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MIDDLE EAST UNIVERSITY
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Servant Leadership and Its Impact in Reducing Social Loafing: Test of the Moderating Role of Organizational Happiness -A Field Study on the Private Hospitals in Amman-

القيادة الخادمة وأثرها في الحد من التكاسل الاجتماعي
إختبار الدور المعدل للسعادة المنظمية
-دراسة ميدانية في المستشفيات الخاصة في عمّان-

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Authorization

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Thesis Committee Decision

This dissertation titled "**The servant leadership and its impact on social loafing Test of the Moderating Role of Organizational Happiness -A Field Study on the Private Hospitals in Amman**".

Has been defended and approved on Wednesday 22/1/2020:

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The Researcher

Dedication

This thesis is dedicated to my parents for their continuous love and support throughout my master's study.

My beloved brother, Father Issa Hijazin who has continually supported me, and has always been by my side, giving unconditional love and prayers, and who believed in me to realize my dream and success.

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The Researcher

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Servant Leadership and Its Impact in Reducing Social Loafing
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Abstract

The study aims to recognize the impact of servant leadership on social loafing, with existence of organizational happiness as a moderator variable. The field of this study was private hospitals in the city of Amman.

This study was applied on private hospitals in the city of Amman, and the population of study community who consists of workers in the profession of nursing in the mentioned hospitals and their number is (4,727). The sample of this study was selected using the Systematic Random Method and the total sample size of this study was (357) field nurses. A questionnaire was used as the main research tool for collecting data, and out of the total (360) distributed questionnaires, (289) were accepted, which represent (% 81) of the total distributed questionnaires.

The collected Data was analyzed by a set of statistical methods, (Means, Standard Deviations, Cronbach's Alpha, T-test, Confirmatory Factor Analysis (CFA), Exploratory Factor Analysis (EFA), Pearson Correlation Coefficient, Skewness and Kurtosis Coefficients, Kolmogorov-Smirnov, VIF, Tolerance, Structured Equation Model (SEM) using SMART-PLS 3 software, and Hierarchical Integration Regression).

The study concluded that servant leadership has negative impact on social loafing, and that the organizational happiness as a moderator increases the negativity of the impact of servant leadership on social loafing in private hospitals in the city of Amman. This means that increasing the practices of servant leadership has an influential contribution to reducing social loafing behaviors, and entering organizational happiness, will increase the negativity influences, which decreases the behaviors of social loafing, and having both

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servant leadership and organizational happiness is better than the servant leadership only, because organizational happiness increases the strength of the negative relationship.

The study presented the following recommendations for hospitals administration and decision makers:

1. Work on notice-hidden and unobservable behavior (social loafing) between nurses, as lack of interest in work, hiding behind other's efforts, because Nurses roles are important and significant as it influences patients' care. Through establishing serious rules, clarify the expected performance according to job descriptions, adopt a fair salary system and determine coordination mechanisms between different units.

2. Increase focus on servant leadership, since it reflects on nurses' behavior, to increase team work, creativity, innovation, and satisfaction. Allow sufficient time for doctors and nurses to develop their capabilities, having doctors go beyond self-interest for the good of the group, giving time to help colleagues, and take into consideration the ethical consequences of decisions.

3. Give more attention to complaints and ways to solve them which helps nurses to feel a sense of belonging, which facilitates work flow and productivity, and reduces turnover to retain committed nurses, creates a positive learning environment, develops social personality, discuss issues relating to nurses complaints, and encourage hospitals invests in it nurses.

Keywords: servant leadership, social loafing, organizational happiness, privet hospitals in the city of Amman.

القيادة الخادمة وأثرها في الحد من التكاسل الاجتماعي:

اختبار الدور المعدل للسعادة المنظمية

-دراسة ميدانية في المستشفيات الخاصة في عمّان-

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الملخص

هدفت الدراسة إلى معرفة أثر القيادة الخادمة على التكاسل الاجتماعي بوجود السعادة المنظمية متغيرا معدلا، وإن مجال الدراسة كان المستشفيات الخاصة في مدينة عمان، ويتألف مجتمع الدارسة من العاملين في مهنة التمريض في المستشفيات المذكورة ويبلغ عددهم (4, 727)، اما عينة الدراسة فكانت عينة عشوائية منتظمة، بلغ حجمها (357) ممرض/ة من العاملين في قطاع المستشفيات الخاصة. واستخدمت الاستبانة كأداة رئيسية لجمع البيانات وكذلك المقابلة في جمع بعض المعلومات، ومن أصل ال (360) استبانة الموزعة، بلغ عدد الاستبانات الصالحة للتحليل (289) والتي تشكل (81%) من مجموع الاستبانات الموزعة.

ولقد تم تحليلها من خلال مجموعة من الوسائل الاحصائية (الوسط الحسابي، الانحراف المعياري، كرونباخ الفا، معامل Skewness and Kurtosis، التحليل العاملي التوكيدي والاستكشافي، الاختبار واعادة الاختبار، اختبار t، معاملات الانحراف VIF Kolmogorov-Smirnova، Pearson، Tolerance، نموذج المعادلة المهيكلة باستخدام برمجية SMART-PLS 3.

وقد توصلت الدراسة إلى نتيجة أن القيادة الخادمة لها تأثير سلبي على التكاسل الاجتماعي. كما أن السعادة التنظيمية كمعدل تزيد من سلبية تأثير القيادة الخادمة على التكاسل الاجتماعي في المستشفيات الخاصة في مدينة عمان. وهذا يعني ان زيادة ممارسة القيادة الخادمة يساهم مساهمة مؤثرة في تقليل سلوكيات التكاسل الاجتماعي، وبدخول السعادة التنظيمية يزداد هذا التأثر السلبي أكثر، اي تقل سلوكيات التكاسل بنسبة أكبر من وجود القيادة الخادمة فقط؛ لان السعادة المنظمية تزيد من قوة العلاقة السلبية.

وبناءا عليه قدمت الدراسة التوصيات التالية الى إدارة المستشفيات وصانعي القرار بها:

1. العمل على ملاحظة السلوك الخفي وغير القابل للرصد (التكاسل الاجتماعي) بين الممرضين والممرضات مثل الاهتمام بالعمل، والاختباء وراء جهود الآخرين، لأن أدوارهم مهمة وتؤثر على رعاية المرضى، من خلال وضع قواعد جادة وتوضيح الأداء المتوقع وفقًا للوصف الوظيفي، واعتماد نظام رواتب عادل وتحديد آليات التنسيق بين الوحدات المختلفة.

2. زيادة التركيز على القيادة الخادمة لأنها تنعكس على سلوك التمريض، لزيادة العمل الجماعي والإبداع والابتكار والرضا، من خلال تخصيص وقت بين الأطباء والتمريض لتطوير قدراتهم، وتجاوز الطبيب المصلحة الذاتية من اجل المصلحة المجموعة، وان يعطي الوقت لمساعدة الاخرين، ويهتم بالقرارات الاخلاقية.

3. زيادة الاهتمام بالشكاوى وحلها يساعد التمريض على الشعور بالانتماء، مما يسهل سير العمل والإنتاجية ومن خلال تقليل معدل دوران للاحتفاظ بالممرضين الملتزمات بها، وخلق بيئة تعليمية إيجابية، وتطوير الشخصية الاجتماعية، ومناقشة القضايا المتعلقة بشكاوى الممرضين، والاستثمار في التمريض.

الكلمات المفتاحية: القيادة الخادمة، التكاسل الاجتماعي، السعادة المنظمية، المستشفيات الخاصة في مدينة عمان.

CHAPTER ONE
Background of the Study

Introduction

Each organization tends to achieve its goals of growth and continuity, but a phenomenon has been emerging in recent years that has important influence on productivity, and negatively affects motivation, loyalty and dependency on other peoples' efforts to reach achievements. Moreover, on an internal level between groups, it affects interpersonal interactions and trust, thus, the efficiency and efficacy of work, this phenomenon is referred to as social loafing.

Therefore, social loafing threatens the productivity of teams and affects organizational success (Comer, 1995), and therefore it is imperative to know the relationship between loafing and employee performance. (Schippers, 2014) and to reflect on organizational performance.

Social loafing is a common phenomenon that influences collaborative work, as well as on team performance (Zhang, Jiang & Cheng, 2017). Another definition of social loafing places less effort within group than working alone especially with collective work within organizations. (Ahmad, Jamshid & Rehman, 2018). Social loafing leads to reducing individual performance (Mefoh & Nwanosike 2012), reducing satisfaction (Thanh & Toan, 2018), decreasing personal performance (Meyer, Schermuly & Kauffeld, 2015), The impact on personal and group work effectiveness, as a result, leads to the reduction in the effectiveness of the organizations. It also results in increasing costs, by holding their efforts when there is no recognition of their efforts, which will make the organization less productive (Liden, Wayne, Jaworski, Bennett, 2004), which in turn

leasds to preventing the organization to complete their project on time. (Ahmad et.al, 2018).

Some researches point out that social loafing is kind of hidden and unobservable behavior. (Xi Zhang, Jiang & Cheng, 2017), something that you can find in every work place. Social loafing is considered a 'social disease' that has its negative aftermath on individuals, group, organizations, and society (Latane, Williams, & Harkins, 1979). However this phenomenon spread specifically among nursing community, therefore hospitals should be conscious of this problem and try to prevent the negative impact of social loafing among nurses (Etemadi, Darab, Khorasani, and Moradi &Vazirinasab 2019). As Etemadi et al. (2015) pointed out that there is a negative interaction relationship between justice and social loafing in nursing within hospitals. This is because they lack of interest in work, they hide behind other's efforts, and also they know that all of them will receive the same incentives and compensations according to Ahmad, et. al), 2018). Nurses must see that their roles are important and significant as it influence on patients' care. (Etemadi et.al, 2019).

A review of relevant literature indicates that most loafing happens within groups and make them do less effort which puts them in none working environment, and notably their own personal phone to give them emotional support through connection with family and friends, which effect on their performance and educational learning process. (McBride, LeVasseur & Li, 2015).

As a leaders' vision to try to find solutions, organizations have to find ways to decrease this phenomenon through servant leadership which is considered one of the important approaches to decrease social loafing, according to Green leaf (1977), who suggests that it is a natural feeling that one wants to serve, and that serving starts from

leaders to inspire others .The difference manifests itself in the care taken by the servant first to make sure that other peoples' highest-priority needs are being served. Servant leadership facilitates the development and well-being of followers to achieve long term organizational commitment (Hoch, Bommer & Dulebohn, 2018). It is widely reported that this has been in practice for centuries, and that as a basic concept of leadership of the servant is to give priority to the well-being of those who lead; the assessment and development of people; the building of society, the practice of originality. It also promotes power-sharing among leaders and followers as a means of benefiting everyone, the whole organization, and the wider community (Abid, Gulzar & Hussain, 2015). According to Lee, Chen & Liou (2015), a practical implication study found that there is a relationship between leadership behavior and social loafing in improving the organization performance. The leaders in the organizations have to use methods to address social loafing reasons and improve workers efficiency, (Hildreth, 2015). Moreover, it promotes innovation behavior, empowerment role and creative role among emloyees (2015, Erkutlua & Chafrab). In return to all of these, a decrease will occurs in the social loafing behaviors

To increase the effectiveness of the servant leadership and reduce the impact of social loafing, organizational happiness is considered a modern, contemporary methodology in management to use with servant leadership, as happiness satisfies the basic needs which effects intrinsic motivation and leads to increasing engagement innovation and satisfaction. (Devloo, Anseel, De Beuckelaer, and Salanova, 2015). Happiness at work indicates that employees are satisfied in the workplace, in return to the increase of organizational productivity and well- being (Wesarat, Sharif & Abdul Majid, 2015). Similarly, Salas-Vallinaa, Simoneb & Fernández-Guerreroa, (2018) pointed out

that the inspirational leadership characteristic influence on followers leads to increase their happiness at work. Moreover, the feeling of happiness and excitement at work increases group activities and group tasks according to Linnenbrink-Garcia a, Rogat b & Kasey (2011), and improving work efficacy leads to improving job satisfaction (Hildreth, 2015).

In view of what has been discussed above, servant leadership decreases the social loafing in Jordan in particular in private hospitals, incorporating organizational happiness as a moderator factor to decrease the phenomenon of social loafing. The literature show that these variables are related but not in Jordan environment, so there is a need to do further investigation and research to take this into consideration, and to enhance our and others' understating of this phenomenon, especially in the context of private hospitals in Amman city, the capital of Jordan.

Study Problem

The previous studies indicate rapid increase in social loafing, which has its effect on group interaction and performance, as pointed out by (Linnenbrink-Garcia, Rogat & Koskey, 2011), and that increasing rate of social loafing effects group interaction, and performance (Schippers, 2014), therefore social loafing is common phenomenon among work team members, so recently organizations started focusing on the problems that face teams like social loafing, which is effecting work quality, effectiveness, and productivity (Ahmad, Jamshid & Rehman, 2018). Moreover, this phenomenon is faced by supervisors, and it may impact various resources in organization and administrative levels. (Himmetoglu, Aydug & Tezi, 2018). Nursing departments in particular, usually have tendency of loafing. (Etemadi, et.al 2019), and non-work-related activities (McBride, et.al 2015), when health care workers have to care of patients.

The investigation of the phenomena of social loafing problems from previous studies confirm its effect on employees, as Thanh & Toan, (2018) attempt to measure the output of individual performance to motivate them and decrease loafing, moreover the the research of Uysal (2019) suggested the managers who have social loafing within their organizations have to apply clear tasks, distributes responsibilities, measure performance and rotation to the loafer employees. Also Hildreth, (2015) stated the leaders have to address social loafing reasons to increase efficiency.

Other studies aimed to explore the issue causing social loafing among nurses, and find more variables in hospitals' fields, (Etemadi, et.al 2019), and others to know how could nurses use their phones safely without affecting their performance (McBride et.al, 2015), and to investigate the relationship between procedural justice and social loafing. (Liden, 2004). Also a study by Akgunduz & Eryilmaz, (2018), was concerned with investigating the relationship between social loafing and organizational commitment, organizational citizenship and absenteeism.

As discussed earlier, the effect of servant leadership and organizational happiness lead to decrease social loafing as servant leadership characteristics influence on followers (Linnenbrink-Garcia a & Rogat T.K. et.al, 2011), and this in turn leads to increase happiness work (Greasley 2014).

Other studies discussed loafing against job characteristics (Lee, et.al, 2015); Servant leadership with Competition in organizations, (Floyd, Hoogland & Smith, 2016); Servant Leadership and Human Capital Management that suggest to serve employees (Andre & Lantu 2015); inspiring leaders to address the social loafing behaviors and increase efficiency of team work. (Hildreth, 2015); social loafing effect on engagement, qualitative analyses suggested that social loafing was related to both positive and negative

feelings (Linnenbrink-Garcia, Rogat & Koskey 2011); and how leadership style leads to engagement and empowering. (Valdivia, Gallego-Burín & Lloréns-Montes, 2019).

So the previous studies discussed the research subject with different variables that need to be studied extensively as was recommended by pervious researchers. Hence this research problem is linked to the increasing of the social loafing phenomenon, because this phenomenon is persisting, and requires studying and analysis to address the trend of increased social loafing risks, and as a result, this study tries to close and existing knowledge gap by introducing leadership and organizational happiness variables into the system to reduce this phenomenon.

Benefiting from the researchers two years of personal and professional experience of working in hospitals, and through observation and discussions with other nurses who are working in hospitals' field in Jordan (Al-Shmeisani, Lousmila, Al-Astiqlal hospitals), it was noticed that the theoretical proposition by this research matches realistically the situation in hospitals, and is in line with what nurses and supervisors described in relation to this growing phenomenon that need urgent efforts to find solutions. This has triggered the researchers interest in the issue and motivated the researcher to study this subject to decrease the effect and escalation of the social loafing phenomenon.

The characteristic of this research study is different from other studies as it is based on the investigations and findings of previous studies, recommendations and interview results of existing staff working face to face within this problem in hospitals, need have to do more researches, in order to study the relationship of servant leadership and social loafing considering organizational happiness as a moderate variable to prevent increasing of negative effects in our society.

Study Objectives

The main purpose for current study is to identify the impact of servant leadership on social loafing, with presence of organizational happiness as a moderate role in private hospitals in Amman city by accomplishing the following sub objectives:

1. Providing a conceptual and intellectual framework for basic study variables (servant leadership, social loafing, and organizational happiness).

2. Characterization of the levels of practice of the three variables (servant leadership, social loafing, organizational happiness) in the private hospitals.

3. Determining the impact of servant leadership in social loafing.

4. Diagnosing the moderate role of organizational happiness for the impact of servant leadership on social loafing.

Study Importance

The importance of the study viewed from two different perspectives; Scientific and Practical:

Scientific Importance

The importance of this study is related to the following:

- The variables of this study play an important role in survival and prosperity, which are significant and critical for business and organizations on the long run.

- The study will analyze the nature of the theoretical relationship between the main variables (servant leadership, social loafing, and organizational happiness) and explain the most important results of previous studies in this area and what the cognitive gaps in previous studies are.

- The study will provide a conceptual framework on the topic of organizational happiness, as it is a new topic and studies in this subject are very limited, especially

in the Arab region environment, which needs more concepts and the contents about this topic.

- The study will allow other researchers to have further research relaying on the study results because there is no study that connect three variables together and studied the relationship between them.

1. Practical importance

- The study is in private hospitals which is a vital sector to community and has a great impact on other industries**.**
- The result of this study will help the decision-makers to widen their horizon in order to take into their consideration the other variables in business environments.
- The study will reveal the impact of the moderate variable which has an important role in upgrading the professional level of employee in business organizations.

Study Questions and Hypothesis

First: Study Questions

The study questions, related to the problem statement can be summarized as:

First main question

1. What is the impact of servant leadership in reducing social loafing in private hospitals in the Amman city?

Based on the elements of servant leadership the first main question can be divided into two main questions:

1.1 Is there an impact of servant leadership on group level factors at private hospitals in the Amman city?

1.2 Is there an impact of servant leadership on the tasks characteristics at private hospitals in the Amman city?

Second main question

2. Does organizational happiness moderate the impact of servant leadership on the reducing social loafing in private hospitals in the Amman city?

Based on the elements of organizational happiness the second main question can be divided into two main questions:

2.1 Does organizational happiness moderate the impact of servant leadership in-group level factors at private hospitals in the Amman city?

2.2 Does organizational happiness moderate the impact of servant leadership on tasks characteristics at private hospitals in the Amman city?

Second: Study Hypothesis

Frist Main Hypothesis

H01: There is no statistically significant impact of servant leadership with all its dimensions (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping and organizational Stewardship) on reducing social loafing at a level of significance ($\alpha \leq 0.05$) in the private hospitals at private hospitals in the Amman city.

Based on the elements of components of servant leadership, the first main Hypothesis can be divided into two sub hypotheses:

H01.1 There is no statistically significant impact of servant leadership with all its dimensions (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping and organizational Stewardship) on group level factors at private hospitals in the Amman city at a level of significance ($\alpha \leq 0.05$).

H01.2 There is no statistically significant impact of servant leadership with all its dimensions (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping and organizational Stewardship) on tasks characteristics at private hospitals in the Amman city at a level of significance ($\alpha \leq 0.05$).

Second Main Hypothesis

H02: Organizational happiness does not moderate the impact of servant leadership on the reducing social loafing in privet hospitals at private hospitals in the Amman city at a level of significance ($\alpha \leq 0.05$)

Based on the components of social loafing, the second main Hypothesis can be divided into two sub hypotheses:

H02.1 Organizational happiness does not moderate the impact of servant leadership on group level factors at private hospitals in the   Amman city at a level of significance ($\alpha \leq 0.05$).

H02.2 Organizational happiness does not moderate the impact of servant leadership on the tasks characteristics at private hospitals in the Amman city at a level of significance ($\alpha \leq 0.05$).

Study Model

This Study Model displays the relationships between servant leadership as an (independent variable), social loafing as a (dependent variable) and organizational happiness as a (moderate variable).
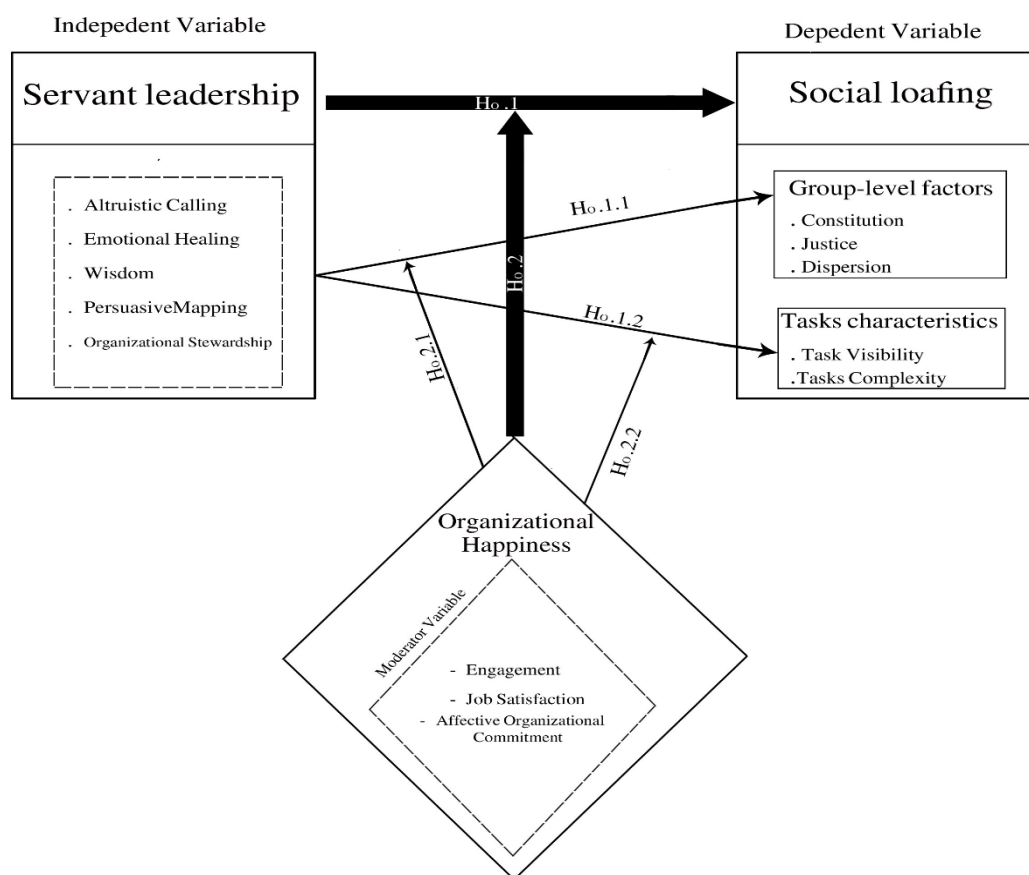
Figure 01.01: Study Model

Source: prepared by researcher based on:
Independent: Jack McCann (2018).
Dependent: Zhang, Jiang & Cheng (2017).
Moderate: Salas-Vallina & Alegre (2018).

