



The Impact of Leadership Styles on Healthcare Employees Engagement on Health Workers in the Medina region

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Abstract:

Healthcare organizations worldwide are currently encountering growing difficulties stemming from a scarcity of healthcare workers and a rising prevalence of employee attrition. Consequently, there is an increased requirement for healthcare professionals and other staff members within the healthcare industry. This study will employ a cross-sectional, community-based quantitative study design. The study will commence within the healthcare facilities located in the Medina region, encompassing a sample size of 1200 participants. The primary outcome of this research study suggests that job satisfaction is notably impacted by two key factors: the perception of receiving recognition for one's work from both supervisors and colleagues, and the perception of being involved in organizational decision-making processes. The results of the research suggest that incorporating effective communication skills, prior management experience, and adaptable academic qualifications into the selection criteria for managerial positions in primary healthcare centers can lead to favorable outcomes in terms of leadership quality and job satisfaction among healthcare professionals working in these centers.

Keywords: Leadership, Leadership styles, Healthcare employees

Introduction

Healthcare organizations globally are facing increasing challenges due to a shortage of healthcare personnel and escalating rates of employee turnover, leading to greater demands for healthcare professionals and other staff members in the healthcare sector.

Moreover, it is imperative for organizations operating within the healthcare sector to demonstrate exemplary performance. This because healthcare organizations must have properly motivated staff to reach high levels of performance (Anand & Bärnighausen, 2004).

In Medina, it is crucial to look for better leadership methods that can help to improve employee engagement in the workplace in order to reach the most of human resources and achieve the Kingdom's 2030 Vision goals. Following the publication of the 2030 Vision, hospital agencies in the Kingdom tried to implement major changes and improve administrative and procedural issues to develop and improve employee engagement in health sectors. Many concepts, including work happiness, employee engagement, and employee experience, were frequently used in the private sector.

The significance of employee engagement cannot be overstated, as scholarly research has consistently demonstrated its positive impact on various organizational outcomes. For instance, studies have shown that engaged employees contribute to favorable outcomes such as reduced employee turnover, enhanced customer satisfaction, heightened productivity, and improved operational efficiency (Buhler, 2006). One possible way for less employee satisfaction is poor managerial skills. As such, the manager's failure stems from his incapacity to mobilize and satisfy employees for a certain task and environment. It is the leader's responsibility to stimulate and empower subordinates to improve their abilities and pursue new professional opportunities (K. B. Jung, Kang, & Choi, 2020). Many academics have recently concentrated on leadership as a study and research issue. It is a prominent topic in the social sciences as it affects a variety of industries, including hospitals. Leadership can be conceptualized as the capacity to produce influence over individuals or groups with the aim of achieving collective objectives, irrespective of the specific terminology employed. According to Kouzes and Posner (2002), collaboration can be defined as a systematic procedure wherein the actions of multiple individuals culminate in a final outcome that aligns with predetermined standards (Kouzes & Posner, 2002). Nevertheless, there has been a notable shift in leadership research towards the comprehensive leadership strategy, which is currently acknowledged as one of the most efficacious leadership styles for enterprises in the 21st century (Bass & Riggio, 2005). Based on theoretical considerations, effective leadership characteristics can be classified as transformative, transactional, or laissez-faire. As a result of in this research, three distinct leadership styles have been identified: laissez-faire leadership, transformational leadership, and transactional leadership.

Problem statement

Employee job satisfaction is a significant topic that has received a great number of attentions in recent times (Ioannou, Lycett, & Marshan, 2022). Working environment, incentives, rewards, and leadership styles are all elements that influence healthcare job satisfaction (Alrwili, 2022).

Numerous scholarly investigations have endeavored to examine the diverse factors that may impact the efficacy and caliber of healthcare services provided to patients in Medina (Mosadeghrad, 2014). The recognition of the necessity to implement a range of strategies by

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the Saudi Ministry of Health and healthcare institutions to support healthcare workers in mitigating job-related stress, fostering job satisfaction, cultivating effective leadership styles, and addressing factors contributing to job dissatisfaction has been documented (Alshmemri, 2014). It is imperative for administrators and decision-makers within healthcare facilities in Saudi Arabia to diligently address and mitigate the various negative factors that have contributed to the dissatisfaction of healthcare workers (Alatawi et al., 2022).

The study conducted by Alkassabi *et al.* (2018) has provided confirmation that the leadership style adopted within an organization has a noteworthy influence on the level of job satisfaction experienced by physiotherapists in Saudi Arabia. Alshahrani and Baig (2016) reported an observed rise in the prevalence of transformational leadership within hospitals located in Medina. Abualrub and Alghamdi (2012) suggest that the implementation of transformational leadership styles has resulted in increased job satisfaction among Saudi nurses, thereby positively influencing their desire to remain in their respective positions.

Significance of the Study

The objective of this study is to gain an understanding of the perspectives of primary healthcare (PHC) employees in the Medina Region of Saudi Arabia regarding different leadership styles, and to examine the impact of these styles on job satisfaction and employee development.

Purpose of the Study

The aim of this study is to assess the influence of various leadership styles on the level of engagement exhibited by healthcare professionals in the Medina region.

Research Questions/Hypothesis

The following Questions were identified in this research:

- What is the impact of different leadership styles on the level of engagement exhibited by healthcare personnel employed in the Medina region?
- To what extent does leadership style influence job satisfaction among healthcare personnel in primary healthcare establishments?
- What is the impact of the existing process for appointing PHCC managers on the outcomes of health services?
- Is there a need for improvements in the current strategy to enhance flexibility?

Operational Definitions

Healthcare professionals

Healthcare workers encompass individuals who engage in direct interactions with syringes, needles, patients' blood, and bodily fluids. This category includes professionals such as doctors, nurses, midwives, dentists, and laboratory technologists.

Leadership style

The leadership style refers to the specific manner in which a leader directs, implements plans, and motivates individuals. Numerous scholars have suggested a recognition of various leadership styles exhibited by individuals in the fields of politics, business, and other domains.

Knowledge

The classification of knowledge regarding leadership styles among health workers in Medina was deemed "good" if they were capable to correctly answer four or more of the knowledge questions, while it was considered "poor" if they answered less than four of the knowledge questions correctly.

Methods

A cross-sectional, community-based study design will be used to conduct this study by using a questionnaire that had been spread out to healthcare workers across Medina region of Saudi Arabia.

The study

It will start in the hospitals of Medina region, the sample size will not be estimated until the questionnaire is distributed, and the papers are returned.

