfaction, and intent to leave among Jordanian nurses: A descriptive study. *Heliyon*, *8*, e09838. https://doi.org/10.1016/j.heliyon.2022.e09838.

Shanker, R., Bhanugopan, R., van der Heijden, B.I.J.M., & Farrell, M. (2017). Organizational climate for innovation and organizational performance: The mediating effect of innovative work behavior. *Journal of Vocational Behavior*, *100*, 67-77. https://doi.org/10.1016/j.jvb.2017.02.004

Souba, W. (2015). Health care transformation begins with you. *Academic Medicine*, *90*(2). https://journals.lww.com/academicmedicine/fulltext/2015/02000/health_care_transformation_begins_with_you.11.aspx

Thakur, R.R., & Srivastava, S. (2018). From resistance to readiness: The role of mediating variables. *Journal of Organizational Change Management*, *31*(1), 230-247. https://doi.org/10.1108/JOCM-06-2017-0237

Wong, C., Walsh, E.J., Basacco, K.N., Mendes Domingues, M.C., & Pye, D.R.H. (2020). Authentic leadership and job satisfaction among long-term care nurses. *Leadership in Health Services*, *33*(3), 247-263. https://doi.org/10.1108/LHS-09-2019-0056

Zeng, C., Kunaviktikul, W., & Thungjaroenkul, P. (2022). Head nurses' authentic leadership and group cohesion as perceived by nurses in tertiary hospitals in Yunnan Province, China. *Nursing Journal CMU*, *49*(1), 86-98. https://he02.tci-thaijo.org/index.php/cmunursing/article/view/256866

Zhang, G., Tian, W., Zhang, Y., Chen, J., Zhang, X., Lin, W., Li, H., Sun, L., Cheng, B., Ding, H., & Song, G. (2023). The mediating role of psychological capital on the relationship between authentic leadership and nurses' caring behavior: A cross-sectional study. *BMC Nursing*, *22*(1), 441. https://doi.org/10.1186/s12912-023-01610-4