Study Limitation

▪ This study is designed to apply on the nurses at private hospitals in the city of Amman and it is difficult to generalize on other industrial or service companies.

▪ The study is applied to private hospitals and it is very hard to generalize in general hospitals.

▪ The study will be applied in Jordan but it cannot be applied in companies in the same industry outside Jordan.

▪ Study results depend on the responsive degree of individual sample responds and how much they are objective.

Study Delimitation

- Spatial: in the city of Amman.

- Humanity: selective sample of nurses.

- Temporal: between 2nd semester of 2019 and 1st semester of 2020 of academic year.

- Scientific: In this research, the relationship between servant leadership and social loafing.

Conceptual and Operational Definitions

Servant leadership: "It a natural feeling that one wants to serve, serving starts from leaders to inspire others. The difference manifests itself in the care taken by the servant first to make sure that other peoples' highest-priority needs are being served (Green leaf, 2018).

Servant leadership define operational as a set of dimensions which include: (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping and organizational Stewardship). It measure by the degree of individual's response to the questionnaire.

Social loafing: is a common phenomenon influence on collaborative work, as well as on team performance, and putting less effort within group than working alone especially with collective work within organizations. (Ahmad et.al, 2018; Zhang et.al, 2017).

Social loafing is defined as an operational set of dimensions: (group level factors: constitution, justice, dispersion) and on the tasks characteristics (tasks visibility, tasks complexity). It is measured by the degree of individual's response to the questionnaire.

Organizational happiness: is not a philosophy but a reference governed by a serious framework in all sectors of government and community (Yousef, Al Shal & Shaker 2018).

Organizational happiness**:** is defined as operational set of dimensions: (engagement, job satisfaction, affective organizational commitment).it is measured by the degree of individual's response to the questionnaire.

CHAPTER TWO

Theoretical Framework and Previous Studies

The information in this chapter aims to define and discuss the following main factors:

− Discuss the main definition for the current study and its dimensions

(Servant leadership, social loafing, organizational happiness).

− Discuss the previous studies which are presented in the current study and its variables.

Then list what differentiate the current study from previous studies.

First: Theoretical Framework

Servant leadership

Servant leadership Conceptual framework:

The definition is considered a new concept though it has roots to ancient history, as Robbet Greenlean leaf in 1970 reactivated the concept in modern organizations, but he did not create it. The concept was used in the past by the countries from the history which assumed a Christian leadership paradigm, and has been influenced by many of the cultures of the world (Gandolfi, Stone & Deno, 2017).

As Robert K. Greenleaf (1904-1990) describes a leadership process by "way of life". Serving of others' interests more than organization interests. Implementing a vision in organizations need a united purpose shared, addressed by highest priority needs, empowering, involving the followers, to let them become servants as well. (Brown, Bryant, 2015).

So according to Greenleaf, (2018), servant leadership is the one who wants to serve first. It begins with natural feeling which one wants to serve first. This concept aspires

the leaders to lead others by providing their highest priority, which starts with their need to make sure that they are being served, which creates a positive change through the society.

The strength of servant leadership encourages everyone to seek opportunities to serve and lead others, Moreover servant leadership has deep impression and growing effect on leaders, educators, management, services and personal growth (Sengupta & Jaideep, 2018).

According to McCann & Sparks, (2018) the characteristics of servant leadership include the following:

1. Listening effectively to others.

2. Empathy to understand and empathize.

3. Healing; how to heal difficult situations

4. Awareness; self-aware.

5. Persuasion versus authority.

6. Conceptualization.

7. Foresight

8. Stewardship

9. Sense of community

10. Commitment to growth of people

Servant leadership dimensions:

Most of authors have been mentioned a strategic dimension in the shape of four dimensions, (Altruistic Calling, Emotional Healing, Wisdom, and Persuasive Mapping, Organizational stewardship), (McCann & Sparks, 2018). Other studies confirm these dimensions (Jaideep & Sengupta, 2018), (Coetzer, Bussin & Geldenhuys, 2017).

From the above perspective, the strategic awareness dimensions were selected to be considered in the current study:

   I. **Altruistic Calling:** is a selfless behavior to do better performance with other's benefits without expecting anything in return. (Nandavar, Lewis & White, 2019).

  II. **Emotional Healing:** formation process of reform and retrieval in mind, body, and spirit incurred in positive change, finding purposeful, and movement against self-fulfillment of completeness, whenever of the presence or absence of disease. (Firth, Smith, Sakallaris, Bellanti, Crawford & Avant, 2015).

 III. **Wisdom:** is a class of knowledge that exceed the ordinary, used in response to extraordinary challenges, or to provide distinctive knowledge of forthcoming, or it could even be a class of reversal on some point of the human plight including knowledge itself. (Ramirez, Ravetz, Sharpe &Varley, 2019).

 IV. **Persuasive Mapping:** An ability to influence others using rational and mental scope without using authorities. (Beck, 2014).

  V. **Organizational stewardship**: A morality of taking accountability for the well-being of the organization and community (Beck, 2014), (Balakrishnan, Malhotra & Falkenberg, 2015) Obligation first and main important to serving other's needs. (Parris & Peachey, 2012). Has emerged from stewards theory, which is focus on

the outsiders of board of directors and keep the insiders at minimum. Madison, Holt, Kellermanns & Ranft, 2015).

Today there is much bigger recognition of the need for team-oriented and caring leadership and management, considering servant leadership critical moment to be recognized as a full leadership style.

Social Loafing

Social loafing: Conceptual framework:

Social loafing is putting less effort within the group than working alone, especially with collective work within organizations. (Ahmad, et.al, 2018). Social loafing has a negative impact, especially on effectiveness and productivity of organizations, like reducing trust, justice and motivation. (Himmetoglu, et.al, 2018). Other definition focuses on the withholding of effort, whereby social loafing refers to individuals' deliberately avoiding their responsibilities to other members (Jaikumar & Mendonca, 2017).

According to Tyagi (2015), the reasons behind this phenomena may include the following:

1. Not getting desirable rewards at high level of performance.
2. Not getting the value of their outcomes.
3. Less motivated or engaged.
4. Inequity, injustice, unfair situations.
5. Expectancy, instrumentality, valence.

According to Hildreth (2015), it is a phenomenon occurring unintentionally or through negligence from individuals and their supervisors. Doing critical analysis and the isolation of the many variables is a way to determine the natural occurrence at any level.

From above perspective, selected social loafing dimensions to be considered in our current study are:

1. **Group level factors:** are considered on the level of groups, like majority influence, a number of the members in the group, their experience, to take the decision within the group (Yan, Liu & Skitmore, 2018).

    I. **Institution:** Rules and norms that embodiment order and structure (Book, 2017).

    II. **Justice:** Legislation that reflects the degree which officials (e.g. supervisors, authority, decision makers, and others with power) treat others in a fair way by adhering to / or violate justice rules (Graso, Camps, Schulz & Brebels, 2019).

    III. **Dispersion:** Process of distributing things or actions, it comes from different factors ecological, demographic, and evolutionary. (Chaianunporna & Hovestadt, 2019).

2. **Tasks characteristics:** The characteristics include the relationship between the function and the task performed (Kodom-Wiredu & MPhil, 2018).

    I. **Task visibility:** Vision is a property of being concrete by sight (Timonen & Vuori, 2018). Other definition of vision at work is how others see fully, accurately, regarded and recognized is important for self-determination and originality, and for organizational outcomes such as commitment and involving (Settles & Buchanan, 2018).

    II. **Task complexity:** It depends on the number of subtasks, the level of interdependence between subtasks, the degree of implicit knowledge required to complete the task, and the existence of multiple track objectives (2016, Nidthida Lin).

The spread of such a phenomenon reduces the effectiveness of the work and the organizational competiveness. So defining the perceptions of employees related to social loafing can be an effective way of evaluating social loafing behaviors at the organizational level.

Organizational Happiness

Organizational happiness: Conceptual framework:

Most researches of the concept of happiness deal with the factors or circumstances that lead to feel the happiness and how to establish policies to secure the rights of the individual and get personal happiness (Uchida & Oishi, 2015).

According to Salas-Vallina, Alegre & Guerrero (2017), the definition of happiness at work could be classified as follows:

     I.   Job satisfaction.

    II.   Engagement.

    III.   Commitment.

    IV.   Hedonia and eudaimonia.

    V.   Well-being.

    VI.   Psychological capital and happiness at work.

Studies show that 80% of global business leaders lack happiness within their own institutions, and management experts believe that maintaining subordination is one of the major challenges facing institutions in the world. (The 24th Arab International Conference for Training and Management Development, 2018).

The real problem of institutions is the lack of mastery of the institutional happiness industry through the conscious management of human beings and the increase in the rate

of turnover of work has risen significantly, and conflicts between managers and subordinates and clashes do not end. Therefore, the human resource is a key element in production and services, so it must be maintained, and its development to build success and competitiveness.

From above perspective the selected dimensions of organizational happiness to be considered in the current study:

1. **Engagement:** has grown significantly in recent years, is a state of mind related to work characterized by feelings of enthusiasm, fulfillment, enthusiasm, absorption and dedication (Eldor & Vigoda-Gadot, 2016).

2. **Job satisfaction:** is a complex phenomenon with many influencing elements that produce some inconsistent results within different cultural environments and values. (Lu, Zhao & While, 2019). Related to employees who like or dislike their jobs, studies aim to understanding the determinants of job satisfaction in an attempt to improve workers towards their jobs, and more productivity and well-being (Erro-Garcés & Ferreira, 2019).

3. **Effective organizational commitment:** is one aspect of the three organizational commitment, which consists of emotional commitment, continuity and normative. (Choi, Tran & Park, 2015).the amount of relation of an individual with a particular organization is participated and involved (Chordiya, Sabharwal & Goodman, 2017).

Organizational happiness: Individuals are grateful and satisfied, and their human needs are supported by their ability to adapt to their jobs and to face pressures to be more productive and satisfied.

Second: Pervious Studies

1. Lee, Chen & Liou (2015) study entitled: **USING CITIZENS' LEADERSHIP BEHAVIORS TO ENHANCE WORKER MOTIVATION: REDUCING PERCEIVED SOCIAL LOAFING IN A COPRODUCTIVE TAX SERVICE PROGRAM.**

The study aims to explore the relationship between leadership behaviors and perceived social loafing in a coproductive tax-service environment, using two sources of supportive and directive leadership behaviors. This study provides contribution in motivation to the literature who work in the public sector.

The sample was 806 while 548 were finished the questionnaire and the ages from 20 to 60years old .Also the study examines the relationship between (directive and supportive) leadership behaviors of coproductive tax payers and social loafing tax collectors, also include the job characteristics which is three factors (task difficulty, task identity, and individual performance feedback) and two control variables which they psychological factors (job involvement and self-efficacy).

To measure the variables, the researchers used Likert-type 5-point scales and the validity test for the construction of the two leadership behavior scales was tested by analyzing the confirmatory factor using the SAS program. Moreover, Mean, Standard Deviation, and Pearson's Simple Correlation Coefficient and two Multiple Regression Analyses to Predicting Perceived Social Loafing.

The results show the findings were supportive leadership was negatively relationship to considered social loafing in tax collectors, also the effect of supportive leadership on perceived social loafing was greater than job characteristics and psychological factors. Moreover, most leadership theories confirmed the manager is the

main source of both directive leadership and support leadership are connected with the study finding.

This study also suggest not focusing on organizational structure (tasks identity and feedback) and employees 'behavior, but supportive activities that its results in participation and collaboration. Also the study recommends to study the effect of citizen leadership and motivational factors, moreover, leadership behavior and organizational performance to (improve productivity, quality and satisfaction).

2. **Erkutlua & Chafrab (2015)** study entitled: **The effects of empowerment role identity and creative role identity on servant leadership and employees' innovation implementation behavior.**

This study aims to examine empowerment role identity and creative role identity by using moderator variable, the relationship between servant leadership and innovation behavior, moreover. This study was conducted because there is limited empirical studies that show the positive effect of servant leadership on satisfaction, intrinsic work satisfaction, safety and organizational commitment.

The sample: 393 employees and their direct managers, in 6 private hospitals in Turkey. Moreover, the questionnaire were analyzed through SPSS, and Moderated hierarchical regression was used to examine the moderating roles of empowerment role identity and creative role identity on the servant leadership and innovation behavior relationship, while the results show that servant leadership has positive and significant correlated with innovation behavior, Moreover, it was fully supported for both of moderator effects of empowerment role identity and creative role identify on the relationship between servant leadership and innovation behavior. And that's which differentiates this study from other studies.

Finally, servant leadership behaviors enhance the environment contains people who wants to serve others so that will reduce the turnover cost and enhance performance, teamwork and innovation.

This study also recommends to apply this study on other industries not just health care industries.

3. McBride, LeVasseur & Dongmei (2015) study entitled: **Non-Work-Related Use of Personal Mobile Phones by Hospital Registered Nurses.**

This study aims to investigate the repeated of non-work use of personal mobile phones and other personal communication devices between hospital-registered nurses, these devices allow users to use an electronic media like email, Internet and texting to complete the tasks from home and work. So the work related activities add benefits to health care providers, but exist on other sites like games, gambling, and social networking, expose them to use non-work-related activities at work, when an alert is important to care patients and the distraction from these devices could be hazardous to patients.

The sample were 825 responds out of 10,978 from academy of medical surgical nurses and used a survey contains 30 questions.

The researchers used Spearman rho correlation to determine the test and retest reliability, while the results were as follows 78.1% of respondents reported the use of a personal mobile phone or other personal communication device during work .While Nurses report regularly (sometimes, often or always) send personal emails and text messages (38.6%,), Moreover, to who are reading news were (25.7%), and who check social media (20.8%,), shopping sites (9.6%), and games (6.5%,) working.

Finally the study suggests to further study to know how could the nurse use their phones in a safely way without effecting on their performance.

4. Zhang, Jiang & Cheng (2017) study entitled: **inferring the Student Social Loafing State in Collaborative Learning with a Hidden Markov Model: A Case on Slack.**

This study aims to show the negative effect of social loafing on collaborative work and the negative effect on team performance, the researchers stated the social loafing is a hidden and unobservable behaviors, they propose a research model for stimulus-organism-response framework and build a hidden Markov model the sample were 150 students.

In conclusion, it examine how centralities can influence students' knowledge sharing when they have different social loafing states.

This study suggested the social loafing dimensions which are two dimensions: group-level Factors (constitution, dispersion and justice) and task characteristics (task visibility, task complexity) and the next level will focus on identification performance of learning and unobserved social loafing, and centrality as a influence students' knowledge sharing behavior with different social loafing.

5. McCann& **Sparks** (2018) study entitled: **The Relationship of Servant Leadership in the Classroom and Student Perceptions of University Quality of Instruction.**

This study was concerned with the investigation of the relationships between servant leadership and the perception of the students, this study suggest five dimensions which is (altruistic calling, emotional healing, wisdom, persuasive mapping, and organizational stewardship), moreover. Describe the characteristic of servant leadership.

The study used Monkey survey to 802 students, and the methods Instruments used the Servant Leadership Questionnaire for measuring the dimensions of the servant leadership and quality of instruction. Then the data were analyzed by descriptive statistics, ANOVA test for the two first questions and structural equation modeling for the third question. Moreover the reliability and validity have been confirmed.

The result shows the student's perception of servant leadership was positively related to student perception of quality instruction, and servant leadership attributes were (emotional healing, wisdom, and persuasive mapping), there is still a need for improvement for all items.

Finally, this study propose to improve training and awareness of the servant-leadership attributes.

6. Thanh & Toan (2018) study entitled: **The Relationship between Organizational Justice and Social Loafing in Ho Chi Minh City, Vietnam.**

The study aims to examine the relationship between organizational justice and social loafing of organizations, the researcher uses quantitative analysis to collect data and analyze it by using SPSS, exploratory factor analysis (EFA), Cronbach's alpha, and multiple regression analysis. The sample was 228 employees from organizations in Ho Chi Minh City.

The study mentioned that there is a need to measure the output of individual performance to motivate them and decrease loafing. The result shows that Distributive justice and Procedural justice have the opposite effect on social loafing, which means when the tasks clearly divide within groups they will receive valuable outcomes and decreasing in social loafing. Moreover the employees were concerns about the fairness of

policies and procedures of the organizations when demonstrates the Procedural justice on collective redundancy have an opposite effect.

In conclusion the clear policies and procedures will specify the tasks that must be accomplished to decrease the negligence and in return the social loafing.

7. Akgunduz & Eryilmaz (2018) study entitled: **Does turnover intention mediate the effects of job insecurity and co-worker support on social loafing?**

This study aimed to study the effect of mediating turnover intentions on job insecurity (both cognitive and affective) and turn over intension on co-worker support and social loafing. The study used the social exchange theory and norm of reciprocity theory to investigate turnover intention.

This study shows that individuals tend to feel that they are supported by managers to affect positively in their behaviors. Moreover, previous studies showed that social loafing increased when group size increased which leads to decrease group cohesion, as well as the job insecurity means that employees fear losing job and employing them, and study confirmed that the employees who feel job insecurity they will have less desire and low energy or negative attitudes and behaviors which lead to disengagement or turnover.

The data collected by using questionnaire from 222 restaurants employees in Mersin, Turkey, the researcher used the structural equation modelling

The results show the mediating effect of turnover intention in both the relationship between (co-worker support) and (affective job insecurity) is fully supported, which means the co-workers who don't feel that they are supported the which increase the intention of turnover, and affective job insecurity lead also to increase turnover intentions and leaving the job in return increase social loafing, poor performance and commitment.

Moreover, the mediating effect of turnover intention in the relationship between cognitive job insecurity and social loafing was partially supported and different, which means affective job insecurity has increased turnover intention, while cognitive job insecurity did not increase turnover intention neither social loafing.

The study suggests to explore the relationship between social loafing and organizational commitment, organizational citizenship and absenteeism.

8. Salas-Vallinaa, Simoneb & Fernández-Guerreroa (2018) study entitled: **The human side of leadership: Inspirational leadership effects on follower characteristics and happiness at work (HAW)**

This study aims to show inspirational leaders influence the characteristics of the followers and their happiness at work. Moreover test the effect of followers' characteristics on the relationship between inspirational leaders and their happiness at work.

The data were collected and the sample was 389 banking employees who are working in Italian and Spanish.

The researcher knows the importance of risks and costs which could be in the work environment through misbehaviors like bullying, mobbing, burn-out, discrimination) or (health care problems, low job satisfaction, low job performance, decreased productivity, reduce creativity, distrust, increased turnover and absenteeism, increase in conflicts and legal dispute). Thus, the results of the study comes to decrease these behaviors. The researchers used reliability and validity, and results showed that inspiring leaderships have more positive effects on the happiness on followers.

The limitation of this study was needed to determine the direction of causality and the employees who are working in specific sectors, moreover on the individual level and the recent works.

Finally, the study suggests to apply advances in the leadership and positive attitudes literature.

9. Ahmad, Jamshid & Rehman (2018) study entitled: **EMERGENCE OF SOCIAL LOAFING AND EMPLOYEE PERFORMANCE IN SERVICES SECTOR: EMPIRICAL INVESTIGATION OF TELECOM SECTOR**

This study aims to explore the relationship between social loafing and employee performance. The sample was collected from 207 employees (managers, project supervisors, project engineers and project team members).

The study applies a research tool that have been divided into three parts; the demographics of respondents; social loafing and third section represents employee performance. Statistical tools (descriptive statistics, reliability internal consistency, and Pearson correlation and regression analysis).

While the results showed significant relationship between social loafing and its impact on performance of the employee in the Telecom sector, they have to implement a comprehensive mechanism for identify the loafers, social loafing lead to project failure, loss of loyal and productive performance of the organization.

10. Salas-Vallina & Alegre (2018) study entitled: **Happiness at work: Developing a shorter measure.**

This study explores the importance of happiness at work, objective of this study, then to present evidence supporting the psychometric properties of a reduced version of

the HAW original measurement scale, and the researchers provide (31-item) scale to measure happiness at work, the dimensions engagement (passion at work), job satisfaction (evaluations of job characteristics) also affective organizational commitment (feelings of belonging to the organisations).

The sample was (N1:234, N2:251) international and diversified, the methods were Cronbach's α, Schriesheim and Tsui's and Allen and Meyer's.

The results positively influenced the quality of items by improving relevance of items or clarity of expression and avoiding semantic repetition, negations or absolutes, in second step checking the factor structure of the (SHAW) scale, in third step there were no significant differences in confirmed correlations between the (HAW) scale and (SHAW) dimensions with (HAW) antecedents, in step four confirmed that the (HAW) scale and (SHAW) work similarly in relation to (HAW) outcomes.

The research results indicate that the nine-component version of the (HAW) scale adequately captures all aspects of each dimension with less than one-third of the elements and that both versions of (HAW) have similar psychological characteristics.

11. Etemadi, Darab, Khorasani, Moradi, Vazirinasab (2019) study entitled: **Social loafing among nurses and its relation with organizational justice.**

This study discussed the relationship of social loafing on organizational justice, and therefore the employees who feel unfair they tend to have social loafing. This study was among nurses at Tohid Hospital.

The study was descriptive and the entire population was nurses working at the Tohid Educational and Health Center in Sanandaj City, used a questionnaire to collect the data and analyze it using SPSS, and used descriptive statistic tools (frequency, mean,

standard deviation, and inferential .the results indicate that there is an inverse correlation relationship between Justice dimension (Distributive , Interactional, systemic and procedural) and social loafing .Moreover, variable of years of experience is effective on the mean scores of individuals' social loafing.

In conclusion the hospital must try to reduce social loafing effects, and address the importance of job to make the individuals feel that their tasks and objectives are significant.

The limitation of study were they need to attract the trust of participants and confirmed confidentiality issues.

Also the study suggest to address and investigate the social loafing reasons and issues to improve organizational justice, and pay attentions to the reverse correlation of social loafing and organizational justice dimension (Distributive, Interactional, systemic and procedural).

12.   Uysal (2019) study entitled: **The Effect of Social Loafing Perception to Workers' Feelings of Burnout in Organisations.**

The aim of this study is to determine the social involvement perceptions of workers in the organizational environment related to colleagues, and to determine the effects on the feeling of burnout. Burnout one of the most subject in psychology field, in this study, the concept of burnout is means extreme tiredness, loss of idealism and hatred towards the job, Moreover feel that emotional resources have depleted and no energy. The burn out variables have three dimensions (Personal, job-related & customer related).