Sample Criteria:

The study will employ the following inclusion and exclusion criteria for participant recruitment.

Inclusion criteria

Health care staff and patients who will be present at work at the Medina region

1. Doctors;
2. Nurses;
3. Medical students;
4. Technical staff;

5. Nursing students;
6. Administrative staff; and
7. Laundry and grade IV staff (sweepers or cleaners).

People excluded from the study:

- Non-health workers
- People who refused to participate

Data Collection Procedure

The number of the sample included in the study consisted of a random group of health workers from different hospitals in the city of Medina.

Data Analysis:

The data that has been gathered will be subjected to analysis using the SPSS software, specifically version 23 of the SPSS (Statistical Package for the Social Sciences). The data collected will undergo coding and analysis using basic descriptive statistical methods. The data will be structured in a tabulated format and visually represented through tables and figures. Correlation tests will be employed to investigate the relationship between the variables.

Ethical approval:

In order to ensure that the study is conducted ethically, researchers will first seek clearance from the Scientific Research Ethics Committee. Once they get it, they will explain the study's goals and methods on the first page of the questionnaire and stress that participation is entirely optional. The informed consent for participation will be obtained at the beginning of the questionnaire. Furthermore, the preservation of data confidentiality will be elucidated and documented within the questionnaire in the subsequent manner:

The information gathered will be utilized solely for the purposes of the study, ensuring the anonymity of the participants. This will be achieved by not referencing the individuals involved, as outlined in the following points:

- People can participate optionally and could retrain at any time.
- No name or private information will be required to fill the questionnaire.
- The data will be in confidential and will not be exposed to anyone.
- Each participant will provide informed consent in the questionnaire

Result

The research participants' sociodemographic variables

The present study was undertaken with a sample size of 1200 healthcare workers (HCWs) employed within the Medina region. The average age of the participants was 34.9 ± 7.7 years (95% CI, 34.1–35.1), with a significant proportion falling within the 30-40 year age range, as indicated in table 3 and figure 1 presented below.

Majority of participants were female 60% (720/1200) (Table 4) and (Figure 2). 75% of them were married and 25% were unmarried as shown in table 5 and figure 3.

Table 3. Distribution of included population according to age (n 1200)

Variable	Frequency	Percentage
Age		
<20 years	120	10%
20-30 years	240	20%
30-40 years	600	50%
40-50 years	120	10%
>50 years	120	10%

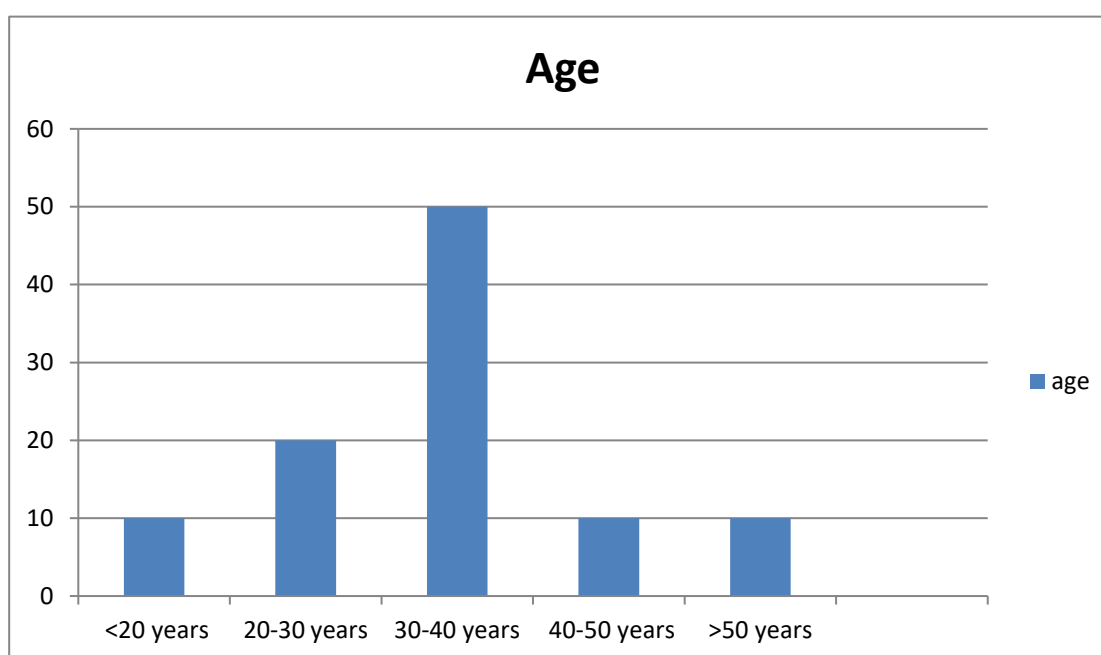


Figure 1 illustrates the distribution of the population included in the study based on age. The study encompassed a total of 1200 participants. The age group with the highest representation among participants is between 30 and 40 years old.

Table 4. Distribution of included population according to Gender (n 1200)

Variable	Frequency	Percentage
Gender		
Male	480	40%
Female	720	60%

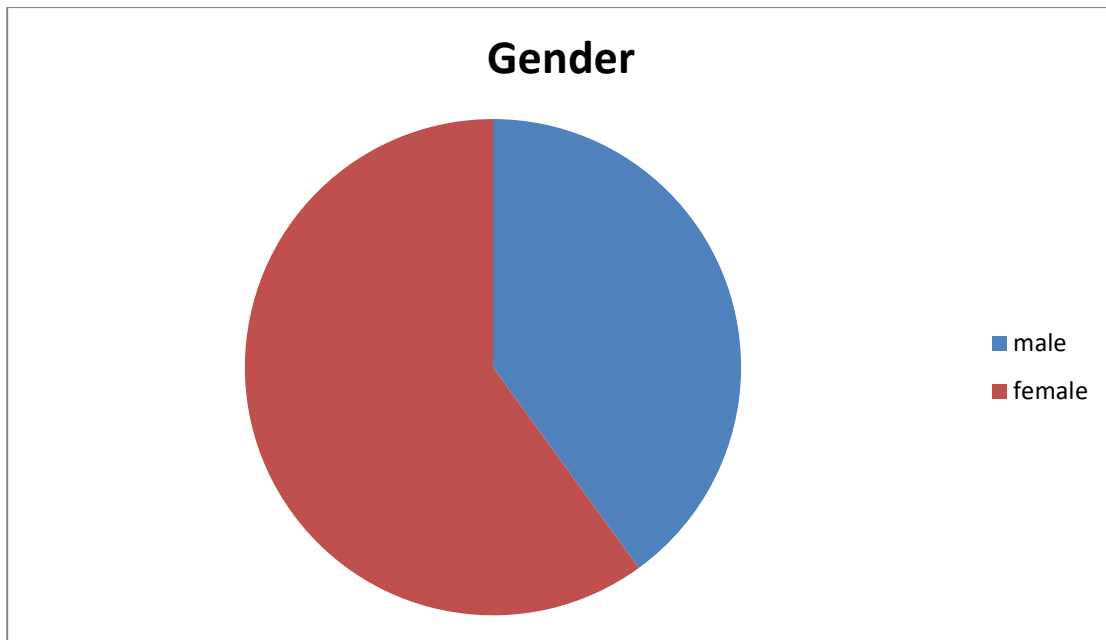


Figure 2. Distribution of gender of the participants. Most participant were females (60%) and 40% were males.