The survey were made on 108 employees who work in institution in Zonguldak Province, and they use a methods like SPSS and by analyzing reliability, correlation, simple linear regression.

The results show a positive relationship between burnout and social loafing perception and increasing the social loafing behavior that employees perceived by 0.379-unit increasing in burn out feeling.

The study suggest that the managers who have social loafing behavior within organizations should apply clear tasks, distributes the responsibilities, measure performance and exchange the loafer employees. Moreover, researchers who want to work on this topic in the future should pay attention that the study will be conducted as a whole at the same time organizational climate and the performance evaluation is low also the responsibilities are based on departments.

13.   **Etemadi, Darab, Khorasani, Moradi &Vazirinasab (2019),** Study entitled **social loafing among nurses and its relation with organizational justice.**

This study tests the relationship between social loafing and organizational justice between nurses of Tohid Hospital of Sanandaj, the population was nurses who working in the hospital, also the participants were 245 nurse who completed the questionnaire are 230.

The study was descriptive and uses the following tools such as frequency, mean, standard deviation, and inferential ones such as Spearman.

After the analysis the data by using SPSS the results were correlation relationship between distributive components and social loafing ($P < 0.05$), more over social loafing

in females is more than that of males. Moreover, the years of experience variable is effective on the mean for the individuals' loafing ($P < 0.05$).

The study suggested to put more attention on social loafing and dimensions of organizational justice, reduce social loafing among nurses by improving organizational justice, and address social loafing issue and its relationship with other organizational variables to be investigated.

14. **Harris, Hinds, Manansingh, Rubino, and Morote, Ed.D (2016)** study entitled: **What type of Leadership in Higher Education Promotes Job Satisfaction and Increases Retention?**

This article discussed the importance of job satisfaction (happiness at work) and employee determination to stay in an organization, using the dimensions of servant leadership practices. This reduces the time and cost associated with recruitment and retention.

The respondents were 59 respondents, from religious. Participants were given 84 items questionnaire. By using correlation and structural equation model (SEM). The results indicate that all variables were closely related to job satisfaction. The supervisor has played between servant leadership variables and job satisfaction. (33%) of the variance in job satisfaction is intended to remain; (54%) of the intention to survive is predicted by the dimensions of servant leadership practices.

Servant leadership plays important role in employee growth, independence, and empowerment. In contrast, enhance job satisfaction, loyalty and retention.

15. **Sun**, (2016) study entitled: **Does Servant Leadership Inspire Personnel's Innovation Performance: Performance Control as a Moderator.**

This study discussed the impact of servant leadership on innovation performance and tested the role of supervision in performance monitoring.

Using descriptive and correlation from a complete sample, 387 the questionnaires were collected from employees in different industries. The results showed that servant leadership has an important positive impact on the performance of employee innovation. Performance monitoring controls the strength servant leadership that affects employee innovation performance.

16. **Sepahvand, Pirzad, and Rastipour** (2015) study entitled: **EXPLORING SERVANT LEADERSHIP EFFECTS ON EMPLOYEES SATISFACTION FROM WORK**.

This research attempted to determine the effect of servant leadership and its impact on employee satisfaction.

The sample is 65 and randomly selected telecommunications staff, to measure variables from standard questionnaires ending with Likert spectrum.

To measure job satisfaction, surveys of included aspects of job satisfaction, supervisor, salary, promotion.

The servant leadership model contains elements (people values, develop people, build community, originality, provide leadership and share leadership), analyze data by the structural equation Modeling (SEM).

The results confirmed the presence of positive effects on servant leadership on job satisfaction, as the researcher suggested the managers to gain sufficient leadership in

awareness, and for future research to explore the servant leadership regarding organizational commitment and employee provocation.

What Distinguishes The Current Study From Previous Studies?

The results confirmed the presence of positive effects on servant leadership on job satisfaction, as the researcher suggested to managers and authors to gain sufficient leadership in awareness, and for future research to study and explore servant leadership regarding organizational commitment and employee provocation.

This study will focus on variables extracted from mentioned studies to examine its effect, and to study the impact of servant leadership on social loafing, using organizational happiness as moderate variable. This study will highlight the areas which is not studied before in previous studies which hope the findings will enrich the knowledge for future studies. Moreover, this study will be applied on Jordanian environment, where variables have not been studied. Beside the current study will be focus on a very important sector which is private hospitals which have not considered yet in previous studies.

CHAPTER THREE

Study Methodology (Method and Procedures)

3.1 Introduction

This Current chapter contains the methodology of the study, the population ,the sample of the study, methods used for data collection , Reliability & validity of the study sample, variables of the study , additionally the statistical processes also the procedures that researcher want to achieve the outcomes.

3.2 Study Approach

It is a causal study of a quantitative and qualitative nature by distributing questionnaires and making interviews among nursing. This study has been implemented on analytical descriptive approach which is that the most appropriate methods in achieving the objective and target of this present study and answering the questions.

3.3 Study Population

Nursing department and sector in privet hospitals are the field of current study, which included the population of the study applied to the nursing staff in Amman governorate which is (4,727) - Appendix (2)-. The total number of hospitals is (43) hospital. The hospitals which cooperated with us are listed as follows:

Table (03.1): Description of Study Population

The Hospital numbers	43
The Hospitals who didn't cooperate	10
The number cooperate hospitals	43-10=34
Percentage	34/43=79%

3.4 Study Sample

Given the massive size of the community and therefore the difficulty of getting to all vocabulary, the researcher resorted to the tactic of sampling where a sample size of (357) nurse was withdrawn, a representative sample to the population according to the tables of (Sekaran & Bougie, 2016). As for the sampling method, it has been by means of the systematic random sample.

Systematic sampling: is a probabilistic sampling method in which the elements of the target population are chosen by selecting a random starting specific point and selecting other members after a fixed "sampling interval". The sampling interval is calculated by dividing the whole population by the specified sample size. (Sayed & Ibrahim 2017):

Table (03.2): The Steps for Systematic Random Sampling:

Step one	Step two	Step three
• Acquiring a list of everbody in the population (nursing) in 43 privte hospital , and 34 were answered , the population is 4,727. • The sample were determined which is 357 according to (Sekaran&Bougie,2016:265)	• Sampling type: systematic random sample • Creating a samlpe fraction which is K length of the period K=Population/sample • Sampling K= 4,727/357 • K= 13	• Then chose a random number between 1 and 13 is chosen from K unit , it will be 13 for example, the first case and take evey 13 case (Kth) • Sample : each 13 each 27 ,each 41 , each 54 till reach 357

The questionnaires were distributed with a number of (357), and the number of retrievers and validation for analysis was (289)which is (%81)The following table (3.3) shows the respond's characteristics of demographic data as follows:

Table (03.3): Respondents' characteristics and demographic variables

Responds' characteristics	Category	Count	Percentage
Age	18 less 25	84	29.1
	25 less 32	103	35.6
	32 less 39	75	26.0
	39 and above	27	9.3
	Total	289	100
Education	High school	15	5.2
	Diploma	49	17.0
	Bachelor	210	72.7
	Masters	15	5.2
	Total	289	100
Division	ER	70	24.2
	Medical	95	32.9
	Surgical	73	25.3
	Operational	51	17.6
	Total	289	100
Experience	Less than 5	126	43.6
	5-10	89	30.8
	11-15	44	15.2
	16 and above	30	10.4
	Total	289	100

From table (3.3),the Age scale was built according to the questionnaire , and from the above demographic table, the responding ages are as follows18 – Less 25 (29.1%), 25 – Less 32 is (35.6%), 32 –Less 39 is (26%), finally 39 and above is (9.3%), and the greatest percentage coming with "25–32" (35.6%) followed by "18-25" is (30.7%) means that the hospitals of the take into consideration the existence of youth age to provide better services. As the figure (3.1.1) shows the ages of respondents.
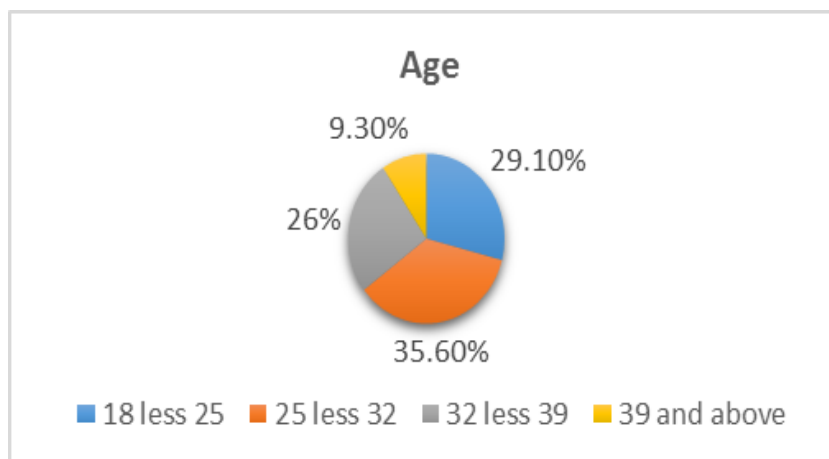
Figure 03.1.01: The Ages of Respondents.

This indicate the educational level of people who had filled the questionnaire is consistent with the current level of the study results, as the table above, (5.2%) of the respondents have High School, (17%) have Diploma degree, and (72.7%) have Bachelor degree, (15%) have Master degree. This indicates that the Hospitals cares about educational level which contribute in development the provided services.as the figure (3.1.2) show the percentage of each education level.
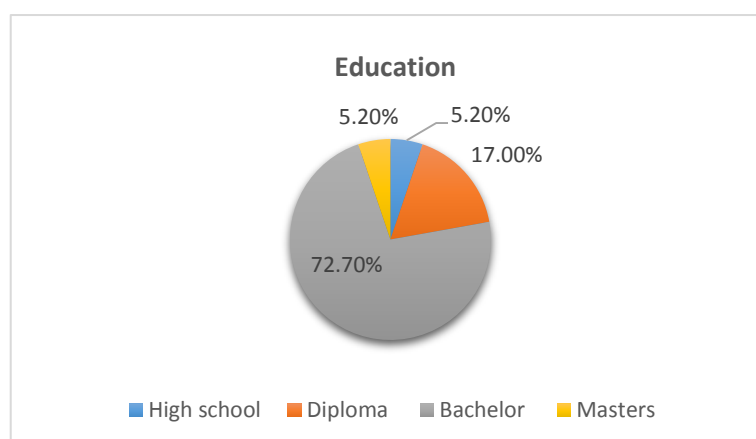
Figure 03.1.2: The Percentage of Each Education Level

Furthermore, according to the Division the respondents were (24.2%), for the ER department, (32.9%) is in Medical department, Surgical is (25.3%), operational is (17.6%). It appeared that percentages are closed this means that hospitals distribute the

number of staff according to medical needs. As figure (3.1.3) shows the percentage of each divisions.
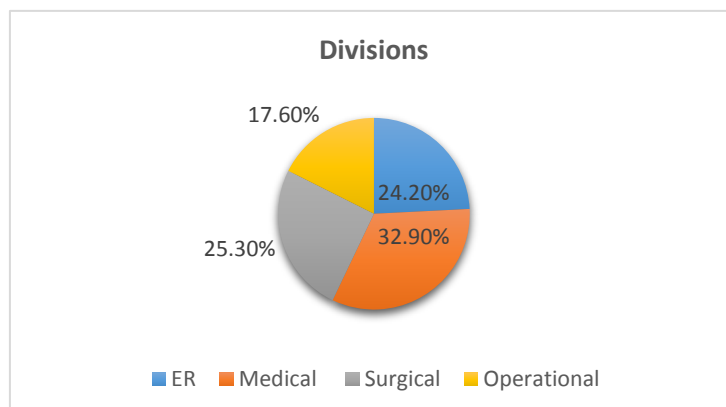
Figure 03.1.3: The Percentage of Each Divisions

Moreover, the years of experiences were (43.6%) less than 5, (30.8%) 5 -10, (15.2%) 11-15, 16 and above is (10.4%) the highest percentage is for staff who works less than 5 years which indicates most of the responds from staff who have the least years of experience and youths. As the following figure (3.2.4) shows the percentage of experience.
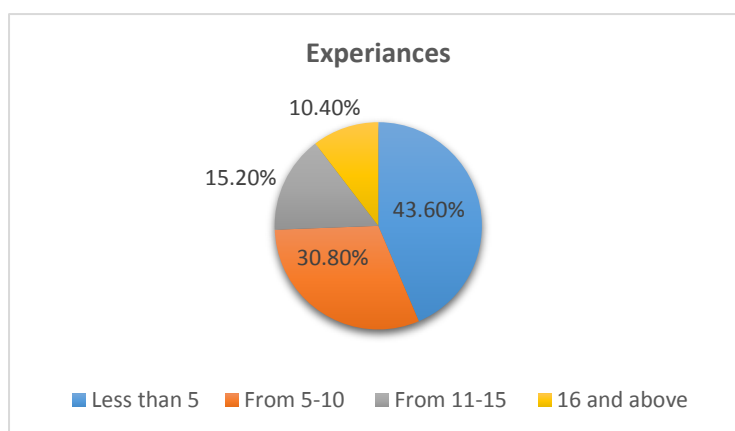
Figure 03.1.4: The Percentage of Experience.

3.5 Data Collection Methods (Tools)

3.5.1 Primary Information Source.

3.5.2 Secondary Information Source.

The following figure (3.1.5) shows the primary and secondary data collection methods that used in this study.

Data collection methods

Primary Data
They were obtained through two sources in order to investigate the Moderator role of (Organizational Happiness) on the effect of Independent Variable (Servant leadership) elements on Dependent Variable (Social loafing).

Secondary Data
Will be collected from annual reports, journals, books, researches, thesis, dissertations, articles, working papers, and the Worldwide Web

First source
through the interviews with the workers "doctors and nurses" in the study field and observations through the researcher field and experience in the study field in the Appendix (2).

Second source
through the questionnaire distributed to the sample of the study which included all the nurses in private hospitals in Amman.

part one
the questionnaire was developed by the researcher through recognizing the demographic information of the samples as follow (Gender, Age, Education, Department and Years of Experience).

Part two
the study questionnaire was consisted of 3 axes that were defined through 3 variables (Servant leadership, Organizational happiness, and social loafing) the number of questions was (96) as shown in below table (3.5).

Figure 03.1.5: Primary and Secondary Data Collection Methods That Used in This Study

The questionnaire was designed of three parts and were defined by three variables [(servant leadership), (social loafing) and organizational happiness]. The number of questions are (96) as follow in below table,

Table (03.4): The Number of Questions.

	Variable	References
Servant leadership (Independent variable)	• **Altruistic calling** (7 questions) • **Emotional Healing** (7 questions) • **Wisdom** (7 questions) • **Persuasive Mapping** (6 questions) • **Organizational Stewardship** (7 questions).	• Van Dierendonck, D., & Nuijten, I. (2011). **The servant leadership survey: Development and validation of a multidimensional measure.** Journal of business and psychology, 26(3), 249-267. • Gandolfi, F., Stone, S., & Deno, F. (2017). Servant leadership**: An ancient style with 21st century relevance.** *Revista de Management Comparat International*, *18*(4), 350-361. • McCann, J., & Sparks, B. (2018). **The Relationship of Servant Leadership in the Classroom and Student Perceptions of University Quality of Instruction.** *Archives of Business Research, 6(6),* 119-133. • Sengupta, J., & Sengupta, S. S. (2018). **Service-Oriented Leadership Style for CSR: A Perceptions-Based View.** *IUP Journal of Business Strategy*, *15*(2). • Barbuto Jr, J. E., & Wheeler, D. W. (2006). **Scale development and construct clarification of servant leadership.** *Group & Organization Management*, *31*(3), 300-326. • Winston, B., & Fields, D. (2015). **Seeking and measuring the essential behaviors of servant leadership.** *Leadership & Organization Development Journal*, *36*(4), 413-434.
Social loafing	• **Group level factors** ○ **Institution** (8 questions) ○ **Justice** (9 questions) ○ **Dispersion** (7 questions)	• Zhang, X., Jiang, S., & Cheng, Y. (2017, April). **Inferring the Student Social Loafing State in Collaborative Learning with a Hidden Markov Model: A Case on Slack.** In *Proceedings of the 26th International Conference on World*

(Dependent variable)	• **Tasks characteristics**
	   o **Tasks visibility** (9 questions)
	   o **Tasks complexity** (7 questions)
		Wide Web Companion (pp. 149-152). International World Wide Web Conferences Steering Committee**.**
		• Omar A. Alnuaimi , Lionel P. Robert & Likoebe M. Maruping (2010) **Team Size, Dispersion, and Social Loafing in Technology-Supported Teams: A Perspective on the Theory of Moral Disengagement,** Journal of Management Information Systems, 27:1, 203-230.
		• Liden, R. C., Wayne, S. J., Jaworski, R. A., & Bennett, N. (2004). Social loafing: **A field investigation**. *Journal of management*, *30*(2), 285-304.
		• Srinivasan, S. S., Maruping, L., & Robert, L. (2010). **Mechanisms underlying social loafing in technology teams: An empirical analysis.**183.

(Moderator variable) **Organizational happiness**	• **Engagement** (7 questions) • **Job satisfaction** (7 questions) • **Affective organizational commitment** (8 questions)	• Yaghoubi, N. M., & Motahhari, Z. (2016). **Happiness in the light of organizational spirituality: Comprehensive approach.** *International Journal of Organizational Leadership*, *5*, 123-136. • Salas-Vallina, A., & Alegre, J. (2018). **Happiness at work: Developing a shorter measure.** *Journal of Management & Organization*, 1-21. • Tosten, R., Avci, Y. E., & Sahin, E. (2017). **The relations between the organizational happiness and the organizational socialization perceptions of teachers: The sample of physical education and sport.** *European Journal of Educational Research*, *7*(1), 151-157.
The total of questions is 96		

The question was distributed not in order way to have more neutral answers to avoid bias. Below table shows each variables and which question belong to it.

Table (03.5): The Paragraph Numbers for Questionnaire Respond Measurement

Main variable	Dimension variables
Servant leadership (Independent variable)	• **Altruistic calling** (7 questions) • **Emotional Healing** (7 questions) • **Wisdom** (7 questions) • **Persuasive Mapping** (6 questions) • **Organizational Stewardship** (7 questions).

Social loafing (Dependent variable)	• **Group level factors**
	  ○ **Constitution** (8 questions)
	  ○ **Justice** (9 questions)
	  ○ **Dispersion** (7 questions)
	
	Tasks characteristics
	  ○ **Tasks visibility** (9 questions)
	  ○ **Tasks complexity** (7 questions)

(Moderator variable) **Organizational happiness**	• **Engagement** (7 questions) • **Job satisfaction** (7 questions) • **Affective organizational commitment** (8 questions)

3.5.3 Validity and Reliability Test

3.5.3.1 Validity

3.5.3.1.1 Face validity

In order to measure this research, the questionnaire was submitted to (11) expert arbitrators from the Department of Business Administration, as shown in Appendix (3) to precise their thoughts on the validity of the questionnaire content within the clarity of the questions, affiliation of the questions also suitability of the phrases to the scale. According to expert opinions, (34) questions were rejected due to lack of clarity, difficulty in measuring, and meaning, as well as amending some questions in terms of formulation to enforce clarity, as well as amendment due to similarity of meaning with other questions,

the researcher considered the expert's opinions and its amendments to point out the validity of the questionnaire content and therefore the relationship of questions And variety, and after making modifications, the number of paragraphs of the questionnaire (58).

3.5.3.2 Construct Validity

3.5.3.2.1 Exploratory factor analysis

It was performed using the principal component method to evaluate the validity of (servant leadership) elements, (Organizational happiness) and (Social loafing). It is common for factor loading (representing the amount of variance which an element contributes to the overall variance of the factor) to be less than 40% (i.e. 0.40) (Laher, S., 2010).

The desirable case in each items are loaded on one factor, however in some cases this did not happen which the items load on more than one factor. During this case the researcher chooses the factor that has the greater load instead of the opposite factor. If a factor extracted with less than three items loaded thereon should be cancelled (Deleted).

The Eigen value is one among the standards Kaiser has suggested to get factors that represent the sum of the loading squares. If an Eigen value of but one for a given factor, then this factor should be eliminated and therefore the process of extracting more factors should stop. The share of explained variance represents the typical amount of the entire factors variance for every item, because the value increases the indicated variance is positively recognized. The Kaiser, Meyer and Olkin test (KMO) aims to spot identify the adequacy of data used to be analyzed by factor analysis (Hair, J. F., et al., 2010). The value of the test ranges between (0 1).

In practical terms a value of 0.50 or more represents sufficient and adequate data (Pallant, J., 2010). The Barlets is that the test that used to explore whether the correlation matrix of the variables is an identity matrix (zero matrix) in practice the test is provided with a value that represents a kind 1 error ($\alpha \leq 0.05$). If the value of sig was ≤ 0.05 the test is positive within the sense that the data are convenient for analysis by factor analysis because it represents different samples of the study population.

All the mentioned concepts will be used to interpret the results of the upcoming tables taking into consideration that the mentioned concepts and criteria have been met and satisfied.

Table (03.6): EFA analysis for the items representing each dimension of the independent variable (Servant leadership)

Dimensions	Code	Factor loading	Eigen value	Explained variance	KMO	phericity test(Barlets) Test value	phericity test(Barlets) Sig.
Altruistic calling	IV 1.1	.662	6.291	31.454	.771	383.895	0.000
	IV 1.2	.520					
	IV 1.3	.701					
	IV 1.4	.898					
Emotional Healing	IV 2.1	.71	2.602	13.010	.773	404.686	0.000
	IV 2.2	.70					
	IV 2.3	.907					
	IV 2.4	.866					
Wisdom	IV 3.1	.91	2.600	13.002	.793	372.979	0.000
	IV 3.2	.911					
	IV 3.3	.911					
	IV 3.4	.705					
Persuasive mapping	IV 4.1	.911	2.290	11.450	.812	648.906	0.000
	IV 4.2	.796					
	IV 4.3	.866					
	IV 4.4	.638					
Organizational Stewardship	IV 5.1	.596	2.170	10.852	.797	396.798	0.000
	IV 5.2	.508					
	IV 5.3	.911					
	IV 5.4	.686					

The Kaiser-Meyer-Olkin (KMO) test adequacy and relevance of data used in factor analysis. The critical value of 0.50 is considered the smallest satisfactory value. The table shows that the (KMO) test values ranged between (0.771) for Altruistic calling and (0.812) for Persuasive mapping.