Table 5. Distribution of included population according to marital status (n 1200)

Variable	Frequency	Percentage
Marital status		
Married	900	75%
Unmarried	300	25%

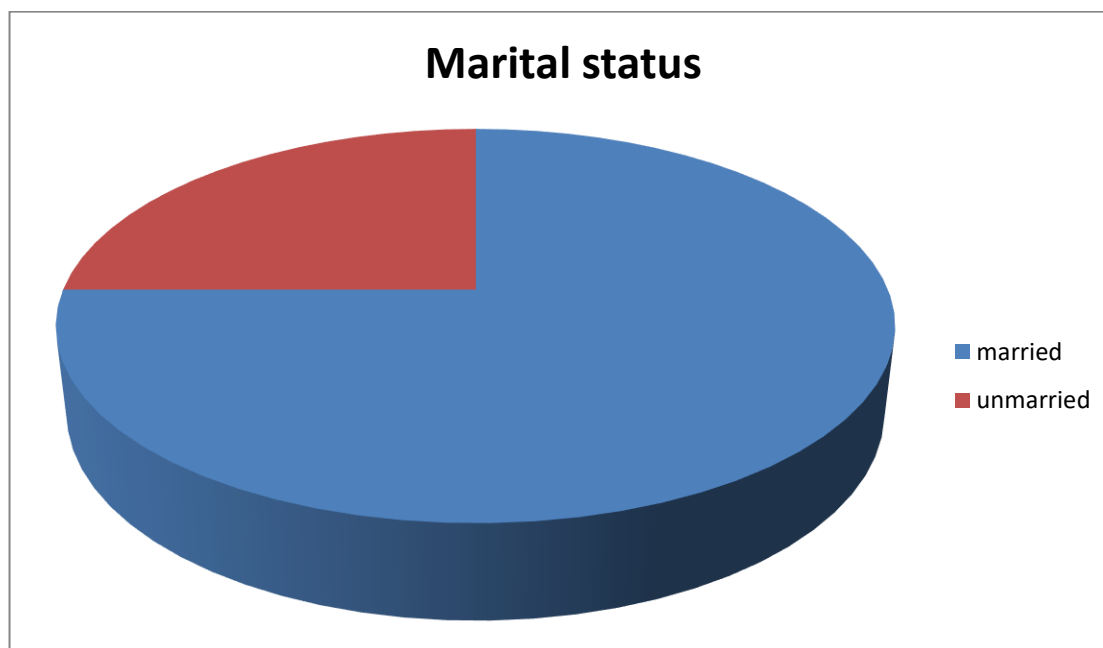


Figure 3. Distribution of included population according to marital status (n 1200).

Regarding educational level 10% had certificate, 20% had diploma, 50% had bachelor, 10%

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had master and 10% had MD as shown in table 4 and figure 4.

Table 6. Distribution of included population according to educational level (n 1200)

Variable	Frequency	Percentage
Educational level		
Certificate	120	10%
Diploma	240	20%
Bachelor	600	50%
Master	120	10%
MD	120	10%

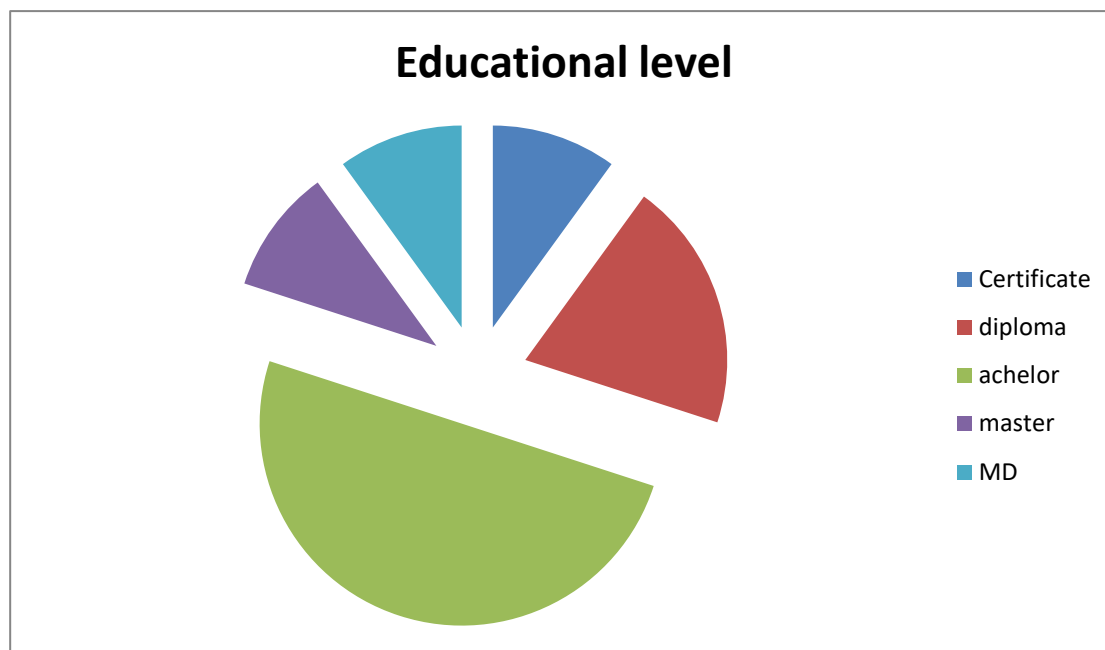


Figure 4. Distribution of included population according to educational level (n 1200).

As regard to occupation, 75% were nurses, 10% physician, 5% midwife, 5% lab technician and 5% dentist as shown in table 7 and figure 5.

Table 7. Distribution of included population according to occupation (n 1200)

Variable	Frequency	Percentage
Occupation		
Physician	120	10%
Nurse	900	75%
Midwife	60	5%
Lab technician	60	5%
Dentist	60	5%

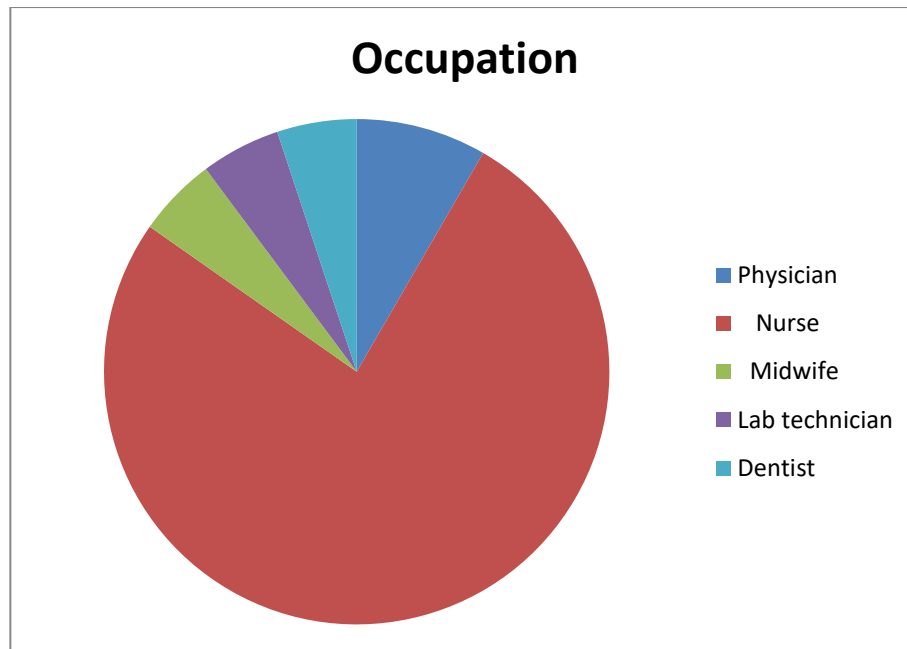


Figure 5. Distribution of included population according to occupation (n 1200). Most participants were working as nurse (75%).

Majority of participants working at gyn-obs department 50%, 20% at pediatric department, 10% at internal medicine department, 10% at surgery department and 10% at administration department as shown in table 8 and figure 6 below.

Table 8. Distribution of included population according to working department (n 1200)

Variable	Frequency	Percentage
Working department		
Internal Medicine	120	10%
Pediatric	240	20%
Gyn–Obs	600	50%
Surgery	120	10%
Administration	120	10%

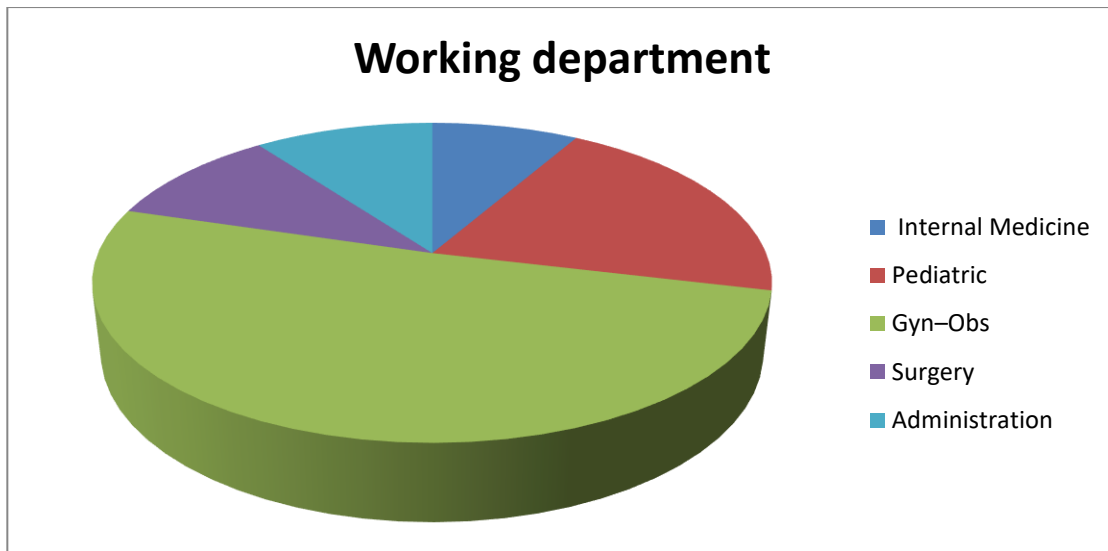


Figure 6. Distribution of included population according to Working department (n 1200). Most participants were working in gyn-ops department (50%).

Majority of participants 75% were working in a public hospital and 25% in a private hospital as shown in table 9 and figure 7.

Table 9. Distribution of included population according to hospital ownership (n 1200)

Variable	Frequency	Percentage
Hospital ownership		
Public hospital	900	75%
Private hospital	300	25%