Therefore the mentioned values of (KMO) suggest a suitable value for data adequacy for the aim of correlational analysis. The Bartlett's test of sphericity measures the factorability of the matrix. Sphericity test assumes significant probability between the factors getting used within the matrix. As evidenced by the probability results, all probabilities were significant at $(p < 0.001)$ level, which suggests significant relationships between the factors included within the analysis.

The items loadings reflect the concept of convergent validity. Usually an item is said to be convergent if a loading value is (0.40) or greater. Inspecting the provided results can notice that the minimum loading being obtained was assigned to item "No. 2" in the Organizational Stewardship (IV 5.2) which was (0.508) and that the maximum loading value was assigned to the item "No. 2,3 " in the Wisdom (IV 3.2, IV 3.3), "No. 1 " in the Persuasive mapping (IV 4.1), "No. 3 " in the Organizational Stewardship (IV 5.3) which recorded a loading of (0.911) these values were above the required minimum (0.50 or greater) indicating a reasonable convergent validity. These results confirmed the factorability of the (EFA).

Table (03.7): EFA analysis for the items representing each dimension of the independent variable (Social loafing)

Dimensions	Code	Factor loading	Eigen value	Explained variance	KMO	phericity test(Barlets) Test value	Sig.
Constitution	DV 1.1	.870	7.600	38.002	.794	328.220	0.000
	DV 1.2	.880					
	DV 1.3	.880					
	DV 1.4	.880					
Justice	DV 2.1	.853	4.484	22.421	.794	485.842	0.000
	DV 2.2	.830					
	DV 2.3	.358					
	DV 2.4	.836					
Dispersion	DV 3.1	.738	3.379	16.896	.808	602.618	0.000
	DV 3.2	.703					
	DV 3.3	.730					
	DV 3.4	.733					
Tasks Visibility	DV 4.1	.855	2.463	12.315	.767	393.988	0.000
	DV 4.2	.853					
	DV 4.3	.860					
	DV 4.4	.851					
Tasks Complexity	DV 4.1	.863	1.343	6.715	.836	591.761	0.000
	DV 4.2	.871					
	DV 4.3	.870					
	DV 4.4	.855					

The Kaiser-Meyer-Olkin (KMO) test adequacy and relevance of data used for factor analysis. The critical value of 0.50 is considered the smallest satisfactory value. The table shows that the (KMO) test values ranged between (0.767) for Tasks visibility and (0.836) for Tasks complexity.

Therefore the mentioned values of (KMO) suggest a suitable value for data adequacy for the aim of correlational analysis. The Bartlett's test of sphericity measures the factorability of the matrix. Sphericity test assumes significant probability between the

factors getting used within the matrix. As evidenced by the probability results, all probabilities were significant at (p < 0.001) level, which suggests significant relationships between the factors included within the analysis.

The items loadings reflect the concept of convergent validity. Typically an item is said to be convergent if a loading value is (0.40) or greater. Inspecting the provided results can notice that the minimum loading being obtained was assigned to item "No.2" in the Desperation (DV 3.2) which was (0.703) and that the maximum loading value was assigned to the item "No. 2, 3, 4" in the Constitution (DV 1.2, DV1.3, DV 1.4), which recorded a loading of (0.880) these values were above the required minimum (0.50 or greater) indicating a reasonable convergent validity. These results confirmed the factorability of the (EFA).

Table (03.8): EFA analysis for the items representing each dimension of the independent variable (Organizational Happiness)

Dimensions	Code	Factor loading	Eigen value	Explained variance	KMO	phericity test(Barlets) Test value	Sig.
Engagement	MV1.1	.900	8.356	46.425	.898	1416.214	0.000
	MV1.2	.900					
	MV1.3	.899					
	MV1.4	.920					
	MV1.5	.919					
	MV1.6	.914					
Job Satisfaction	MV2.1	.905	6.085	33.804	.883	1132.820	0.000
	MV2.2	.873					
	MV2.3	.931					
	MV2.4	.914					
	MV2.5	.916					
	MV2.6	.918					
Affective Organizational Commitment	MV3.1	.873	2.376	13.202	.918	1117.246	0.000
	MV3.2	.903					
	MV3.3	.642					
	MV3.4	.904					
	MV3.5	.909					
	MV3.6	.926					

The Kaiser-Meyer-Olkin (KMO) test adequacy and relevance of data used for factor analysis. The critical value of 0.50 is considered the smallest satisfactory value. The table shows that the (KMO) test values ranged between (0.883) for Tasks visibility and (0.918) for Tasks complexity.

Therefore the mentioned values of (KMO) suggest a suitable value for data adequacy for the aim of correlational analysis. The Bartlett's test of sphericity measures the factorability of the matrix. Sphericity test assumes significant probability between the factors getting used within the matrix. As evidenced by the probability results, all probabilities were significant at ($p < 0.001$) level, which suggests significant relationships between the factors included within the analysis.

The items loadings reflect the concept of convergent validity. Typically an item is said to be convergent if a loading value is (0.40) or greater. Inspecting the provided results can see that the minimum loading being obtained was assigned to item "No. 2" in the Job satisfaction (MV2.2) which was (0.873), "No. 1 " in the Affective Organizational Commitment (MV3.1) which was Affective Organizational Commitment, and that the maximum loading value was assigned to the item "No. 1" in the Affective Organizational Commitment (MV3.1), which recorded a loading of (0.962) these values were above the required minimum (0.50 or greater) indicating a reasonable convergent validity. These results confirmed the factorability of the (EFA).

3.5.3.2.2 Confirmatory Factor Analysis

This analysis was performed by using PLS version 3 software. This program provides both the standardized and non-standardized loading of each item (question) in the proposed (latent) variable. The program provides the advantage that it gives a sign of

the appropriateness of the general data variables utilized in the model. These indicators are numerous.

The researcher uses the most common (four) indicators that most studies rely on to determine the suitability of the model, chi square test ($\chi 2$), (CFI), (GFI) and (RMESA).

Each of those indicators features a reference value above which reflects better model fitting. generally the chi square test may be a deductive test that uses the probability to simply accept or reject the validity of fit; the will state is that the probability of chi square test is > 0.05 suggesting that there are not any statistical differences between the important (actual measured model) and therefore the theoretical one (Hair, J. F., et al., 2010).

One major negative aspect of chi square is that it's sensitive to sample size (i.e. meaning its affected and varied largely between different sample sizes) therefore the researcher rarely obtains a suitable desired chi square value (i.e. p > 0.05). within the same context the "RMESA" indicator refers to the average of squared errors, therefore the lower consistent with the specified situation, typically a value less than 0.08 is considered to be fair, others suggest that this value should be less than 0.05 expresses a good indicator (the ideally equals 0.00). Both the "CFI" and "GFI" indicators ranges are between (0 -1) so a value of 0.9 or higher suggest good fitting.

The results related to independent variable (Servant leadership), the dependent variable (Social loafing) and the moderator variable Organizational happiness are provided in the following tables.

Table (03.9): CFA analysis for the independent variable (servant leadership)

Dimensions	Code	Factor loading	AVE	χ2	Sig	CFI (0 – 1.00)	GFI (0 – 1.00)	RMSEA (0 – 0.08)
Altruistic calling	IV 1.1	0.844	0.635					
	IV 1.2	0.745						
	IV 1.3	0.801						
	IV 1.4	0.795						
Emotional Healing	IV 2.1	0.846	0.650					
	IV 2.2	0.816						
	IV 2.3	0.763						
	IV 2.4	0.797						
Wisdom	IV 3.1	0.788	0.639	856.744	0.00	0.917	0.903	0.0313
	IV 3.2	0.843						
	IV 3.3	0.728						
	IV 3.4	0.833						
Persuasive mapping	IV 4.1	0.839	0.739					
	IV 4.2	0.879						
	IV 4.3	0.913						
	IV 4.4	0.803						
Organizational Stewardship	IV 5.1	0.792	0.650					
	IV 5.2	0.845						
	IV 5.3	0.832						
	IV 5.4	0.753						

Table (3.9) presents the results items loadings reflecting the concept of convergent validity using the technique of Confirmatory Factor Analysis "CFA". Inspecting the results provided by table (3.9) it can be seen that the minimum loading obtained was assigned to item "No. 1" in the Wisdom, "No. 2" in the Organizational Stewardship (IV 3.1, IV5.2) which was (0.63) and that the maximum loading value was assigned to the item "No. 1" in the Persuasive mapping (IV 4.1) which recorded a loading of (0.88).So these values are above the minimum required (0.40 or greater) suggesting reasonable convergent validity. Typically an item is said to be convergent if a factor loading value was 0.40 or greater (Hair, J. F., et al., 2010). Concerning the model fitting indicators obviously the chi square test value (856.744) showed a significant difference (sig = 0.000)

which <0.05 resulting a good indication. Furthermore, the CFI (0. 917) and GFI value of (0.903) are almost within the acceptable high range indicating good fitting indicators. The RMSEA indicator was slightly less than the desired value (0.0313) which indicate a poor fitting, as a result the model is consider suitable for the purpose of the current research which is consider acceptable, Figure (3.11) shows PLS for all variables with sub dimensions together.

Table (03.10): CFA analysis for the dependent variable (Social loafing)

Dimensions	Code	Factor loading	AVE	χ2	Sig.	CFI (0 – 1.00)	GFI (0 – 1.00)	RMSEA (0 – 0.08)
Constitution	DV 1.1	0.777	0.620					
	DV 1.2	0.769						
	DV 1.3	0.804						
	DV 1.4	0.799						
Justice	DV 2.1	0.862	0.688					
	DV 2.2	0.860						
	DV 2.3	0.753						
	DV 2.4	0.828						
Dispersion	DV 3.1	0.824	0.730	823.796	0.00	0.932	0.901	.046
	DV 3.2	0.895						
	DV 3.3	0.866						
	DV 3.4	0.830						
Tasks Visibility	DV 4.1	0.788	0.642					
	DV 4.2	0.755						
	DV 4.3	0.814						
	DV 4.4	0.846						
Tasks Complexity	DV 4.1	0.833	0.735					
	DV 4.2	0.846						
	DV 4.3	0.881						
	DV 4.4	0.868						

Table (3.10) presents the results items loadings reflecting the concept of convergent validity using the technique of Confirmatory Factor Analysis "CFA". Inspecting the results provided by table (3.10) it can be seen that the minimum loading obtained was assigned to item no. 3 in the tasks visibility (DV 4.3) which was (0.56) and that the maximum loading value was assigned to the item "No. 3" in the Dispersion (DV 3.2) which recorded a loading of (0.84).So these values are above the minimum required (0.40 or greater) suggesting reasonable convergent validity. Typically an item is said to be

convergent if a loading value was 0.40 or greater (Hair, J. F., et al., 2010). Concerning the model fitting indicators obviously the chi square test value (823.796) showed a significant difference (sig = 0.000) which <0.05 resulting a good indication. Furthermore, the CFI (0.932) and GFI value of (0.901) are almost within the acceptable high range indicating good fitting indicators. The RMSEA indicator was slightly less than the desired value (0. 046) which indicate a poor fitting, as a result the model is consider suitable for the purpose of the current research which is consider acceptable, Figure (3.11) shows PLS for all variables with sub dimensions together.

Table (03.11): Confirmatory Factor (CFA) Analysis for the Moderator Organizational Happiness

Dimensions	Code	Factor loading	AVE	χ^2	Sig.	CFI (0 – 1.00)	GFI (0 – 1.00)	RMSEA (0 – 0.08)
Engagement	MV1.1	0.839	0.740					
	MV1.2	0.869						
	MV1.3	0.926						
	MV1.4	0.922						
	MV1.5	0.814						
	MV1.6	0.780						
Job Satisfaction	MV2.1	0.758	0.688	667.729	0.000	0.901	0.930	0.051
	MV2.2	0.795						
	MV2.3	0.886						
	MV2.4	0.900						
	MV2.5	0.841						
	MV2.6	0.787						
Affective Organizational Commitment	MV3.1	0.818	0.709					
	MV3.2	0.838						
	MV3.3	0.857						
	MV3.4	0.811						
	MV3.5	0.876						
	MV3.6	0.852						

Table (3.11) presents the results items loadings reflecting the concept of convergent validity using the technique of Confirmatory Factor Analysis "CFA". Inspecting the results provided by table (3.11) it can be seen that the minimum loading obtained was assigned to item no. 2 in the Affective Organizational Commitment (MV3.2) which was (0.58) and that the maximum loading value was assigned to the item "No. 6" in the Engagement (MV 1.6) which recorded a loading of (0.92).So these values are above the minimum required (0.40 or greater) suggesting reasonable convergent validity. Typically an item is said to be convergent if a loading value was 0.40 or greater (Hair, J. F., et al., 2010). Concerning the model fitting indicators obviously the chi square test value (667.729) showed a significant difference (sig = 0.000) which <0.05 resulting a good indication. Furthermore, the CFI (0.901) and GFI value of (0.930) are almost within the acceptable high range indicating good fitting indicators. The RMSEA indicator was slightly less than the desired value (0.051) which indicate a poor fitting, as a result the model is consider suitable for the purpose of the current research which is consider acceptable, Figure (3.2) shows PLS for all variables with sub dimensions together.
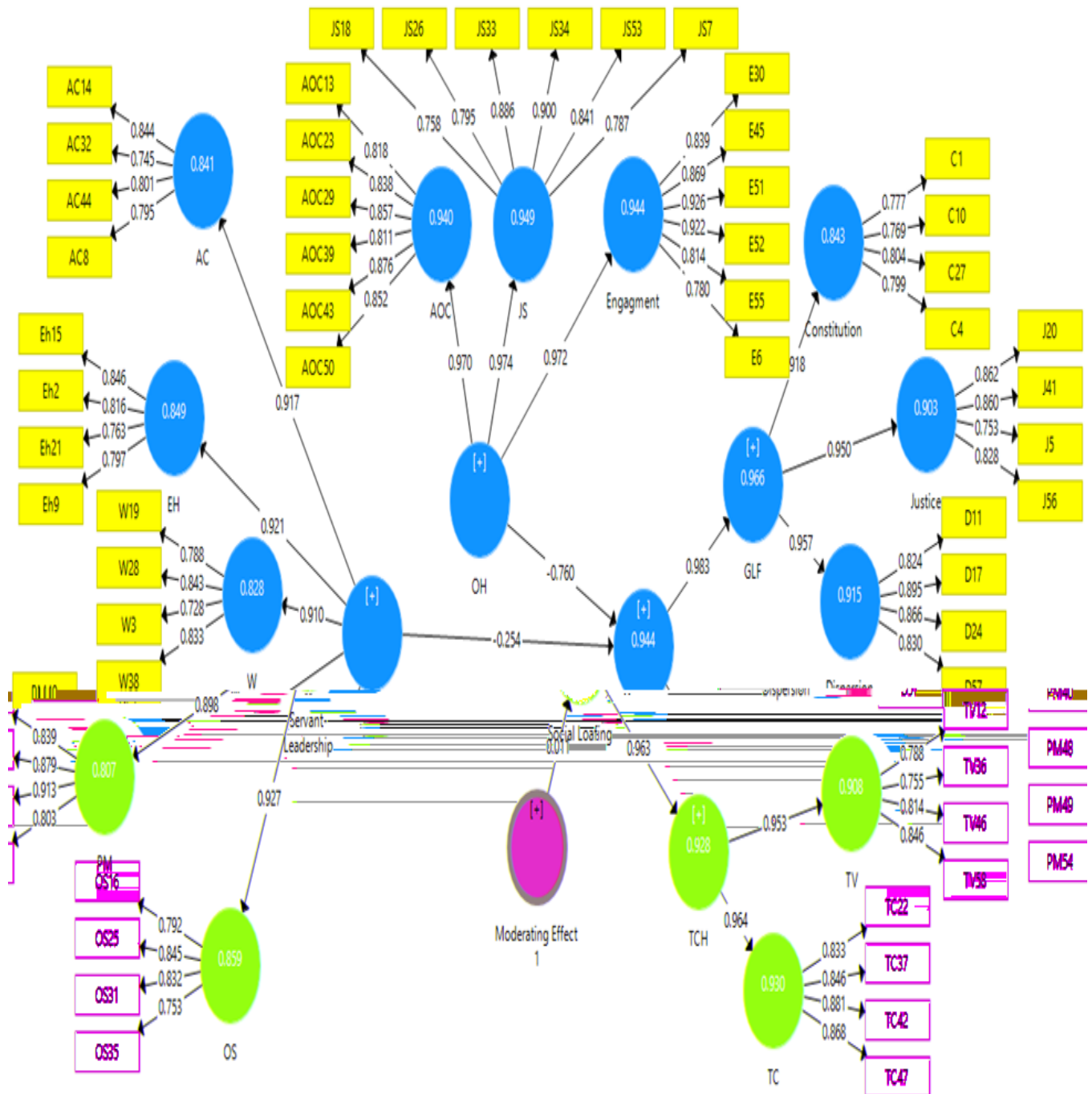
Figure 03.2: Construct Validity of All Variables Using PLS

This Figure shows the Factor Loading was done through the Smart Partial Least Squares (PLS Version 3. software) with the aim of checking the saturation of each dimension of the study variables on the dimensions to which they belong in addition to identifying the indicators of the quality of the study data:

3.5.3.2 Reliability

Reliability was detected in two different approaches.

3.5.3.2.1 Test – Retest reliability analysis

In this approach, by checking whether the same individual responds in a different way to the same question or not, then use them to evaluate the variable. In this case, the sample respondents of answer must be twice on the same questions by appropriate separation of period's time which is 15 days. It's necessary to maintain the order of the assigned respondents to the same individual so as answers correctly. Performed as a pilot for this purpose, Table (3.12).

Table (03.12): Test re-Test (n = 20) for the reliability of the study variables

Variable	Test / Retest	Composite Reliability	Sig.
Servant leadership	0.917	0.961	0.00
Altruistic Calling	0.865	0.874	0.00
Emotional healing	0.888	0.881	0.00
Wisdom	0.873	0.876	0.00
Persuasive mapping	0.819	0.919	0.00
Organizational stewardship	0.882	0.881	0.00
Social Loafing	0.916	0.965	0.00
Group level factors	0.872	0.948	0.00
Constitution	0.772	0.867	0.00
Justice	0.758	0.896	0.00
Dispersion	0.831	0.915	0.00
Tasks characteristics	0.833	0.932	0.00
Tasks Visibility	0.873	0.878	0.00
Tasks Complexity	0.922	0.917	0.00
Organizational Happiness	0.844	0.974	0.00
Engagement	0.929	0.944	0.00
Job satisfaction	0.803	0.929	0.00
Affective Organizational Commitment	0.881	0.936	0.00

Table (3.12) presents the reliability results of the study variables using the approach of Test re-Test. consistent with the results associated with independent variables' elements it was noted that the minimum value acquired was observed in Altruistic calling, this

value is never less than high reliability because the observed value (0.874) was higher than (0.700), which is the minimum value considered to explain correlations as high. All the other values were greater than the minimum observed which indicate a high reliability of the servant leadership noting that the overall degree was highly reliable by a value of (0.961).

Considering the reliability values obtained for the dependent variable Social loafing attributes, the minimum value obtained in the constitution (0.867), this value was above the critical minimum (0.700) with a note that all the other mentioned values within this variable is greater than the minimum observed that concludes a high reliable attributes for the dependent variable. The overall reliability value of the (Social loafing) was (0.965) and considered to be high.

For the mediator variable, it was noticed that the minimum observed reliability recorded a value of (0.929) for the Job satisfaction attribute. All the mediator attributes were highly reliable degree since all the reliability values were > 0.700, which is the required minimum to describe high reliability. The reliability value representing the overall degree of the mediator variable was (0.974) reflecting a high degree of reliability.

It should be mentioned that the related sig values were < 0.05 level telling that all the mentioned reliability values were statistically significant at this level.

(3.5.3.2.2) Cronbach's alpha reliability analysis

This method is beneficial so as to permit us to see for the quantity of variance assigned by the scale (element or attribute) in reference to the variance of the entire questions. The results are included in table (3.13) below.

Table (03.13): the Results of "Cronbach's Alpha" reliability analysis.

Variable	Cronbach's alpha	Sig.
Servant leadership	0.957	0.00
Altruistic Calling	0.808	0.00
Emotional healing	0.820	0.00
Wisdom	0.811	0.00
Persuasive mapping	0.882	0.00
Organizational stewardship	0.820	0.00
Social Loafing	0.962	0.00
Group level factors	0.939	0.00
Constitution	0.796	0.00
Justice	0.845	0.00
Dispersion	0.876	0.00
Tasks characteristics	0.917	0.00
Tasks Visibility	0.814	0.00
Tasks Complexity	0.880	0.00
Organizational Happiness	0.971	0.00
Engagement	0.929	0.00
Job satisfaction	0.908	0.00
Affective Organizational Commitment	0.918	0.00

The above table (3.13) indicates the results of "Cronbach's Alpha" reliability analysis. The minimum value obtained was (0.796) for Dispersion, while the maximum value obtained was (0.971) for the (Organizational happiness) attributes. The Reliability mentioned values reflect a satisfactory reliability values because it is greater than 0.70 (Hair et al., 2010).

From the above analysis, we didn't delete any question as the questionnaire contains 58 questions in the (Appendix 4).

3.6 Adjustment Correction Key

It has been taken into consideration in this study that the scale for Likert to be leveling:

A. regarding Servant leadership and Organizational happiness as below:

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

B. Social loafing as below:

The movement of the scale became inverse due to the nature of the subject.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

In order to understand the importance of the variable from the respondent's point of view, equation of class length was used to determine the importance level a statistical standard.

It was used to divide the importance into three levels (high. Middle Low) based on below equations:

Class length = (highest rate-minimum rate)/ number of levels.

Class length = (5-1)/3= 1.33 and this is will be for the levels which concern of Servant leadership and Organizational happiness.

1- Low 1- 2.33 (low positive)

2- Middle 2.34-3.67 (middle positive)

3- High 3.68-5 (high positive)

While for Social loafing the scale has been reverse as below:

1- High 1- 2.33 (high negative)

2- Middle 2.34-3.67 (middle negative)

3- Low 3.68-5. (Low negative)

Table (03.14): The Variables and Which Question Belong to it.