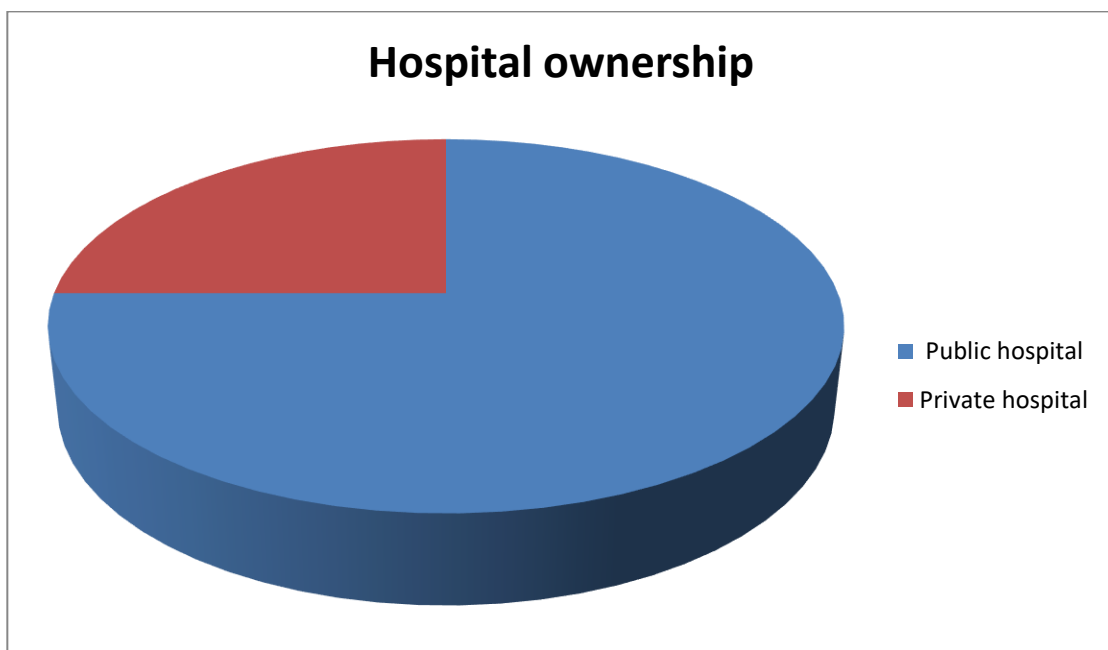


Figure 7. Distribution of included population according to Hospital ownership (n 1200).

Majority of participants have a work experience of 4-9 years , 10% for >9 years and 10% for < 4 years as shown in table 10 and figure 8.

Table 10. Distribution of included population according to work experience (n 1200)

Variable	Frequency	Percentage
Work experience		
<4 years	120	10%
4-9 years	960	80%
>9 years	120	10%

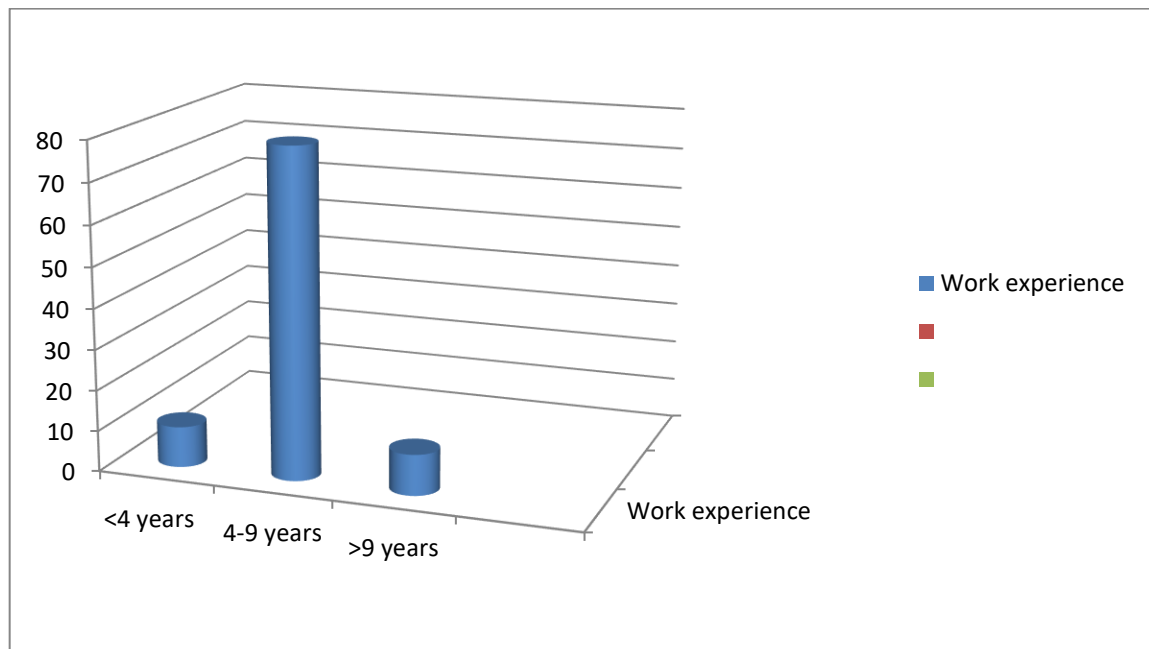


Figure 8. Distribution of included population according to work experience (n 1200).

Majority of participants did not have HBV test 58.5% and only 41.5% had the test as shown in table 11 and figure 9.

Table 11. The leader has the ability to think through problems (n 1200)

Variable	Frequency	Percentage
The leader has the ability to think through problems?		
Yes	500	41.5%
No	700	58.5%

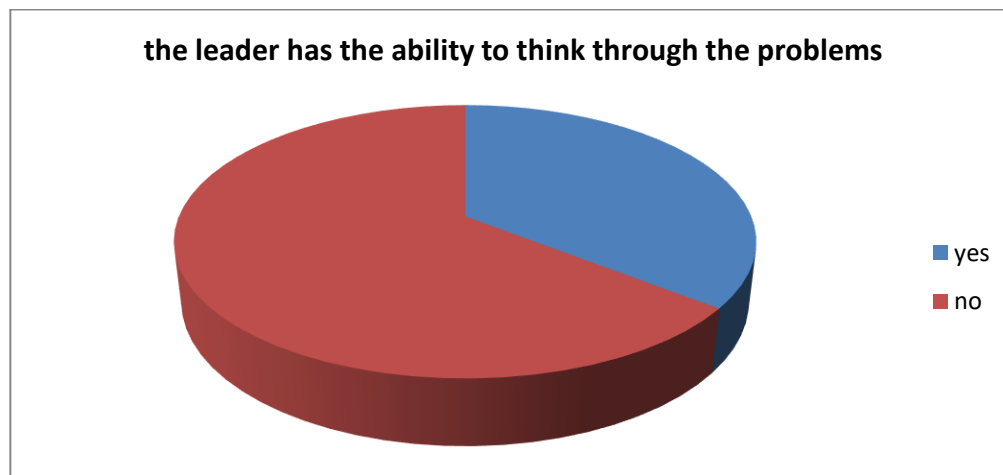


Figure 9. The leader has the ability to think through problems (n 1200).

Leaders who are skilled problem solvers possess the capacity to anticipate and expect challenges within the organizational context. They demonstrate proficiency in accurately defining problems, identifying their underlying causes, formulating strategic plans to address these issues, and extracting valuable lessons from the problem-solving process to prevent similar challenges from arising in the future. Effective problem-solving necessitates the possession of skilled communication abilities and the development of a respectful attitude towards all individuals involved in the process.

Table 12. The employee uses the leader when facing a difficult problem (n 1200)

Variable	Frequency	Percentage
The leader has the ability to think through problems?		
Yes	900	75%
No	300	25%

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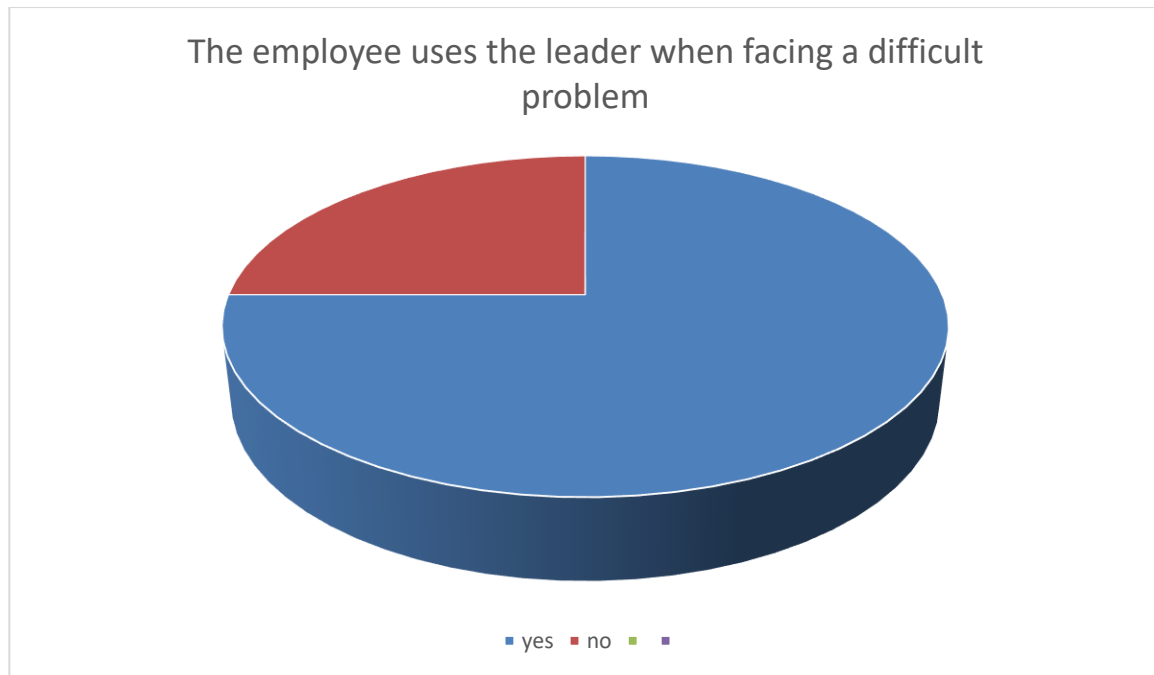


Figure 10. The employee uses the leader when facing a difficult problem (n 1200).

Table 13. Leadership style affects hospital staff (n 1200)

Variable	Frequency	Percentage
Leadership style affects hospital staff		
Yes	800	66%
No	400	34%

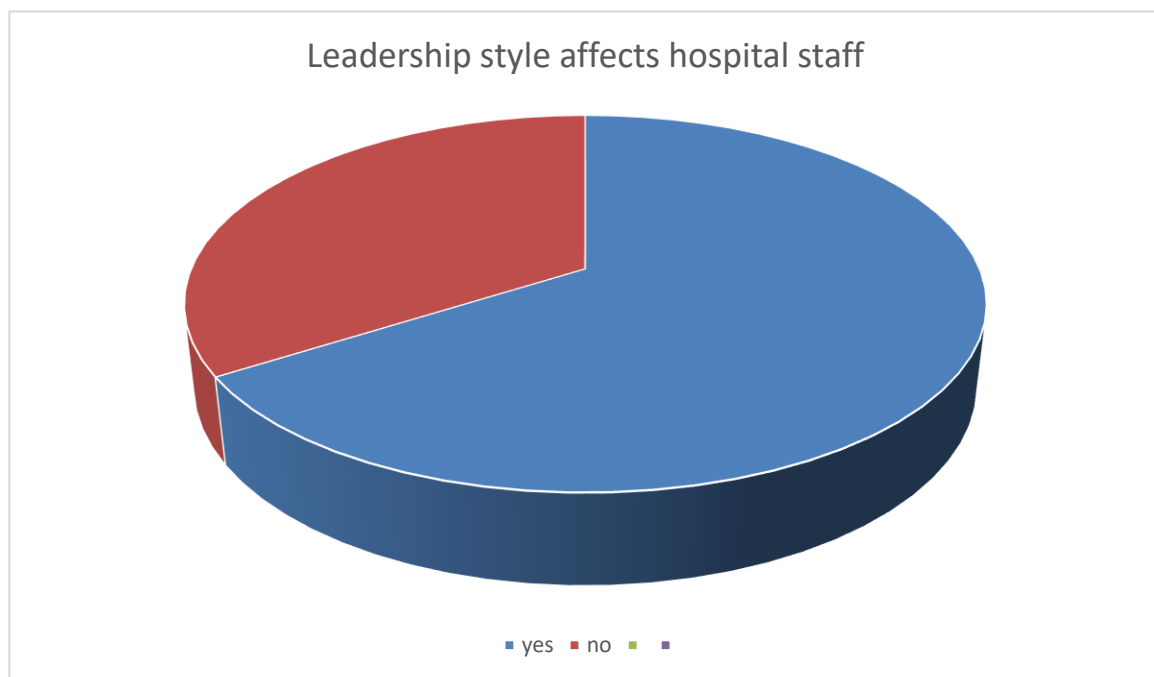


Figure 11. Leadership style affects hospital staff (n 1200).

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Your leadership style is the way you interact with your staff, influence their behavior, and guide their performance. It affects how you make decisions, solve problems, and handle conflicts. Your leadership style can also impact the quality of care, patient satisfaction, and staff retention in your healthcare organization.