Main variable	Dimensions	Items number			
Servant leadership (Independent variable)	• **Altruistic calling** (4 questions)	• 44	8	32	14
	• **Emotional Healing** (4 questions)	• 2	9	15	21
	• **Wisdom** (4 questions)	• 3	19	38	28
	• **Persuasive Mapping** (4 questions)	• 49	54	40	48
	• **Organizational Stewardship** (4 questions).	• 25	35	16	31
Total		**20**			
Social loafing (Dependent variable)	• **Group level factors** ○ **Constitution** (4 questions)	• 4	10	1	27
	○ **Justice** (4 questions)	• 5	20	41	56
	○ **Dispersion** (4 question)	• 11	17	57	24
	• **Tasks characteristics** ○ **Tasks visibility** (4 questions)	• 12	46	36	58
	○ **Tasks complexity** (4questions)	• 47	37	22	42
Total		**20**			
(Moderator variable) **Organizational happiness**	• **Engagement** (6 questions)	• 6 30	51	45	55 52
	• **Job satisfaction** (6 questions)	• 7 26	18	53	34 33
	• **Affective organizational commitment** (6 questions)	• 13 29	39	43	23 50
Sub Total		**18**			
Total		**58**			

3.7 Study Variables

Independent Variable (servant leadership): Through literature review, the researcher has identified five important dimensions that contribute to private hospitals in the city of Amman.

Dependent Variable (Social loafing): the dependent variable of the study is related to private hospitals, and will be measured via two dimensions.

Moderate Variable (organizational happiness): It will be measured via three dimensions.

3.8 Methods and Procedures

Validity Test: Two methods used to confirm the content and construct validity: First, multiple data sources (literature, expert interviews and panel of judges) used to develop and improve the model and measures. Then, factor analysis performed for all items included within the questionnaire.

Reliability Test: (Cronbach's Alpha): Reliability test (Cronbach's alpha coefficients of internal consistency) used to test consistency and the appropriateness of the measuring tools. Reliability was evident by strong Cronbach's alpha coefficients of internal consistency. And therefore test and retest using Pearson correlation coefficient

3.9 Statistical Tools and Analysis Methods

After data collection it was analyzed using the SMART pls-3 the topics with the objectives of the study were used:

− Frequencies and percentages to explain the characteristics of sample.

− Means: to evaluate the degree of agreement on the sub questions of the independent, dependent and mediator variables.

− Standard deviations to explain the variability of the respondents' answer to the sub questions of the independent, dependent and mediator variables.

− Cronbach's alpha to evaluate the reliability of every item of the independent, dependent and mediator variables and therefore the composite reliability (CR).

− Person correlation to assess the reliability using the test re test approach.

− Exploratory Factor analysis to explore the factor loadings on the predefined components (latent variables).

− Confirmatory factor analysis explore the loadings on the predefined components (latent variables).

− One sample t test to estimate the differences between the questions means from the theoretical mean.

− Skewness and kurtosis coefficients to assess the normal curve characteristics of the data collected compared to the normal distribution curve.

− Normal distribution tests Kolmogorov-Smirnova VIF, tolerance.

− Test the first hypothesis and its sub-hypotheses using the structural equation model

− Structural Equation model SEM Modeling model using SMART-PLS 3 software.

− Test the second hypothesis and its sub-hypotheses using Hierarchical multiple regression analysis.

CHAPTER FOUR

Study Results and Hypothesis Test

4.1 Introduction

This study aimed at identifying the impact of Servant leadership dimensions "Altruistic calling, Emotional Healing, Wisdom, persuasive mapping and organizational stewardship " on Social loafing in the presence of the Organizational Happiness as a moderator in the private hospitals in the city of Amman. In light of this main questions and hypotheses were developed to embody these objectives. The results will be presented to answer the questions at first part then to test the formulated hypotheses in the second part the study.

4.2 Study Results

I: Analyzing the Servant Leadership Dimensions

Table (04.1): Means, Standard Deviations Test For the Dimensions of Servant Leadership

Servant leadership	Mean	Std. Deviation	Level	Rank
Altruistic calling	3.2881	1.08446	moderate	2
Emotional healing	3.2638	.85507	moderate	4
Wisdom	3.2855	.83531	moderate	3
Persuasive Mapping	3.2405	1.00396	moderate	5
Organizational Stewardship	3.3642	.89652	moderate	1
Total	**3.2232**		**moderate**	

Means description (1 – 2.33 low, 2.34 – 3.67 moderate, 3.68 – 5 high)

Table (4.1) indicates the values of means, standard deviation and mean index (expressed in percentage), for the Servant leadership dimensions. Organizational Stewardship was the greatest dimension being rated of Servant leadership as it ranked the first by the highest mean of (3.3642) while Persuasive Mapping dimension had expressed the

least dimension among the Servant leadership dimensions as it was rated by the least mean (3.2405) .

The overall dimensions of Servant leadership mean was assessed by a value of (3.2232) expressing a Moderate level of agreement among respondents.

All the sub dimension of servant leadership are moderate which means there is no focusing on servant leadership in private hospitals.

The Following (Figure 4.1) show the percentage of the mean of servant leadership variable.

Figure 04.1: The Percentage of the Mean of Servant Leadership Variable

Further, the items representing each dimension of Servant leadership were analyzed. The results are included in the following tables.

1.1 Analyzing the items of the Altruistic calling

Table (04.2): Means, Standard Deviations Test For the Dimensions of Altruistic Calling

No.	Items	Mean	Std. Deviation	Level	T	Rank
IV 1.1	The doctor goes beyond self-interest for the good of the group.	3.2768	1.08630	moderate	4.332	4
IV 1.2	The doctor gives time to help me and colleagues around me.	3.2734	1.09514	moderate	4.243	3
IV 1.3	The doctor Considers the ethical consequences of decisions.	3.2872	1.08339	moderate	4.486	2
IV 1.4	The doctor spends time developing my abilities.	3.3149	1.10294	moderate	4.853	1
Total		**3.2881**		**Moderate**	**4.416**	**-**

Means description (1 – 2.33 low, 2.34 – 3.67 moderate, 3.68 – 5 high) tabulated t value = 1.96

Table (4.2) indicates the values of means and standard deviation and mean index (expressed as a percentage) for the defects items. The dimension (Altruistic Calling) was mostly addressed by Item code IV 1.4 which is "The doctor spends time developing my abilities. "As it ranked the first by a mean of (3.3149) while the item with code IV 1.1 which states "The doctor goes beyond self-interest for the good of the group. " expressed the lowest mean among the items as it was rated by a mean of (4.332).

The overall Altruistic Calling mean was rated (3.2881) expressing a moderate level of agreement among respondents.

Table also indicates the results of one sample t test. If the value of calculated t test was > than the tabulated t =1.96 with DF =288 as might be seen from the provided t values tell that they were all > 1.96 so a conclusion of mean differences are often drawn which the samples answers were considered to be far away from neutrality.

In the researcher opinion the time the doctor spends with nursing contributes to strengthening the relationship at the professional level and confidence in work, which enhances the productivity and performance of nursing.

1.2 Analyzing the items of the Emotional Healing items

Table (04.3): Means, standard deviations and mean index for the Emotional healing

No.	Items	Mean	Std. Deviation	Level	T	Rank
IV 2.1	The doctor listens effectively to others.	3.4118	.96825	moderate	7.2230	2
IV 2.2	The doctor knows how to deal with difficult situations.	3.5640	.96657	moderate	9.920	1
IV 2.3	The doctor expresses satisfaction when I meet expectations.	3.2249	1.12172	moderate	3.409	3
IV 2.4	The doctor provides me with assistance in exchange for my efforts.	2.8547	1.19009	moderate	2.076	4
	Total	3.2638		moderate	5.246	

Means description (1 – 2.33 low, 2.34 – 3.67 moderate, 3.68 – 5 high)

Table (4.3) indicates the values of means and standard deviation and mean index (expressed as a percentage) for the Emotional Healing items. The dimension (Emotional Healing items) of was mostly addressed by Item code IV 2.2 which is "The doctor knows how to deal with difficult situations. "As it ranked the first by a mean of (3.5640) while the item with code IV 2.4 which states "The doctor provides me with assistance in exchange for my efforts " expressed the lowest mean among the items as it was rated by a mean of (2.8547).

The overall Emotional Healing mean was rated (3.2638) expressing a Moderate level of agreement among respondents.

Table also indicates the results of one sample t test. If the value of calculated t test was > than the tabulated t =1.96 with DF =288 as might be seen from the provided t values tell that they were all > 1.96 so a conclusion of mean differences are often drawn which the samples answers were considered to be far away from neutrality..

The researcher opinion, here comes the position of the doctor when he expresses his interest through listening effectively and by constant review and appreciation of nursing efforts.

1.3 Analyzing the Items of the Wisdom Items

Table (04.4): Means, Standard Deviations And Mean Index for the Items of Wisdom

No.	Items	Mean	Std. Deviation	Level	t	Rank
IV 3.1	The doctor involves excellent individuals in decisions that affect their work directly.	3.3287	.98208	moderate	5.690	2
IV 3.2	The doctor gets me to look at problems from many different angles.	3.1765	1.08012	moderate	2.777	4
IV 3.3	The doctor helps me to improve my way thinking.	3.2699	1.07521	moderate	4.267	3
IV 3.4	The doctor seeks different perspectives when solving Problems.	3.3668	.99149	moderate	6.289	1
	Total	3.2855		moderate	5.810	

Means description (1 – 2.33 low, 2.34 – 3.67 moderate, 3.68 – 5 high)

Table (4.4) indicates the values of means and standard deviation and mean index (expressed as a percentage) for the Wisdom items. The dimension (Wisdom) of was mostly addressed by Item code IV 3.4 which is "The doctor seeks different perspectives when solving Problems. "As it ranked the first by a mean of (3.3668) while the item with code IV 3.2 which states "The doctor gets me to look at problems from many different angles. "Expressed the lowest mean among the items as it was rated by a mean of (3.1765)

The overall Wisdom mean was rated (3.2855) expressing a Moderate level of agreement among respondents.

Table also indicates the results of one sample t test. If the value of calculated t test was > than the tabulated t =1.96 with DF =288 as might be seen from the provided t values tell that they were all > 1.96 so a conclusion of mean differences are often drawn which the samples answers were considered to be far away from neutrality..

And this support the result, in researcher's opinion Involving nursing in problems solving and seeing them from different angles, which leads to a higher level of thinking and an increase in their contribution to providing care.

1.4 Analyzing the items of the Organizational Stewardship items

Table (04.5): Means, standard deviations and mean index for the items of Organizational Stewardship

No.	Items	Mean	Std. Deviation	Level	t	Rank
IV 4.1	The doctor directs my attention toward failures to meet standards.	3.3737	1.11436	moderate	5.701	2
IV 4.2	The doctor serves people without distinction (for their nationality, race or race)	3.5467	1.10494	moderate	8.411	1
IV 4.3	The doctor promotes values that transcend self-interest.	3.1696	1.11911	moderate	2.576	4
IV 4.4	The doctor Considers the ethical consequences of decisions.	3.3668	1.11043	moderate	5.615	3
Total		3.3642		moderate	6.906	

Means description (1 – 2.33 low, 2.34 – 3.67 moderate, 3.68 – 5 high)

Table (4.5) indicates the values of means and standard deviation and mean index (expressed as a percentage) for the Organizational Stewardship items. The dimension (Organizational Stewardship) of was mostly addressed by Item code IV 4.2 which is "The doctor gives fair to all nurses. "As it ranked the first by a mean of (3.5467) while the item with code IV 4.3 which states "The doctor encourages to look at things in rationality " expressed the lowest mean among the items as it was rated by a mean of (3.1696).

The overall Organizational Stewardship mean was rated (3.2405) expressing a moderate level of agreement among respondents.

Table also indicates the results of one sample t test. If the value of calculated t test was > than the tabulated t =1.96 with DF =288 as might be seen from the provided t values tell that they were all > 1.96 so a conclusion of mean differences are often drawn which the samples answers were considered to be far away from neutrality.

The result show in researcher's opinion the doctor who has ethics and non-discrimination, these characteristics contribute to enhancing the work spirit and thus focus on nursing and raise the level of work and progress.

1.5 Analyzing the items of the Persuasive mapping items

Table (04.6): Means, Standard Deviations And Mean Index for the Items of Persuasive Mapping

No.	Items	Mean	Std. Deviation	Level	t	Rank
IV 5.1	The doctor uses persuasion rather than power.	3.1626	1.15373	moderate	2.396	4
IV 5.2	The doctor gives fair to all nurses.	3.2630	1.12733	moderate	3.966	2
IV 5.3	The doctor encourages to look at things in rationality.	3.2768	1.02716	moderate	4.581	1
IV 5.4	The doctor uses trust rather than fear (or insecurity)	3.2595	1.12968	moderate	3.905	3
	Total	3.2405		moderate	4.072	

Means description (1 – 2.33 low, 2.34 – 3.67 moderate, 3.68 – 5 high)

Table (4.6) indicates the values of means and standard deviation and mean index (expressed as a percentage) for the Persuasive mapping items. The dimension (Persuasive mapping) of was mostly addressed by Item code IV 5.3 which is "The doctor encourages to look at things in rationality. "As it ranked the first by a mean of (3.2768) while the item with code IV 5.1 which states "The doctor uses persuasion rather than power " expressed the lowest mean among the items as it was rated by a mean of (3.1626).

The overall Persuasive mapping mean was rated (3.3642) expressing a high level of agreement among respondents.

The table also indicates the results of one sample t test. If the value of calculated t test was > than the tabulated t =1.96 with DF =288 as could be seen from the provided t values tell that they were all > 1.96 so a conclusion of mean differences can be drawn and that the samples answers were considered to be away from neutrality.

The result show in researcher's opinion that when the doctor deals fairly with nursing, which helps to build confidence and thus absorb difficult situations during work to increase creativity and problem solving then increase productivity and progress.

II: Analyzing the Social loafing dimensions

The Social loafing analyzing has been took its dimension on reverse scale so the scale will be as below:

Table (04.7): Means, Standard Deviations Test For the Dimensions of Social Loafing

Social loafing	Mean	Std. Deviation	Level	Rank
Constitution	3.4126	1.52949	moderate	4
Justice	3.5701	1.33985	moderate	1
Dispersion	3.3988	1.37702	moderate	5
Tasks Visibility	3.5043	1.46863	moderate	3
Tasks Characteristics	3.5225	1.45637	moderate	2
Total	3.1092		Moderate	

Means description (1 – 2.33 low negative, 2.34 – 3.67 moderate negative n, 3.68 – 5 high negative)

Table (4.7) indicates the values of means and standard deviation and mean index (expressed in percentage), for the Social loafing. The Justice was the most dimension recognizing social loafing according to the ratings of the study sample as it ranked the first by the greatest negative mean of (3.5701) while Constitution was the lowest mean among the Social loafing dimensions as it was rated by the least mean (3.4126)

The overall degree of Social loafing mean was assessed by a value of (3.1092) expressing a moderate negative level of agreement among the respondents.

All the sub dimension of social loafing are moderate which means there is no focusing on social loafing in private hospitals.

The following figure (4.2) shows the percentage of social loafing variable.
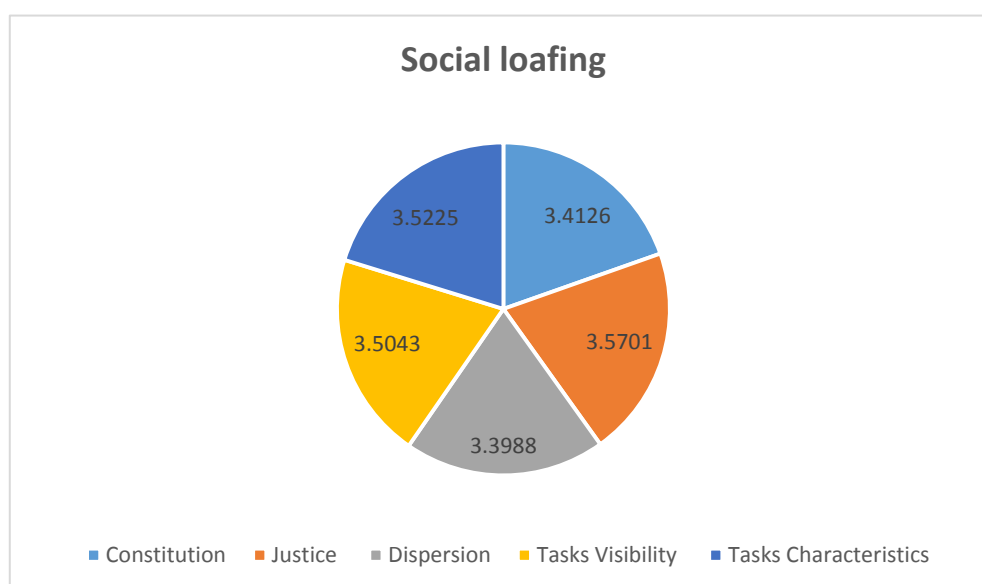
Figure 04.2: Shows the Percentage of Social Loafing Variable

Further, the items representing each dimension of social loafing were analyzed. The results are included in the following tables.

2.1 Analyzing the items of the Constitution

Table (04.8): Means, Standard Deviations And Mean Index for the Items of Constitution

No.	Items	Mean	Std. Deviation	Level	t	Rank
DV 1.1	The hospital is committed to establishing serious rules.	3.4360	1.55128	moderate	4.778	1
DV 1.2	The hospital clarify the expected performance according to job descriptions.	3.4325	1.53312	moderate	4.7796	2
DV 1.3	The hospital adopts a fair salary system.	3.4083	1.554765	moderate	4.4485	3
DV 1.4	The hospital determines coordination mechanisms between different units to achieve the highest degree of cooperation	3.3737	1.54520	moderate	4.111	4
	Total	3.4126		Moderate	4.586	

Means description (1 – 2.33 low negative, 2.34 – 3.67 moderate negative n, 3.68 – 5 high negative)

Table (4.8) indicates the values of means and standard deviation and mean index (expressed as a percentage) for Constitution items. The dimension (Constitution) was mostly addressed by Item code DV1.3 which is "The hospital is committed to establishing serious rules. "As it ranked the first by the greatest mean of (3.4360) while the item with code DV1.4 which states "The hospital determines coordination mechanisms between different units to achieve the highest degree of cooperation "Expressed the lowest mean among the items as it was rated by a mean of (3.3737).

The overall Constitution mean was rated (3.4126) expressing a moderate level of agreement among respondents.

Table also indicates the results of one sample t test. If the value of calculated t test was > than the tabulated t =1.96 with DF =288 as might be seen from the provided t values tell that they were all > 1.96 so a conclusion of mean differences are often drawn which the samples answers were considered to be far away from neutrality..

In the researcher's opinion that the hospital policies regarding rules, performance, job descriptions, and salary system and regulation should be directed to increase the competitive advantage: Analyzing the items of the Justice items.

Table (04.9): Means, Standard Deviations And Mean Index for the Items of Justice

No.	Items	Mean	Std. Deviation	Level	t	Rank
DV 2.1	The hospital prepares flexible work schedule taking into account nurses conditions.	3.6159	1.42931	moderate	7.326	1
DV 2.2	The hospital gives reward based on performance evaluation.	3.5744	1.42479	moderate	6.853	3
DV 2.3	The salary compensation of hospital is fair comparing to workload	3.5087	1.50719	moderate	5.737	4
DV 2.4	The hospital considers the effort of extra work.	3.5813	1.39734	moderate	7.072	2
	Total	3.5701		Moderate	7.233	-

Means description (1 – 2.33 low negative, 2.34 – 3.67 moderate negative n, 3.68 – 5 high negative)

Table (4.9) indicates the values of means and standard deviation and mean index (expressed as a percentage) for Justice Items. The dimension (Justice) was mostly addressed by Item code DV2.1 which is "The hospital prepares flexible work schedule taking into account nurses conditions. "As it ranked the first by the greatest mean of (3.6159) while the item with code DV2.3 which states "The salary compensation of hospital is fair comparing to workload "Expressed the lowest mean among the items as it was rated by a mean of (3.5087)

The overall Justice mean was rated (3.5701) expressing a Moderate level of agreement among respondents Table also indicates the results of one sample t test. If the value of calculated t test was > than the tabulated t =1.96 with DF =288 as might be seen from the provided t values tell that they were all > 1.96 so a conclusion of mean

differences are often drawn which the samples answers were considered to be far away from neutrality.

In the researcher's opinion providing the hospital's interest in schedules and rewards and assessing performance based on it increases nursing satisfaction and progress thus improve the care providing and therefore reflects on the hospital's success.

2.3 Analyzing the items of Dispersion

Table (04.10): Means, Standard Deviations And Mean Index for the Items of Dispersion

No.	Items	Mean	Std. Deviation	Level	t	Rank
DV 3.1	The hospital take in to consideration the uniqueness of individual contributions.	3.4118	1.47907	moderate	4.733	2
DV 3.2	The hospital distributes the workload fairly on nurses.	3.3564	1.47230	moderate	4.115	3
DV 3.3	The hospital allocate the tasks according to position.	3.3841	1.45817	moderate	4.478	4
DV 3.4	The hospital takes in to consideration nurses who prefer work alone or within group.	3.4429	1.47114	moderate	5.118	1
	Total	3.3988		moderate	4.923	

Means description (1 – 2.33 low negative, 2.34 – 3.67 moderate negative n, 3.68 – 5 high negative)

Table (4.10) indicates the values of means and standard deviation and mean index (expressed as a percentage) for Dispersion Items. The dimension (Dispersion) was mostly addressed by Item code DV3.4 which is "The hospital takes in to consideration nurses who prefer work alone or within group. "As it ranked the first by the greatest mean of (3.4429) while the item with code DV3.3 which states "The hospital allocate the tasks according to position "Expressed the lowest mean among the items as it was rated by a mean of (3.3841)

The overall Dispersion mean was rated (3.3988) expressing a Moderate level of agreement among respondents Table also indicates the results of one sample t test. If the value of calculated t test was > than the tabulated t =1.96 with DF =288 as might be seen from the provided t values tell that they were all > 1.96 so a conclusion of mean differences are often drawn which the samples answers were considered to be far away from neutrality.

In the researcher's opinion, hospitals 'attention in nursing, such as taking into consideration allocate of tasks, estimating individual contributions and distributing work fairly, leads to an increase in nursing satisfaction and their contribution to raising the level of health service

2.4 Analyzing the items of the Tasks visibility

Table (04.11): Means, Standard Deviations And Mean Index for The Items of Tasks Visibility.