Table 14. What style of leadership used in your workplace (n 500)

Variable	Frequency	Percentage
What's HBV testing reason?		
Democratic leadership	300	25%
Harmonious leadership		
authoritarian leadership	100	20%
Administrative leadership	600	50%
	200	16%

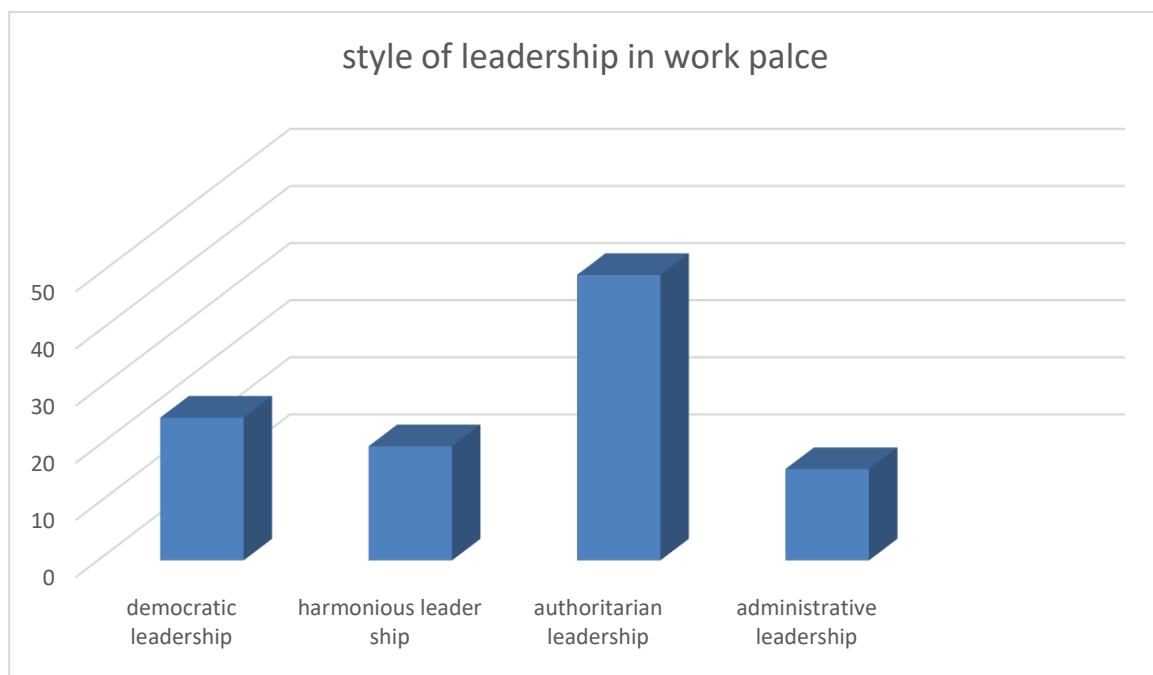


Table 15, the leadership style employed by the hospital manager has demonstrated the capacity to enhance the operational effectiveness of the hospital staff, as indicated by a sample size of 1200.

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Variable	Frequency	Percentage
The leadership style of the hospital manager is able to increase the efficiency of the hospital staff		
Yes	300	25%
No	900	75%

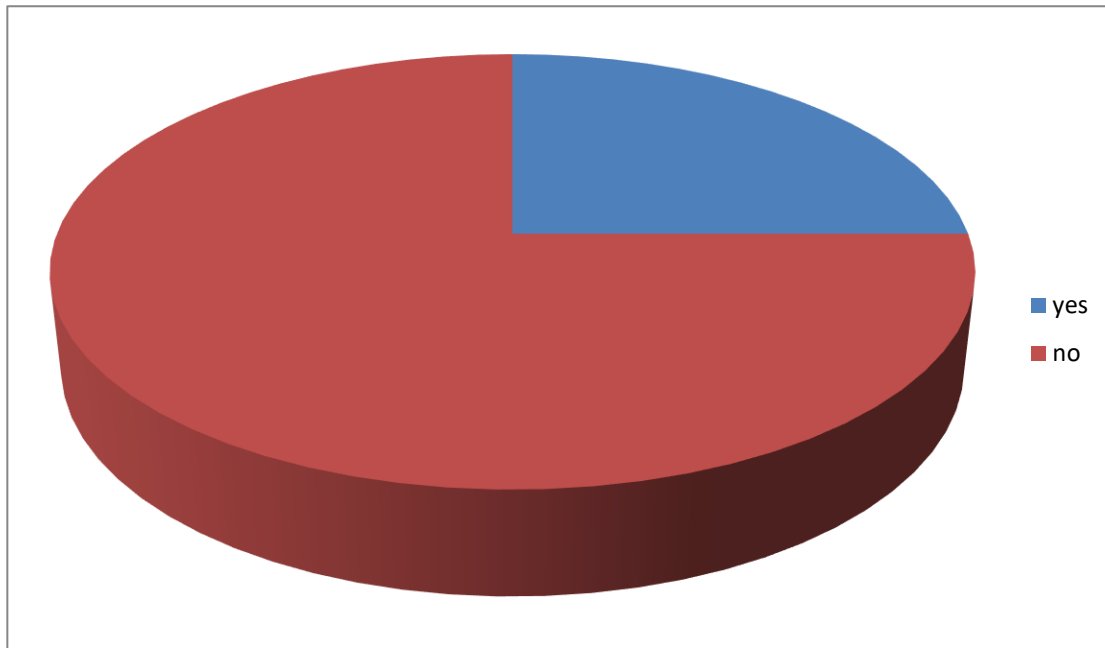


Figure 12. The leadership style of the hospital manager is able to increase the efficiency of the hospital staff (n 1200).

Table 16. Does the leader follow the style of democratic leadership in determining the pace of work (n 1200)

Variable	Frequency	Percentage
Does the leader follow the style of democratic leadership in determining the pace of work		
Yes	800	66%
No	400	34%