No.	Items	Mean	Std. Deviation	Level	t	Rank
DV 4.1	The hospital appreciates the invisible work of nurses' efforts.	3.4602	1.49047	moderate	5.249	4
DV 4.2	The hospital provides the nurses with clear rules for commitment.	3.5017	1.48400	moderate	5.748	3
DV 4.3	The doctor focuses on effectiveness and efficiency in accomplishing tasks.	3.5398	1.48580	moderate	6.176	2
DV 4.4	The hospital motivates the nurse based on performance relative-to-outcome.	3.55156	1.47217	moderate	5.954	1
	Total	3.5043		Moderate	5.838	

Means description (1 – 2.33 low negative, 2.34 – 3.67 moderate negative n, 3.68 – 5 high negative)

Table (4.11) indicates the values of means and standard deviation and mean index (expressed as a percentage) for Tasks Visibility Items. The dimension (Tasks Visibility) was mostly addressed by Item code DV4.4 which is "The hospital motivates the nurse based on performance relative-to-outcome. "As it ranked the first by the greatest mean of

(3.55156) while the item with code DV4.1 which states "The hospital appreciates the invisible work of nurses' efforts "Expressed the lowest mean among the items as it was rated by a mean of (3.4602)

The overall Tasks Visibility mean was rated (3.5043) expressing a Moderate level of agreement among respondents Table also indicates the results of one sample t test. If the value of calculated t test was > than the tabulated t =1.96 with DF =288 as might be seen from the provided t values tell that they were all > 1.96 so a conclusion of mean differences are often drawn which the samples answers were considered to be far away from neutrality.

In the researcher's opinion appreciating the invisible work of nurses' efforts, rewarding based on results is a method of motivation that gives an opportunity for nursing to progress and raise the quality of the health service provided.

2.4 Analyzing the items of Tasks Characteristics

Table (04.12): Means, Standard Deviations And Mean Index for the Items of Tasks Characteristics.

No.	Items	Mean	Std. Deviation	Level	t	Rank
DV 5.1	The tasks of hospital are clear and simple.	3.4740	1.48611	moderate	5.423	4
DV 5.2	The hospital develops my skills and experiences.	3.5467	1.47857	moderate	6.286	2
DV 5.3	The hospital facilitates the workflow between groups with departments.	3.5571	1.48055	moderate	6.397	1
DV 5.4	The hospital sets realistic tasks within available resources.	3.5121	1.46036	moderate	5.961	3
	Total	3.5225		Moderate	6.099	

Means description (1 – 2.33 low negative, 2.34 – 3.67 moderate negative n, 3.68 – 5 high negative)

Table (4.12) indicates the values of means and standard deviation and mean index (expressed as a percentage) for Tasks Characteristics Items. The dimension (Tasks

Characteristics) was mostly addressed by Item code DV5.3 which is "The hospital facilitates the workflow between groups with departments. "As it ranked the first by the greatest mean of (3.5571) while the item with code DV5.1 which states "The tasks of hospital are clear and simple. "Expressed the lowest mean among the items as it was rated by a mean of (3.4740).

The overall Tasks Characteristics mean was rated (3.5225) expressing a Moderate level of agreement among respondents Table also indicates the results of one sample t test. If the value of calculated t test was > than the tabulated t =1.96 with DF =288 as might be seen from the provided t values tell that they were all > 1.96 so a conclusion of mean differences are often drawn which the samples answers were considered to be far away from neutrality.

In the researcher's opinion developing the nurses' experience and capabilities and, cooperation between the departments helps to understand the goal of the hospital and its mission through the exchange of information and experiences.

III: Analyzing the dimensions of Organizational Happiness.

Table (04.13): Means, Standard Deviations And Mean Index for the Organizational Happiness

Organizational Happiness	Mean	Std. Deviation	Level	Rank
Engagement	3.5121	1.44236	moderate	1
Job Satisfaction	3.2093	1.11003	moderate	3
Affective organizational commitment	3.2907	.51380	moderate	2
total	2.9491		Moderate	

Means description (1 – 2.33 low, 2.34 – 3.67 moderate, 3.68 – 5 high)

The following figure (4.3) shows the percentage of social loafing variable.

Figure 04.3: The Percentage of Social Loafing Variable

Table (4.13) indicates the values of means and standard deviation and mean index (expressed in percentage), for the Organizational Happiness. The Affective organizational commitment was the most dimension recognizing Organizational Happiness according to the ratings of the study sample as it ranked the first by the greatest mean of (3.2907) while Job Satisfaction was the lowest mean among the Organizational Happiness dimensions as it was rated by the least mean (3.2093)

The overall degree of organizational happiness mean was assessed by a value of (2.9491) expressing a moderate level of agreement among the respondents.

All the sub dimension of organizational happiness are moderate which means there is no focusing on organizational happiness from hospitals side.

Further, the items representing each dimension of Organizational Happiness were analyzed. The results are included in the following tables.

3.1 Analyzing the items of the items of Engagement

Table (04.14): Means, Standard Deviations And Mean Index for the Items of Engagement

No.	Items	Mean	Std. Deviation	Level	t	Rank
MV 1.1	The environment of hospital is encouraging.	3.5294	1.46960	moderate	6.124	2
MV 1.2	The hospital cares about nurses who have passion.	3.5709	1.47525	moderate	6.579	1
MV 1.3	The hospital supports enthusiastic nurses	3.4498	1.47611	moderate	5.181	5
MV 1.4	The hospital rewards the nurses who have a commitment to work.	3.5052	1.48165	moderate	5.796	4
MV 1.5	The hospital provides resilience at work.	3.5087	1.46750	moderate	5.892	3
MV 1.6	The hospital rewards nurses who always persevere, in difficult situations.	3.5087	1.45324	moderate	5.950	3
	Total	3.5121		moderate	6.036	

Means description (1 – 2.33 low, 2.34 – 3.67 moderate, 3.68 – 5 high)

Table (4.14) indicates the values of means and standard deviation and mean index (expressed as a percentage) for Engagement items. The dimension (Engagement) was mostly addressed by Item code MV 1.2 which is "The hospital cares about nurses who have passion "As it ranked the first by the greatest mean of (3.5709) while the item with code MV 1.3 which states "The hospital supports enthusiastic nurses. "Expressed the lowest mean among the items as it was rated by a mean of (3.4498).

Table also indicates the results of one sample t test. If the value of calculated t test was > than the tabulated t =1.96 with DF =288 as might be seen from the provided t values tell that they were all > 1.96 so a conclusion of mean differences are often drawn which the samples answers were considered to be far away from neutrality.

In the researcher's opinion Passion, encouragement, enthusiasm, are the basis for successful work to achieve the hospital's goal of achieving the highest levels of health care.

3.2 Analyzing the items of the items of Job Satisfaction.

Table (04.15): Means, Standard Deviations And Mean Index for the Items of Job Satisfaction

No.	Items	Mean	Std. Deviation	Level	t	Rank
MV 2.1	The hospital is concerned with the individual abilities to put the right person in the right place.	3.3391	1.22300	moderate	4.714	1
MV 2.2	The hospital measures the nurses' satisfaction continuously.	2.7093	1.28234	moderate	3.853	4
MV 2.3	The hospital directs the cooperation between departments to increase productivity.	3.2872	1.20929	moderate	4.037	5
MV 2.4	The hospital provides equal opportunities	3.3010	1.18850	moderate	4.306	3
MV 2.5	The hospital allows the nurse to express their opinion freely	3.3356	1.22254	moderate	4.667	2
MV 2.6	The hospital increases nurses' sense of belonging when they achieve goals	3.2837	1.18839	moderate	4.059	6
	Total	3.5121		Moderate	6.036	

Means description (1 – 2.33 low, 2.34 – 3.67 moderate, 3.68 – 5 high)

Table (4.15) indicates the values of means and standard deviation and mean index (expressed as a percentage) for Job Satisfaction items. The dimension (Job Satisfaction) was mostly addressed by Item code MV 2.1 which is "The hospital is concerned with the individual abilities to put the right person in the right place "As it ranked the first by the greatest mean of (3.3391) while the item with code MV 2.6 which states "The hospital increases nurses' sense of belonging when they achieve goals. "Expressed the lowest mean among the items as it was rated by a mean of (3.2837).

The overall Job Satisfaction mean was rated (3.2093) expressing a Moderate level of agreement among respondents .Table also indicates the results of one sample t test. If the value of calculated t test was > than the tabulated t =1.96 with DF =288 as might be seen from the provided t values tell that they were all > 1.96 so a conclusion of mean differences are often drawn which the samples answers were considered to be far away from neutrality..

In the researcher's opinion, putting the right person in the right place, measure the level of satisfaction continuously, giving equal opportunity, help the individual's growth and increase productivity.

3.3 Analyzing the items of the items of Affective organizational commitment.

Table (04.16): Means, Standard Deviations And Mean Index for the Items of Affective Organizational Commitment

No.	Items	Mean	Std. Deviation	Level	t	Rank
MV 3.1	The hospital gives nurses a feeling of self-belonging.	2.7059	1.26930	moderate	3.939	6
MV 3.2	The hospital reduces turnover to retain its committed nurses.	3.3356	1.21684	moderate	4.689	4
MV 3.3	The hospital creates a positive learning environment.	3.1799	1.20278	moderate	2.543	5
MV 3.4	The hospital develops social personality for nurses.	3.4637	1.47181	moderate	5.356	3
MV 3.5	The hospital discusses issues relating to nurses complaints.	3.5329	1.48363	moderate	6.106	1
MV 3.6	The hospital invests in it nurses	3.5260	1.45542	moderate	6.143	2
	Total	3.2093		moderate	3.206	

Means description (1 – 2.33 low, 2.34 – 3.67 moderate, 3.68 – 5 high)

Table (4.16) indicates the values of means and standard deviation and mean index (expressed as a percentage) for Affective organizational commitment items. The

dimension (Affective organizational commitment) was mostly addressed by Item code MV 3.5 which is "The hospital discusses issues relating to nurses complaints "As it ranked the first by the greatest mean of (3.5329) while the item with code MV 3.1 which states "The hospital gives nurses a feeling of self-belonging. "Expressed the lowest mean among the items as it was rated by a mean of (2.7059).

The overall Affective organizational commitment mean was rated (3.2907) expressing a Moderate level of agreement among respondents Table also indicates the results of one sample t test. If the value of calculated t test was > than the tabulated t =1.96 with DF =288 as might be seen from the provided t values tell that they were all > 1.96 so a conclusion of mean differences are often drawn which the samples answers were considered to be far away from neutrality..

In the researcher's opinion paying Attention to complaints and their solution helps nursing to feel a sense of belonging, because some tasks depend on more than one employee, which facilitates work flow and productivity.

4.3 Testing Hypothesis

To test study hypothesis multiple linear regressions were applied. Before the application of linear regression there is a need to check for two basic assumptions, the normality of the distribution of the independent variable and therefore the level of multi co linearity among the independent variables, the results are included within the following table indicate.

Table (04.17): Skewness, Kurtosis And Co Linearity among the Independent Variables Using VIF Test

Variables	Sub Dimensions	Skewness	kurtosis	VIF	Tolerance
Servant leadership (Independent variable)	• **Altruistic calling**	-.056	-.635	2.836	.353
	• **Emotional Healing**	-.089	-.450	4.250	.235
	• **Wisdom**	-.191	-.457	2.959	.338
	• **Persuasive Mapping**	-.245	-.561	3.012	.332
	• **Organizational stewardship**	-.412	-.358	5.664	.177
Social loafing (Dependent variable)	• **Constitution**	.251	-.778	-	-
	• **Justice**	-.053	-1.027	-	-
	• **Dispersion**	-.052	-1.282	-	-
	• **Tasks visibility**	.040	-1.060	-	-
	• **Tasks complexity**	.305	-.950	-	-
(Moderator variable) Organizational happiness	• **Engagement**	.013	-1.093	8.413	.119
	• **Job satisfaction**	-.053	-1.027	4.288	.233
	• **Affective organizational commitment**	-.069	-.949	4.961	.202

Table (4.17) reflects the results of Skewness as an indicator of the closeness of the study data to the theoretical normal distribution, the obtained numbers ranged between (-0.13) for Engagement and (-0.412) for Organizational stewardship, all these Skewness values are considered to be close to the normal distribution as the acceptable range (in most studies) ranges between (-1 and 1).

Kurtoses is also indicator for the data distribution, which is second side of normal curve. It describes the height of the curve, whether it is sharp high or low flat. The specific values shown in the normal data distribution curve approximate the value (<15) according to the results obtained in the table, noting that the maximum value obtained was (-1.282) indicating that this value is lower than the stated value and data conclusion is approximately normal. And the following plots reflect the degree of correlation between the observed data and the expected normal data for the stated variables.

The other important check indicator is using the VIF test. Inspecting The values in the above table it contains four values were less than (5) which express low co linearity among the independent variables that were used to predict the Social loafing taking into account that the VIF reference values could read as : (a value of VIF > 30 is considered to be a problem of multi co linearity, a VIF value > 10 results in un trust with the coefficients obtained, Tolerance may express good results if its values were greater than (0.05) accordingly all the mentioned values met criteria concluding no multi co linearity problem is exist.

Table (04.18): The Normal Distribution of Dependent Variable.

Dependent variable	Kolmogorov-Smirnov[a]		
	Statistic	df	Sig.
Constitution	.052	289	.056
Justice	.051	289	.068
Dispersion	.051	289	.070
Tasks Visibility	.043	289	.200
Tasks Complexity	.053	289	.051
Social Loafing	.049	289	.089

The distribution is normal when the significance level ($\alpha > 0.05$)

It is noted that the distribution of the dependent variable and its dimensions are all normal, as the ratios of the answers were (0.05), which is the level approved in the statistics.

The First Main Hypothesis

H01: There is no statistically significant impact of Servant leadership (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping, Organizational stewardship) on social loafing at a level of significance ($\alpha \leq 0.05$) in the private hospitals.

To test this hypothesis and its sub dimensions, an analysis was done by using the Structural Equation Modeling model) SEM) by using Smart PLS 3 was used to verify the direct impact of Servant leadership on social loafing.

Table (04.19): SEM Analysis for Testing the Impact of Servant Leadership on Social Loafing

Variables	Direction		β	T	Sig.	R^2	Adjusted R^2
Altruistic Calling	→	Social Loafing	-0.268	-4.900	0.000		
Emotional Healing	→	Social Loafing	-0.188	-3.583	0.000		
Organizational Stewardship	→	Social Loafing	-0.214	-4.484	0.000	0.841	0.838
Persuasive Mapping	→	Social Loafing	-0.170	-3.613	0.000		
Wisdom	→	Social Loafing	-0.158	-2.942	0.003		

Table (4.19) shows the results of SEM analysis for testing the impact of servant leadership on social loafing. The results show that Altruistic Calling affects by a value of (-0.268) while Emotional Healing affects by (-0.188), moreover Organizational Stewardship affects by a value of -0.214), Persuasive Mapping affects by a value of (-0.170) and Wisdom affect by (-0.158).

The t statistics tests the linearity importance of the beta coefficient obtained for the independent variable. All the mentioned beta values tell that they significantly contribute to the dependent Variable because the probability of t statistics were < 0.05 for the mentioned impact (beta) values.

R^2 (coefficient of determination) expresses the percentage of variability observed within the dependent variable when using the independent variable to predict it. R^2 was found to be (0.841) expressed as a percentage. As Figure (4.4) shows: the impact of servant leadership styles on social loafing.
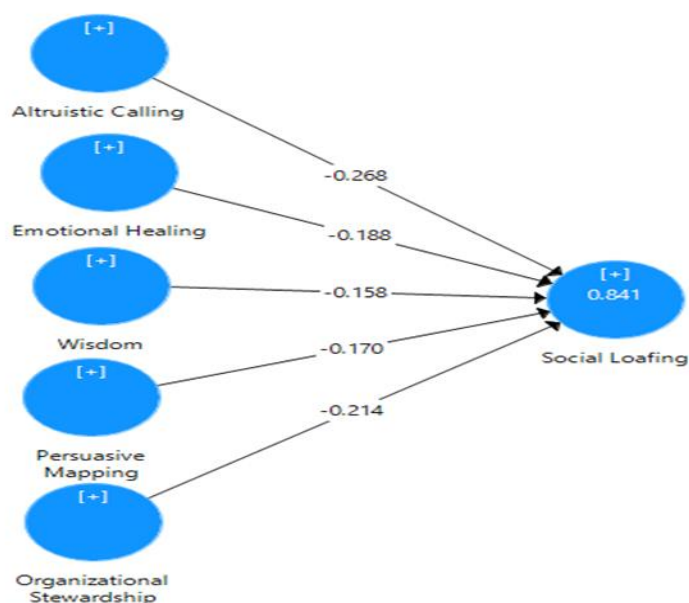
Figure 04.4: The Impact of Servant Leadership Styles on Social Loafing.

H01.1: There is no statistically significant impact of Servant leadership (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping, Organizational stewardship) on group level factors at a level of significance ($\alpha \leq 0.05$) in the private hospitals.

To test this hypothesis and its sub dimensions, analysis was done by using the Structural Equation Modeling model and using Smart PLS 3 was used to verify the direct impact of Servant leadership on group level factors.

Table (04.20): SEM Analysis for Testing the Impact of Servant Leadership on Group Level Factors

Variables	Direction	β	T	Sig.	R^2	Adjusted R^2
Altruistic Calling	→ Group level factors	-0.123	-3.203	0.001		
Emotional Healing	→ Group level factors	-0.101	-2.449	0.015		
Wisdom	→ Group level factors	-0.106	-2.376	0.018	0.893	0.891
Persuasive mapping	→ Group level factors	-0.263	-5.976	0.000		
Organizational Stewardship	→ Group level factors	-0.425	-9.645	0.000		

Table (4.20) shows the results of SEM for testing the impact of Servant leadership on group level factors. The results show that the value of the coefficient B in Altruistic Calling affects the dependent variable (group level factors) by a value of (-0.123), Emotional healing affect by (-0.101), Wisdom affect by (-0.106), Persuasive mapping affect by (-0.263) and Organizational Stewardship affect by (-0.425) which indicate the Servant leadership effect on group level factors

The t statistics tests the linearity importance of the beta coefficient obtained. The mentioned beta tells that this impact value significantly contributes to the dependent variable because the probability of t statistics (0.000) was < 0.05.

The coefficient of determination (R^2) expresses the percentage of variability observed in the dependent variable when using the independent variable to predict it. R^2 was found to be (0.893) expressed as a percentage. As a result, and counting on the sig value of f (0.000) the study hypothesis is rejected concluding that servant leadership statistically affects group level factors. As Figure (4.5) shows: The impact of servant leadership on (group level factors)
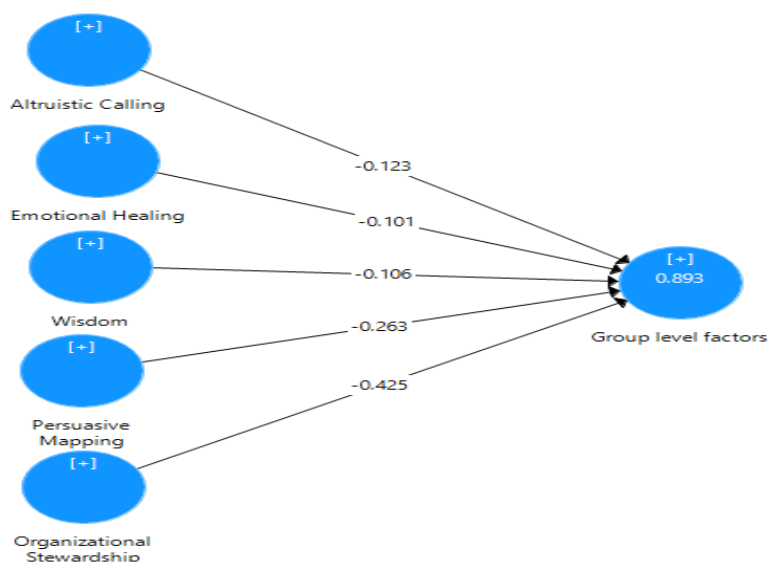

Figure 04.5: The impact of servant leadership on (group level factors)

H01.2: There is no statistically significant impact of Servant leadership (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping, Organizational stewardship) on tasks characteristics at a level of significance ($\alpha \leq 0.05$) in the private hospitals. To test this hypothesis and its sub dimensions, analysis was done by using the Structural Equation Modeling model and using Smart PLS 3 was used to verify the direct impact of Servant leadership on tasks characteristics.

Table (04.21): SEM Analysis for Testing the Impact of Servant Leadership on Tasks Characteristics

Variables	Direction		B	T	Sig.	R^2	Adjusted R^2
Altruistic Calling	⟶	Tasks characteristics	-0.131	-2.670	0.008	0.885	0.883
Emotional Healing	⟶	Tasks characteristics	-0.147	-3.754	0.000		
Wisdom	⟶	Tasks characteristics	-0.102	-2.058	0.040		
Persuasive mapping	⟶	Tasks characteristics	-0.500	-11.224	0.000		
Organizational Stewardship	⟶	Tasks characteristics	-0.145	-3.350	0.001		

Table (4.21) shows the results of SEM for testing the impact of Servant leadership on tasks characteristics. The results show that the value of the coefficient B in Altruistic Calling affects the dependent variable (Tasks characteristics) by a value of (-0.131), Emotional healing affect by (-0.147), Wisdom affect by (-0.102), Persuasive mapping affect by -0.500) and Organizational Stewardship affect by (-0.145) which indicate the Servant leadership effect on tasks characteristics.

The t statistics tests the linearity importance of the beta coefficient obtained. The mentioned beta tells that this impact value significantly contributes to the dependent variable because the probability of t statistics (0.000) was < 0.05.

The coefficient of determination (R^2) expresses the percentage of variability observed in the dependent variable when using the independent variable to predict it. R^2

was found to be (0.885) expressed as a percentage. As a result, and counting on the sig value of (0.000) the study. Hypothesis is rejected concluding that servant leadership statistically tasks characteristics. As Figure (4.6) shows: The impact of servant leadership on tasks characteristics
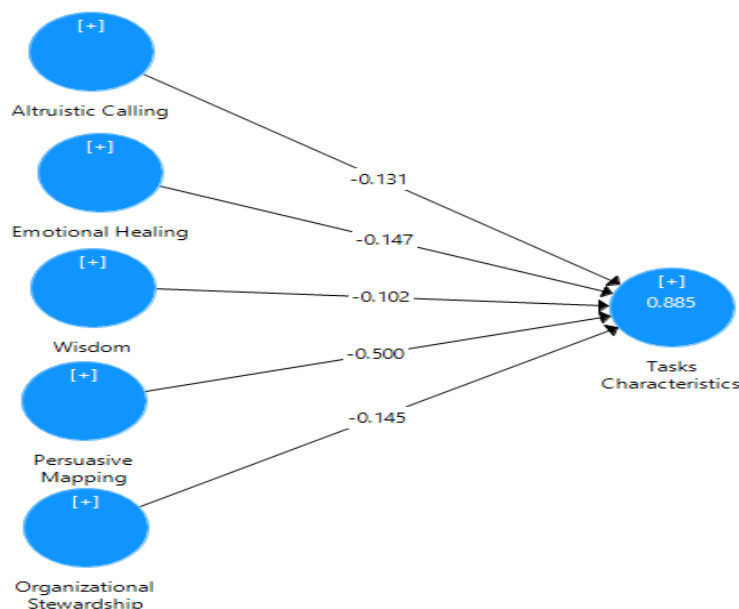
Figure 04.6: The impact of servant leadership on tasks characteristics

The Second Main Hypothesis

H02: There is no statistically significant impact of Servant leadership (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping, Organizational stewardship) on social loafing in the existence of organizational happiness as moderator variable at a level of significance ($\alpha \leq 0.05$).

To test this hypothesis with its sub dimensions **hierarchical multiple regression analysis** was used to measure servant leadership in multiple regression analysis of social loafing in existence of organizational happiness as moderator in privet hospitals as it describes in the following table (4.22)

Table (04.22): Results Of Hierarchical Multiple Regression Analysis to Show the Impact of Servant Leadership on Social Loafing In Existence of Organizational Happiness

Second Model			First Model			Independent variable	Dependent variable
Sig.*	T	β	Sig.*	T	B		
-			0.00	-32.43	-0.886	servant leadership	
0.00	-27.02	-0.738	-			* servant leadership Organizational Happiness	Social Loafing
0.969			0.886			R	
0.939			0.786			R^2	
0.153			0.786			ΔR^2	
730.317			1051.611			ΔF	
0.00			0.00			Sig. ΔF	

The distribution is normal when the significance level (< 0.05)

The results of hierarchical multiple regression analysis based on two models, as the results of the first model based on the correlation coefficient value was (R= -0.886) and this indicates a negative correlation between servant leadership and social loafing.

The results also showed that there was a statistically significant effect of the variable servant leadership on social loafing which is the F value (1051.611) at significant level (0.00) was (<0.050). to the value of the coefficient of determination expresses the variability observed in the dependent variable when using the independent variable to predict it, R2 was found to be (0.786) That's mean, the value of (0.786) of the changes in Social loafing is the result of the change in servant leadership. As well as the B result was (-0.886) which means increasing in servant leadership lead to decrease social loafing by value (-0.886), this indicate that the servant leadership explained percentage 88.6% of variance in Social loafing.

In the second model the moderator variable (organizational happiness) for the regression model was entered as the value of the correlation coefficient increased to R = (- 0.969)

As well as the value of the coefficient determination R^2 become (0.939), this percentage is statistically significant, as the change was in value (Δ F =730.317) at a level of significance ($\alpha \leq 0.05$). The value B become (-0.738) at the moderator variable (organizational happiness), t value (-27.02) at Significance level (0.00). This confirms the role of the moderator variable in improving the impact of servant leadership on social loafing, as the percentage of explanation for the variance in Social loafing has improved by (0.153) to increase from (0.786) to (0.939).

Based on the sig value (0.000) of the moderation effect, the null hypothesis is rejected and the alternative one is accepted at that state:

There is statistically significant impact of Servant leadership (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping, Organizational stewardship) negatively on social loafing in the existence of organizational happiness as moderator variable at a level of significance ($\alpha \leq 0.05$) Which mean that there is an impact on reducing the social loafing effect in the existence of organizational happiness as a moderator in private hospitals in city of Amman.

To verify the impact of Servant leadership on each dimension of social loafing in the presence of moderator variable organizational happiness in private hospitals, the two sub-dimensions were tested, as follows:

H02.1: There is no statistically significant impact of Servant leadership (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping, Organizational stewardship)

on group level factors in existence of organizational happiness as moderator at a level of

significance ($\alpha \leq 0.05$) in the private hospitals.

To test this hypothesis and its sub dimensions, analysis was done by using the

Structural Equation Modeling model and Smart PLS 3 was used to verify the direct impact

of Servant leadership on group level factors in existence of Organizational happiness as

moderator variable.

Table (04.23): Results of Hierarchical Multiple Regression Analysis to Show the Impact
of Servant Leadership on Group Level Factors in Existence of Organizational Happiness

Second Model			First model			In dependent variables	Dependent variables
Sig.*	T	B	Sig.*	T	β		
-			0.00	-27.91	-0.855	servant leadership	
0.00	-23.04	-0.787		-		* servant leadership Organizational Happiness	Group Level Factors
0.946			0.855			R	
0.895			0.731			R^2	
0.164			0.731			ΔR^2	
530.886			778.791			ΔF	
0.00			0.00			Sig. ΔF	

The distribution is normal when the significance level (< 0.05)

The results of hierarchical multiple regression analysis based on two models, as the

results of the first model based on the correlation coefficient value was (R= -0.855) and

this indicates a negative correlation between servant leadership and social loafing.

The results also showed that there was a statistically significant effect of the

variable servant leadership on group level factors which is the F value (778.791) at

significant level (0.00) was (<0.050). to the value of the coefficient of determination

expresses the variability observed in the dependent variable when using the independent

variable to predict it, R2 was found to be (0.731) That's mean, the value of (0.731) of the changes in Group level factors is the result of the change in servant leadership. As well as the B result was (-0.855) which means increasing in servant leadership lead to decrease group level factors by value (-0.855), this indicate that the servant leadership explained percentage 85.5% of variance in group level factors.

In the second model the moderator variable (organizational happiness) for the regression model was entered as the value of the correlation coefficient increased to R = (- 0.946)

As well as the value of the coefficient determination R^2 become (0.895), this percentage is statistically significant, as the change was in value (Δ F =530.886) at a level of significance ($\alpha \leq 0.05$). The value B become (-0.787) at the moderator variable (organizational happiness), t value (-23.04) at Significance level (0.00). This confirms the role of the moderator variable in improving (negative increasing) the impact of servant leadership on group level factors , as the percentage of explanation for the variance in group level factors has improved by (0.164) to increase from (0.731) to (0.895).

Based on the sig value (0.000) of the moderation effect, which the null hypothesis is rejected and the alternative is accepted at that state:

There is statistically significant impact of Servant leadership (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping, Organizational stewardship) negatively on group level factors in the existence of organizational happiness as moderator variable at a level of significance ($\alpha \leq 0.05$).

To verify the impact of Servant leadership on each dimension of social loafing in the presence of moderator variable organizational happiness in private hospitals, the two sub-dimensions were tested, as follows:

H02.1: There is no statistically significant impact of Servant leadership (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping, Organizational stewardship) on group level factors in existence of organizational happiness at a level of significance ($\alpha \leq 0.05$) in the private hospitals.

H02.2: There is no statistically significant impact of Servant leadership (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping, Organizational stewardship) on tasks characteristics in the existence of organizational happiness at a level of significance ($\alpha \leq 0.05$) in the private hospitals.

To test this hypothesis and its sub dimensions, analysis was done by using the Structural Equation Modeling model and Smart PLS 3 was used to verify the direct impact of Servant leadership on tasks characteristics in the existence of organizational happiness as moderator variable.

Table (04.24): Results Of Hierarchical Multiple Regression Analysis to Show the Impact of Servant Leadership on Tasks Characteristics in Existence of Organizational Happiness

Second Model			First Model			In dependent variables	Dependent variable
Sig.*	T	β	Sig.*	T	β		
-			0.00	-31.388	-0.880	servant leadership	
0.00	-16.248	-0.619	-			servant leadership * Organizational Happiness	
0.940			0.880			R	Tasks Characteristics
0.884			0.774			R^2	
0.110			0.774			ΔR^2	
263.999			985.205			ΔF	
0.00			0.00			Sig. ΔF	

The distribution is normal when the significance level (< 0.05)

The results of hierarchical multiple regression analysis based on two models, as the results of the first model based on the correlation coefficient value was (R= -0.880) and this indicates a negative correlation between servant leadership and tasks characteristics.

The results also showed that there was a statistically significant effect of the variable servant leadership on tasks characteristics which is the F value (985.205) at significant level (0.00) was (<0.050). to the value of the coefficient of determination expresses the variability observed in the dependent variable when using the independent variable to predict it, R^2 was found to be (0.774) That's mean, the value of (0.774) of the changes in tasks characteristics is the result of the change in servant leadership. As well as the B result was (-0.880) which means increasing in servant leadership lead to decrease tasks characteristics by value (-0.880), this indicate that the servant leadership explained percentage 88.0% of variance in tasks characteristics.

In the second model the moderator variable (organizational happiness) for the regression model was entered as the value of the correlation coefficient increased to R = (- 0.940)

As well as the value of the coefficient determination R^2 become (0.895), this percentage is statistically significant, as the change was in value (Δ F =263.999) at a level of significance ($\alpha \leq 0.05$). The value B become (-0.619) at the moderator variable (organizational happiness), t value (-16.248) at Significance level (0.00). This confirms the role of the moderator variable in improving (negative increasing) the impact of servant leadership on group level factors , as the percentage of explanation for the variance in tasks characteristics has improved by (0.110) to increase from (0.774) to (0.884).

Based on the sig value (0.000) of the moderation effect, the null hypothesis is rejected and the alternative one is accepted at that state:

There is statistically significant impact of Servant leadership (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping, Organizational stewardship) negatively on tasks characteristics in the existence of organizational happiness as moderator variable at a level of significance ($\alpha \leq 0.05$).

CHAPTER FIVE

Result Discussion, Conclusion and Recommendation

This chapter discuss the result which the researcher has found, with the presentation of a recommendation and a set of suggestions for future studies reached according to the results of the study.

5.1 Discussion of the Descriptive Analysis results of the variables Servant leadership.

The study result revealed that the level of servant leadership which dimensions are (Altruistic calling, emotional healing, wisdom, persuasive mapping, organizational stewardship) in privet hospitals was moderate, it reaches to (3.2232), this indicate that there is a lack in the doctors behaviors, knowledge, and skills toward the nurses in private hospitals. Maybe because the persuasive mapping has the lowest mean, which is something need to improve it as well as the importance of increasing doctors' awareness of servant leadership due to its impact on nursing staff in particular and the hospital in general. In which agrees with (**McCann** & **Sparks**, 2018) study that suggest to improve training and awareness of the servant-leadership attributes.

Below is the result discussion of servant leadership dimensions:

1. The study reveals that the level of Altruistic calling in private hospitals in Amman from the perspective of analysis has a moderate mean (3.2881).

This indicate the doctors in the hospitals need to focus on the altruistic calling dimensions since it is reflect on nursing behavior, due to the increase of personal interest which eventually effects the ethical decisions, thus, there won't be any given attention for other staff to develop their capability , team work capacity , creativity, and innovation , and

increase their satisfaction. And all of that agree with (**Erkutlua & Chafrab, 2015**) study, that deal with the environment which has people who want to serve others which will reduce the turnover cost and enhance performance, teamwork and innovation.

2. The study reveals that the level of emotional healing private hospitals in Amman from the perspective of analysis has a moderate mean (3.2638).

That's indicate lack of focus on strengthening the nursing relationship with doctors through continuous discussions and listening effectively, which increase motivation, helps nursing know their level of performance and accordingly the doctors will provides support and guidance to improve level of care services.as agree with (**Lee, Chen & Liou, 2015**) study that shows effect of supportive and directive leadership behaviors on employees motivation.

3. The study reveals that the level of wisdom private hospitals in Amman from the perspective of analysis has a moderate mean (3.2855).

That's indicate, Increased focus on improving nurses' participation in decision-making processes, especially for excellent individuals, thus improving their way of thinking and seeking different perspectives, as well as wisdom helps to look at things objectively to find the best methods and alternatives to provide best care practices.

4. The study reveals that the level of persuasive mapping private hospitals in Amman from the perspective of analysis has a moderate mean (3.2405).

That's indicate the lack or poor of using different methods of discussion, such as persuasion and seeing things rationally, and this helps build trust between them and doctors and to feel that their role is important, which increases the sense of fairness, commitment and satisfaction. As in the (**Etemadi, Darab, Khorasani, Moradi,**

Vazirinasab, 2019) study, that addresses the importance of tasks in the job that makes the individual feel as if their tasks and objectives are significant.

5. The study reveals that the level of Organizational stewardship in private hospitals in Amman from the perspective of analysis has a moderate mean (3.3642).

That indicates, need for more attention on The doctor's commitment to ethical behavior and performance of values such as non-discrimination and directing nursing to increase the service provided, by taking responsibility of his/her decisions and thus increase improve nurses' performance then increase productivity, progress and success.as the study (**Sun**, 2016) agrees which discusses the Performance monitoring controls in strengthening the servant leadership that affects innovation performance of employees.

The study result revealed that the level of social loafing which dimensions are (Constitution, justice, Dispersion, tasks visibility, tasks complexity) in privet hospitals was moderate, it reaches to (3.1092), this indicates that there is a lack in considering social loafing , as nurses dependency of nursing relying on each other has increase and impacted the health care services. Maybe because the constitution item has the lowest mean, which indicates the need to improve it, As well as the importance of increasing doctors' and hospitals' awareness of social loafing due to its impact on nursing staff in particular and the hospital in general. Which agrees with (**Ahmad, Jamshid & Rehman, 2018**) study in which social loafing lead to project failure, loss of loyal and productivity performance of the organization.

 Below is the result discussion to social loafing dimensions:

1. The study reveals that the level of constitution in private hospitals in Amman from the perspective of analysis has a moderate mean (3.4126).

That's indicates, need to increase focus on the hospital policies regarding rules, performance, job descriptions, coordination between department ,salary system and regulation, which should be directed to increase the competitive advantage. As (**Thanh & Toan, 2018**) study agrees that the employees were concerns about the fairness of policies and procedures of the organizations.

2. The study reveals that the level of justice in private hospitals in Amman from the perspective of analysis was moderate mean (3.5701).

   That indicates that need to increase focus on providing attention the hospital's schedules and rewards and assessing performance based on it , will increases nursing satisfaction and progress, thus, will improve the care provision and therefore reflects on the hospital's success.as (**McBride, LeVasseur & Dongmei, 2015**) **study** agrees the results that there are several reverse correlation between Justice Dimensions and social loafing.

3. The study reveals that the level of dispersion in private hospitals in Amman from the perspective of analysis has a moderate mean (3.3988).

   That indicates, need to increase hospitals 'attention in nursing, because social loafing has increased for the individual who didn't feel support from hospital ,such, as taking into consideration allocation of tasks, estimating individual contributions and distributing work fairly, all of them will increase nursing satisfaction and their contribution to raising the level of health care service.as agreed with (**Akgunduz & Eryilmaz 2018**) study, and showed that social loafing has increased when group size increased which leads to decrease in group cohesion.

4. The study reveals that the level of tasks visibility in private hospitals in Amman from the perspective of analysis was moderate mean of (3.5043).

That's indicate, need to increase appreciates the invisible work of nurses' efforts, rewarding based on results is a method of motivation that gives an opportunity for nursing to progress and raise the quality of the health service provided. As **Thanh & Toan (2018)** study agrees on that the tasks are clearly divide in groups they will receive a worthwhile outcome and the social loafing will decrease.

5. The study reveals that the level of tasks complexity in private hospitals in Amman from the perspective of analysis has a moderate mean (3.5225).

That indicates, need to increase the nurses' experience and capabilities, through cooperation between the departments which helps to understand the goal of the hospital and its mission through the exchange of information and experiences.as study **(Zhang, Jiang & Cheng, 2017)** agrees that the social loafing dimensions which are social loafing from two dimensions: group-level Factors (constitution, dispersion and justice) and task characteristics (task visibility, task complexity).

The study of the result revealed that the level of Organizational happiness which dimensions are (engagement, Job satisfaction, Affective organizational commitment) in privet hospitals was moderate, it reaches to (2.9491), this indicate that there is lack in considering Organizational happiness , job satisfaction level, enjoyment which have impact on health care services Maybe because the Job Satisfaction item has the lowest mean, which needs to improvement, As well as the importance of increasing doctors' and hospitals' awareness of organizational happiness due to its impact on nursing staff in particular and the hospital in general. Which agrees with (**Etemadi, Darab, Khorasani, Moradi &Vazirinasab, 2019**) study agree that there is correlation relationship between

distributive component and social loafing ($P < 0.05$), social loafing in females is more than that of males ($P < 0.05$).

Below is the result discussion to organizational happiness dimensions:

1. The study reveals that the level of Engagement in private hospitals in Amman from the perspective of analysis was moderate mean (3.5121).

That indicates, need to focus on these characteristics and increase them through satisfaction forms' characteristics such as ; Passion, encouraging, enthusiastic, because they are the basis for successful work, so the hospital can reach its goal of achieving the highest levels of health care. As this study **(Uysal, 2019)** result stated positive and relationship burnout and social loafing perception and determined will increase the social loafing behavior in one unit.

2. The study reveals that the level of job satisfaction in private hospitals in Amman from the perspective of analysis has a moderate mean (3.5121)

That indicates we must increase focus to put the right person in the right place, measure the level of satisfaction continuously, giving equal opportunity, help the individual's growth and increase productivity. As in (**Etemadi, Darab, Khorasani, Moradi & Vazirinasab, 2019) study which** agrees that there is a relationship between social loafing and organizational justice among nurses.

3. The study reveals that the level of affective organizational commitment in private hospitals in Amman from the perspective of analysis has a moderate mean (3.2093).

In the researcher's opinion, an Attention to complaints and their solution helps nursing to feel a sense of belonging, because most jobs depend on more than one employee, which facilitates work flow and productivity. As study **(Salas-Vallina & Alegre, 2018)** agree that there is a positive relationship between happiness at work and the engagement

(passion at work), job satisfaction (evaluations of job characteristics) and affective organizational commitment (feelings of belonging to the organisations).

5-2 Discussion of the Result of the Study Hypotheses

First hypothesis

H01: The study result revealed that the null Hypothesis is rejected and the alternative hypothesis accepted which state: There is statistically significant impact of servant leadership with all its dimensions (Altruistic calling, emotional healing, wisdom, persuasive mapping, and organizational stewardship) on social loafing at a level of significance ($\alpha \leq 0.05$) in the privet hospital, the hypotheses is accepted and this shows that the servant leadership does decrease the effect of social loafing in privet hospitals. Which mean that there is an impact on reducing the social loafing effect private hospitals in Amman city, this is agree with **Lee, Chen & Liou (2015)** study which stats supportive and directive leadership has significantly negative correlated to perceived social loafing.

H01.1: The study result revealed that the null Hypothesis is rejected and the alternative hypothesis accepted, which state: There is statistically significant impact of Servant leadership (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping, Organizational stewardship) on group level factors at a level of significance ($\alpha \leq 0.05$) in the private hospitals. That is due to the servant leadership and its characteristics which provide support and direction to nurses and gives them a feeling of confidence and fairness, and therefore enthusiasm to maintain the required level of work, which agree with **(Lee, Chen & Liou, 2015)** study. Directive and supportive leadership behaviors correlated negatively on social loafing, also include the job characteristics which is three factors (task difficulty, task identity, and individual performance feedback)

H01.2: The study result revealed that the null Hypothesis is rejected and the alternative hypothesis accepted which state: There is statistically significant impact of Servant leadership (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping, Organizational stewardship) on tasks characteristics at a level of significance ($\alpha \leq 0.05$) in the private hospitals. Which means when the tasks are clearly divide in groups they will receive a worthwhile outcome and the social loafing will decrease, which agree with (**Thanh & Toan, 2018**) study stated Distributive justice and Procedural justice have opposite effect on social loafing, which means when the tasks are clearly divide within groups they will receive a worthwhile outcome and the social loafing will decrease.

Second Hypothesis

H02: The study result revealed that the null Hypothesis is rejected and the alternative hypothesis accepted which state: There is statistically significant impact of Servant leadership (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping, Organizational stewardship) on social loafing in the existence of organizational happiness as moderator variable at a level of significance ($\alpha \leq 0.05$), the hypotheses is accepted and this shows that the organization happiness work with servant leadership on decreasing the effect of social loafing in privet hospitals. Which mean that there is an impact on reducing the social loafing effect private hospitals at Amman city.

The null Hypothesis is rejected and the alternative hypothesis accepted which state there is statistically significant impact of servant leadership with all its dimensions (Altruistic calling, emotional healing, wisdom, persuasive mapping, and organizational stewardship) on social loafing in the existence of organizational happiness as moderator variable at a level of significance ($\alpha \leq 0.05$) in the privet hospital, that means organizational happiness play an important role in decreasing dissatisfaction, burnout, not

engaging which lead to social loafing behavior. This is agree with **(Uysal, 2019)** study. Results stated a positive relationship between burnout and social loafing perception moreover, determined increasing the social loafing behavior in one unit.

H02.1: The study result revealed that the null Hypothesis is rejected and the alternative hypothesis accepted which state : There is statistically significant impact of Servant leadership (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping, Organizational stewardship) on group level factors in existence of organizational happiness as a moderator variable at a level of significance ($\alpha \leq 0.05$) in the private hospitals. That means the individuals who feel that they are supported by managers will effects positively in their behaviors, moreover focusing on group cohesion and job security will give them willing and energy to do the tasks of work effectively and avoid negative attitudes and behaviors as well as poor performance, less commitment, disengagement or turnover. And this agree with study **Akgunduz & Eryilmaz (2018).** Stated that group size and job insecurity increase social loafing.

H02.2: The study result revealed that the null Hypothesis is rejected and the alternative hypothesis accepted which state: There is statistically significant impact of Servant leadership (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping, Organizational stewardship) on tasks characteristics in existence of organizational happiness as a moderator variable at a level of significance ($\alpha \leq 0.05$) in the private hospitals. Which means that organizational happiness will increase job satisfaction when the tasks are clearly divided, and the fairness of policies and procedures of the tasks lead to engagement, self-belonging decrease negligence and in return the social loafing. As that agree with study **(Thanh & Toan, 2018).** The result show that distributive justice

and Procedural justice have opposite effect on social loafing, moreover social loafing will decrease when the tasks clearly divided in existence of fair polices and procedure.

5-3 Recommendation

1. Encourage doctors to practice servant leadership characteristics in private hospitals because it is the best appropriate way to increase focusing on nurses to raise the level of health care and hospitals improvement. Increase practices by providing a training, give more time to improve nursing's skills, help looks at things objectively and finding the best methods and alternatives to provide best care practices.

2. Increase focusing on the altruistic calling, due to its influence on nursing behavior, to increase team work, creativity, innovation, and satisfaction, through allowing time doctors and nurses to develop their capabilities, and for doctors to goes beyond self-interest for the interest of the group, gives time to help colleagues, Considers the ethical consequences of decisions.

3. Importance of discussions and effective listening, which increase motivation provides support and guidance to improve level of care services, by providing feedback on tasks, doctor listens effectively to others, the doctor expresses satisfaction when meeting expectations, provides me with assistance in exchange for my efforts, involved excellent individuals in decisions that affect their work directly. Through helps me to improve my thinking way, seeks differing perspectives when solving problems.

4. Work on persuasion to see the things rationally, which helps build trust more than power to feel that their role is important, which increases the sense of belonging,

commitment and satisfaction, as well as discuss each case of work separately, gives fairness to all nurses, uses trust rather than fear (or insecurity).

5. Holding ethical behaviors and performance, improve taking responsibility of his/her decisions to cooperation and coordinate to increase productivity, progress and success, through training and delegate tasks, attention toward failures to meet standards, serves people without distinction (for their nationality, race or race), promotes values that transcend self-interest.

6. Working on notice hidden and unobservable behavior (social loafing) between nurses moreover who feels lack of interest in work, hiding behind other's efforts, because nurses roles are important and significant as it influence on patients' care. Through establishing serious rules, clarify the expected performance according to job descriptions, adopt a fair salary system and the hospital determines coordination mechanisms between different units.

7. Improve hospital policies regarding rules, performance, job descriptions, schedules, coordination between departments, salary system, and regulation should be directed to increase the hospitals' competitive, through prepares flexible work schedule taking into accounts nurses' conditions, gives reward based on performance evaluation, fair compensation, consider the effort of extra work.

8. Improve rewards based on performance to increases nursing satisfaction and progress, thus, will enhance the care providers, therefore reflects on the hospital's success. Through measure the level of satisfaction continuously and follow up on complains.

9. Recondition in allocate of tasks, estimating individual contributions and distributing work fairly, to increase satisfaction and their contribution to raising the level of health

care service. Distributes the workload fairly on nurses, allocate the tasks according to positions, hospital takes in consideration nurses who prefer work alone or within group, and take in to consideration the uniqueness of individual contributions.

10. Focusing in appreciate the invisible work of nurses' efforts, divide tasks fairly to increase motivation to give nursing an opportunity to progress and raise the quality of the health service provided, through provide clear rules for commitment, focuses on effectiveness and efficiency in accomplishing tasks, and motivates the nurse based on performance relative-to-outcome.

11. Make sure the tasks are clear and connect to job description to improve nurses' experience and capabilities, moreover connections between the departments which helps to understand the goal of the hospital and its mission through the exchange facilitates the workflow between groups with departments of information and experiences. Through clear and simple tasks, skills and experiences, facilitates the workflow between groups with departments, and sets realistic tasks within available resources.

12. Increase perceptions of organizational happiness of nursing in the hospitals environment, to prevent the effects of misbehaviors like health problems, lower job satisfaction, lower job performance, decreased productivity, reduced creativity, distrust, increase turn-over and absenteeism and conflicts, which increase costs. Through measure the level of satisfaction, and provide training, provides resilience at work, rewards nurses who always persevere in difficult situations.

13. Improve focusing on these characteristics like; passion, encouraging, enthusiastic, because they are the basis for successful work and measure them continuously. Through provide encouraging environment, caring in nurses who have passion,

supports enthusiastic nurses, rewards the nurses who have a commitment toward the work,

14. Importance to putt the right person in the right place, giving equal opportunities, help the individual's growth and increase productivity, through provides equal opportunities, express his/her opinions freely, feeling of the nurses that they are belong and part of goals of the hospitals.

15. Increase Attention to complaints and their solution helps nursing to feel a sense of belonging, which facilitates work flow and productivity, through hospital reduces turnover to retain its committed nurses, creates a positive learning environment, develops social personality, discuss issues relating to nurses complaints, hospital invests in it nurses.

5.4 Suggestions

1. Implement the study in Amman to include all the privet hospitals

2. Run the study on organizations and companies 'sectors in Jordan.

3. Conduct more studies regarding the effect of servant leadership on social loafing with different dimensions.

4. Conduct a study with same variable but difference moderator such as ethical climate or organizational climate.

5. Study the relationship between social loafing and organizational commitment, organizational citizenship and absenteeism.

6. Study the relationship between social loafing and organizational justice.

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Appendixes

Appendix 1: The Interviews

I have done an interview in three hospitals in Amman and the results of the interview were as follows:

Hospital: (Al-Astiqlal hospitals)

Interviewer: Dr. Muayad Yousef Omar

Time: 20 mines

Questions:

- How do you see the performance of nursing?

Complaints of small things

- How much the working hours and is there any pressure?

Long working hours 12, and patients distribution percentage to each nurse was inefficient.

- Does the nurses have a clear Job description for each one?

No

- What are the most prominent problems facing nursing?

 Low salaries, lack of promotion and no participation in decision making.

- Do nurses involved and empowered?

No

Hospital: (Al-Shmeisani)

Interviewer: Hussam al Budoor (the Matron of Nursing), (Nurse: Musab abid rabo)

Time: 25 mines

Questions:

- How do you see the performance of nursing?

Do want to complete their tasks, leave the works to other to complete it.

- How much the working hours and is there any pressure?

Long working hours 12, and patients distribution percentage to each nurse was inefficient.

- Does the nurses have a clear Job description for each one?

No, they are working on this issue.

- What are the most prominent problems facing nursing?

Low salaries, lack of promotion and no participation in decision making.

- Do nurses involved and empowered?

Just the hard workers, and reliable.

Hospital: (Lousmila)

Interviewer: The Merton: Basma Al qela and the Head Nurse: Dua'a Al Haj.

Time: 45 Mines

Questions:

How do you see the performance of nursing?

They are commitment to their works, the works are organized and divided equally to each one, and they are working on training and development of their staff.

- How much the working hours and is there any pressure?

Long working hours 12, fixed timetable and patients' distribution percentage was fair and sufficient.

- Does the nurses have a clear Job description for each one?

Yes, they have.

- What are the most prominent problems facing nursing?

They don't feel that they are involved and empowered, no decision making process, they felt that they are controlled by the Matron.

Appendix 2: Hospital names and Number of nurses' workers

NA: Not available (Hospitals that refused to cooperate with us

No.	Hospital names	Number of nurses worker
1	Abdelhadi Hospital	210
2	Al Amal Hospital	25
3	AL Bayader Hospital	50
4	AL hamayda Hospital	30
5	AL Hanan Hospital	30
6	Al -jazeera Hospital	NA
7	AL Khansaa Hospital	48
8	Al Shaheed Abu Deya	NA
9	AL-Ahely Hospital	20
10	AL-AQSA Hospital	NA
11	AL-Eslami/ Amman Hospital	800
12	Al-Estishari Hospital	200
13	Alharamain-Hospital	65
14	AL-Hayat Hospital	75
15	Al-Istiqlal Hospital	180
16	AL-Italy / Amman Hospital	62
17	AL-Khaldi Hospital	NA
18	AL-Markiz AL-Arabi Hospital	425
19	AL-Mouasah Hospital	NA
20	AL-Ordon Hospital	150
21	Aloyoun Takhassosi Hospital	NA
22	AL-Qudes Hospital	70
23	AL-Rahmah Hospital	NA
24	AL-Shumesani Hospital	145
25	AL-Takhassosi Hospital	270
26	Amman AL-Jerahi Hospital	105
27	A'qleh Hospital	35
28	Dar Al-Salam hospital	120
29	Ebin AL-haithem Hospital	200
30	Esra' Hospital	225
31	Falasteen Hospital	37
32	Farah Hospital	120
33	Al Gardens hospital	84
43	Heba Hospital	15
35	Jabal Amman Hospital	18
36	King Hussein Cancer Center	617
37	Lozmela Hospital	48
38	Maqased Hospital	80
39	Melaad Hospital	NA
40	Pheladelphia Hospital	NA
41	Red Crescent Hospital	18
42	Royal Hospital	130
43	Tla' El 'Ali Hospital	20
Total		**4,722**

Appendix 3: Panel of Experts

Name of Dr.	University
Prof. Hala Sabri	Petra university
Prof. Rateb Swaes	University of Jordan
Prof. Mohammad Alnuaimy	University of Jordan
Associate prof Dr. Amjad Twaqaat	Middle East university(MEU)
Associate prof Dr. Dujena Nabulsi	Al Balqa'a university
Associate prof Dr. Feras al Shalabi	Petra university
Associate prof Dr. mohammad Al zo'bi	Petra university
Associate prof Dr. Mohammad maayta	Al Balqa'a university
Associate prof Dr. Nedal	Petra university
Associate prof Dr. Sameer Jabali	Middle East university(MEU)
Associate prof Dr. Samer al Dihaeat	University of Jordan

The names of the experts, the arbitrators of the questioning arbitrators, have arranged the above table (according to degree, academic, and alphabet).

Appendix 4: Questionnaire

Dear Sirs,

Hospitals sector are very important to provide the best services to improve the health care through increase awareness and performance, capabilities to compete and growth in the market.

From this perspective the researcher is conducting a study entitled: **Servant leadership and its impact in reducing social loafing and test of the Moderating role of organizational happiness -A Field Study on the Private Hospitals in Amman -**. in order to complete the master's degree in Business Administration (MBA) from the Middle East University, Faculty of Business- Business Administration Department, Amman-Jordan.

Since you are a staff member of the hospitals, you are more able to give your opinion in this field. And you have been selected because of your active role that contributes in raising the profession of nursing and advancement to serve others.
Therefore, the researcher request you to read the attached questionnaire carefully and answer each paragraph by marking an (x) in the box that corresponds to your opinion in each paragraph.

The researcher is confident that you will be a good help for the service of scientific research and to contribute in your hospital development. The information contained in the questionnaire is only for the purpose of scientific research and will be treated with complete confidentiality.

With sincere thanks and appreciation.

Researcher: Supervised by:

Areej Faeiq Hijazin   Prof. Ahmad Ali Salih

September, 2019

السادة المحترمون...

لا يخفى ان قطاع المستشفيات مهم للغاية لتقديم أفضل الخدمات لتحسين الرعاية الصحية من خلال زيادة الوعي والأداء، والقدرة على المنافسة والنمو في السوق.

ومن هذا المنظور، تقوم الباحثة بإجراء دراسة بعنوان "القيادة الخادمة وأثرها على التكاسل الاجتماعي: اختبار الدور المعدل للسعادة المنظمية، دراسة ميدانية على المستشفيات الخاصة في الأردن. وذلك من أجل استكمال الحصول على درجة الماجستير في إدارة الأعمال (MBA) من جامعة الشرق الأوسط، قسم إدارة الاعمال.

وبما أنكم من العاملين في المستشفيات الخاصة فإنكم الاقدر من غيركم على الادلاء برأيكم في هذا المجال وقد تم اختياركم نظرا لدوركم الفاعل الذي يساهم في رفع مهنة التمريض والنهوض بها لخدمة الاخرين وعليه، ترجو منكم الباحثة قراءة الاستبانة المرفقة بعناية والإجابة على كل فقرة بوضع علامة (×) في المربع الذي يتوافق مع رأيك في كل فقرة.

تثق الباحثة بأنك ستكون عونا جيدا لخدمة البحث العلمي وللمساهمة في تطوير المستشفى. المعلومات الواردة في الإستبانة هي فقط لغرض البحث العلمي وسيتم التعامل معها بسرية تامة.

مع خالص الشكر والتقدير.

اشراف: أ. د. أحمد علي صالح   الباحثة: أريج فايق حجازين

أيلول 2019

التعريفات الاجرائية لمتغيرات الدراسة

Independent Variable: servant leadership - المتغير المستقل: القيادة الخادمة

It a natural feeling that one wants to serve, serving starts from doctors who are leaders to inspire others. The difference manifests itself in the care taken by the servant first to make sure that other peoples' highest-priority needs are being served It consists of five sub dimensions (Altruistic calling, Emotional Healing, Wisdom, Persuasive Mapping and organizational Stewardship).

شعور طبيعي برغبة الفرد بالخدمة، الذي يبدا من الاطباء بوصفهم القادة لإلهام الآخرين، ويكون من خلال العناية اولا من الخادم لتلبية احتياجات الآخرين القصوى، ويتألف من (دعوة الإيثار، الشفاء العاطفي، الحكمة، مخطط الإقناع والرعاية التنظيمية)

المتغير التابع: التكاسل الاجتماعي - Dependent Variable: social loafing

Phenomenon influence on collaborative work, as well as on team performance, by putting less effort within group than working alone especially with collective work within organizations, leads to reduce individual performance, reducing in satisfaction and performance, it's consists of two sub dimensions (group level factors and tasks characteristics).

الظاهرة التي تؤثر على العمل التعاوني، وكذلك على أداء الفريق، من خلال بذل أقل جهد داخل المجموعة من العمل بمفردها وخاصة مع العمل الجماعي داخل المستشفيات، مما يؤدي إلى تقليل الأداء الفردي، وتقليل الرضا وأداء الممرضين، ويتألف من (عوامل على مستوى المجموعة وخصائص المهمات).

المعدل: السعادة المنظمية – المتغير Moderator Variable: organizational happiness

The study and application of positively oriented human resource strengths and psychological capacities that can be measured, developed, and effectively managed for performance improvement at hospital. It consists of: (Engagement, Job satisfaction and Affective organizational commitment).

دراسة وتطبيق نقاط القوة البشرية الموجبة ذات التوجه الإيجابي والقدرات النفسية التي يمكن قياسها وتطويرها وإدارتها بفاعلية لتحسين الأداء في المستشفى. وتتكون من (الاستغراق، الرضا الوظيفي، الالتزام التنظيمي العاطفي).

Demographic Data

Age (years): ☐ 18-Less 25 ☐ 25-Less 32 ☐ 32-Less 39 ☐ 39 and above

Education: ☐ high school ☐ Diploma ☐ Bachelor ☐ Master

Division: ☐ ER ☐ Medical ☐ Surgical ☐ Operational

Years of Experience: ☐ Less than 5 ☐ 5-10 ☐ 11-15 ☐ 16 and above

المعلومات العامة (الخصائص الديمغرافية)

العمر: ☐ 18- الى اقل من 25 ☐ 25- الى اقل من 32 ☐ 32- الى اقل من 39 ☐ أكثر من 39

التعليم: ☐ ثانوية عامة ☐ دبلوم ☐ بكالوريوس ☐ ماجستير

القسم: ☐ الجراحة ☐ الباطني ☐ الطوارئ ☐ العمليات

سنوات الخبرة: ☐ اقل من 5 ☐ 5 - 10 ☐ 11 - 15 ☐ أكثر من 15

	Paragraphs	أتفق بشدة Strongly Agree	أتفق Agree	اتفق الى حد ما Agreed to some extent	لا أتفق Disagree	لا أتفق بشدة Strongly Disagree
1	The hospital adopts a fair salary system. تعتمد المستشفى نظام رواتب عادل.	1	2	3	4	5
2	The doctor listens effectively to others. يستمع الطبيب بفاعلية إلى الآخرين.	5	4	3	2	1
3	The doctor involves excellent individuals in decisions that affect their work directly. يشارك الطبيب الافراد المميزين في اتخاذ القرارات التي تؤثر على عملهم بصورة مباشرة.	5	4	3	2	1
4	The hospital is committed to establishing serious rules. تلتزم المستشفى بوضع قواعد جادة.	1	2	3	4	5
5	The hospital prepares flexible work schedule taking into account nurses conditions. تُعد المستشفى جدول عمل مرن مع مراعاة ظروف الممرضين.	1	2	3	4	5
6	The environment of hospital is encouraging. توفر بيئة المستشفى شعور بالاندفاع.	5	4	3	2	1
7	The hospital is concerned with the individual abilities to put the right person in the right place. تهتم المستشفى بالقدرات الفردية لوضع الشخص المناسب بالمكان المناسب.	5	4	3	2	1
8	The doctor gives time to help me and colleagues around me. يخصص الطبيب الوقت لمساعدتي وزملائي من حولي	5	4	3	2	1
9	The doctor knows how to deal with difficult situations. يعرف الطبيب كيف يتعامل مع الظروف الصعبة.	5	4	3	2	1
10	The hospital clarify the expected performance according to job descriptions. توضح المستشفى الأداء المتوقع وفقًا للوصف الوظيفي.	1	2	3	4	5

11	The hospital take in to consideration the uniqueness of individual contributions. تأخذ المستشفى في الاعتبار تفرد المساهمات الفردية.	①	②	③	④	⑤
12	The hospital appreciates the invisible work of nurses' efforts. تقدر المستشفى العمل غير المرئي لجهود الممرضين.	①	②	③	④	⑤
13	The hospital gives nurses a feeling of self-belonging. تجعل المستشفى الممرضين يشعرون أنهم جزء منها.	⑤	④	③	②	①
14	The doctor spends time developing my abilities. يخصص الطبيب وقتا لتطوير قدراتي	⑤	④	③	②	①
15	The doctor expresses satisfaction when I meet expectations. يعبر الطبيب عن الرضا عندما أنجز المطلوب كما هو متوقع.	⑤	④	③	②	①
16	The doctor promotes values that transcend self-interest. يعزز الطبيب القيم التي تتجاوز المصلحة الذاتية	⑤	④	③	②	①
17	The hospital distributes the workload fairly on nurses. توزع المستشفى عبء العمل بشكل عادل على الممرضين.	①	②	③	④	⑤
18	The hospital directs the cooperation between departments to increase productivity. تُوجه المستشفى التعاون بين اقسام العمل لزيادة الانتاجية.	⑤	④	③	②	①
19	The doctor gets me to look at problems from many different angles. يجعلني الطبيب أنظر إلى المشاكل من عدة زوايا.	⑤	④	③	②	①
20	The hospital gives reward based on performance evaluation. تمنح المستشفى المكافأة بناءً على تقييم الأداء.	①	②	③	④	⑤
21	The doctor provides me with assistance in exchange for my efforts. يقدم الطبيب الدعم ليّ مقابل جهودي في العمل.	⑤	④	③	②	①

22	The hospital facilitates the workflow between groups with departments. نُسِّهل المستشفى سير العمل بين المجموعات مع الاقسام.						
23	The hospital discusses issues relating to nurses complaints. تناقش المستشفى القضايا المتعلقة لشكوى الممرضين.						
24	The hospital takes in to consideration nurses who prefer work alone or within group. تأخذ المستشفى في الاعتبار الممرضين الذين يفضلون العمل بمفردهم أو ضمن المجموعة						
25	The doctor directs my attention toward failures to meet standards. يوجه الطبيب انتباهي نحو الاخطاء من اجل المحافظة على المستوى المطلوب للعمل.						
26	The hospital measures the nurses' satisfaction continuousiy. تقيس المستشفى رضا الممرضين بشكل مستمر.						
27	The hospital determines coordination mechanisms between different units to achieve the highest degree of cooperation. تحدد المستشفى آليات التنسيق بين الوحدات المختلفة لتحقيق اعلى درجات التعاون.						

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#	Statement					
32	The doctor Considers the ethical consequences of decisions. يراعي الطبيب العواقب الاخلاقية للقرارات.	5	4	3	2	1
33	The hospital increases nurses' sense of belonging when they achieve goals تزيد المستشفى شعور الممرضين بالانتماء عندما يحققون اهداف	5	4	3	2	1
34	The hospital allows the nurse to express their opinion freely تسمح المستشفى للممرضين بالتعبير عن رأيهم بحرية.	5	4	3	2	1
35	The doctor serves people without distinction (for their nationality, race or race) يخدم الطبيب الناس دون تمييز (لجنسيتهم أو جنسهم أو عرقهم).	5	4	3	2	1
36	The doctor focuses on effectiveness and efficiency in accomplishing tasks. يركز الطبيب على الفعالية والكفاءة في إنجاز المهام.	1	2	3	4	5
37	The hospital develops my skills and experiences. تُطوِّر المستشفى من مهاراتي وخبراتي.	1	2	3	4	5
38	The doctor helps me to improve my way thinking. يساعدني الطبيب على تحسين طريقة تفكيري.	5	4	3	2	1
39	The hospital creates a positive learning environment. تخلق المستشفى بيئة تعليمية إيجابية.	5	4	3	2	1
40	The doctor encourages to look at things in rationality. يشجع الطبيب على النظر إلى الأمور بعقلانية.	5	4	3	2	1
41	The salary compensation of hospital is fair comparing to workload. تعتبر مبالغ الأجور المستشفى عادلة مقارنة بعبء العمل.	1	2	3	4	5
42	The hospital sets realistic tasks within available resources. تحدد المستشفى مهمات واقعية ضمن الموارد المتاحة.	1	2	3	4	5

43	The hospital develops social personality for nurses تطور المستشفى شخصية اجتماعية للممرضين.	5	4	3	2	1
44	The doctor goes beyond self-interest for the good of the group. يتجاوز الطبيب مصالحه الشخصية من أجل مصلحة الجماعة.	5	4	3	2	1
45	The hospital rewards the nurses who have a commitment to work. تكافئ المستشفى الممرضين الذين لديهم التزم في العمل.	5	4	3	2	1
46	The hospital provides the nurses with clear rules for commitment. تزود المستشفى الممرضين بقواعد واضحة تنص على الالتزام.	1	2	3	4	5
47	The tasks of hospital are clear and simple. المهام التي وضعتها المستشفى واضحة وبسيطة.	1	2	3	4	5
48	The doctor uses trust rather than fear (or insecurity) يستخدم الطبيب الثقة بدلاً من استخدام الخوف (أو عدم الأمان).	5	4	3	2	1
49	The doctor uses persuasion rather than power. يستخدم الطبيب طريقة الاقناع بدلا من السلطة.	5	4	3	2	1
50	The hospital invests in it nurses تستثمر المستشفى في موظفيها .	5	4	3	2	1
51	The hospital supports enthusiastic nurses تدعم المستشفى الممرضين المتحمسين.	5	4	3	2	1
52	The hospital rewards nurses who always persevere, in difficult situations. تكافئ المستشفى الممرضين الذين يثابرون دائمًا في الظروف الصعبة	5	4	3	2	1
53	The hospital provides equal opportunities توفر المستشفى تكافؤ الفرص.	5	4	3	2	1
54	The doctor gives fair to all nurses. يمنح الطبيب العدالة لجميع ممرضين.	5	4	3	2	1

55	The hospital provides resilience at work. توفر المستشفى مرونة في العمل.	⑤	④	③	②	①
56	The hospital considers the effort of extra work. تأخذ المستشفى بعين الاعتبار مجهودات العمل اضافي.	①	②	③	④	⑤
57	The hospital allocate the tasks according to position. تقوم المستشفى بتخصيص المهام حسب المنصب.	①	②	③	④	⑤
58	The hospital motivates the nurse based on performance relative-to-outcome. تحفز المستشفى الممرضين على أساس الأداء بالنسبة للنتائج	①	②	③	④	⑤