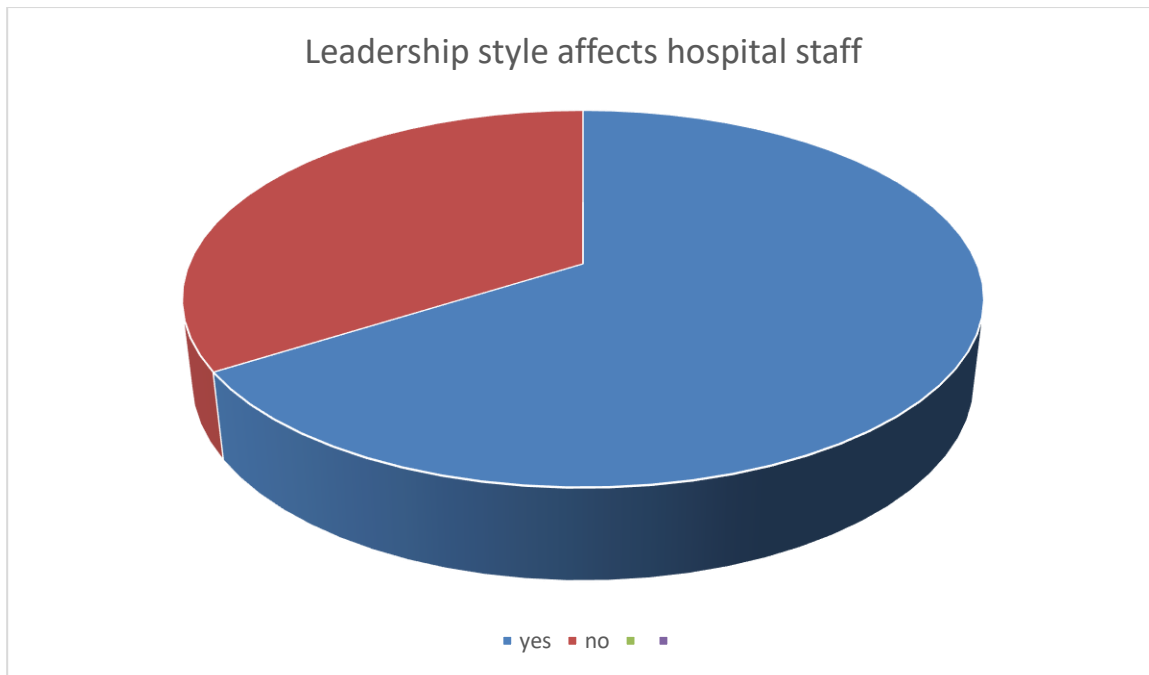


Figure 13. Does the leader follow the style of democratic leadership in determining the pace of work (n 1200).

Table 17. Is there Correlation between leadership style and employee engagement (n 1200)

Variable	Frequency	Percentage
Is there Correlation between leadership style and employee engagement		
Yes	800	66%
No	400	34%

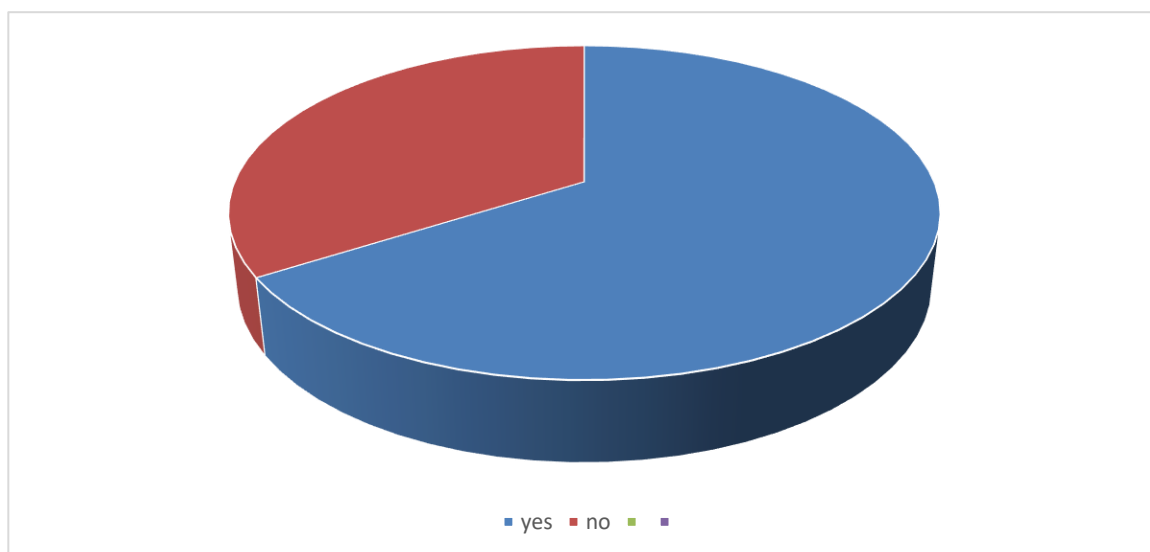


Figure 14. Is there a correlation between leadership style and employee engagement (n 1200).

Table 18. Do you think that leadership style affecting your job satisfaction (n 1200)

Variable	Frequency	Percentage
Do you think that leadership style affecting your job satisfaction		
Yes	300	25%
No	900	75%

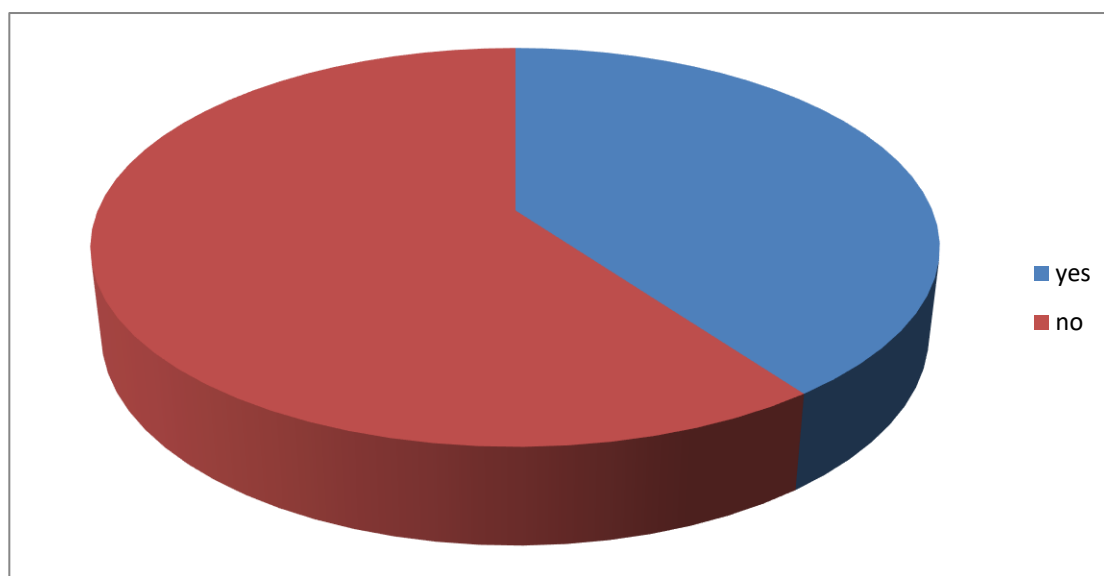


Figure 15. Do you think that leadership style affecting your job satisfaction.

Discussion

A survey was conducted among workers employed in basic health care centers located in the Medina region of Saudi Arabia, with the aim of investigating the impact of leadership style on their job satisfaction. According to several studies (Anand & Bärnighausen, 2004; Proto, 2016; Salas-Vallina, Pozo-Hidalgo et al., 2020), happy workers are more dedicated to their jobs and more productive for their companies. Given the potential drawbacks of relying on a discontented or dissatisfied healthcare professional to deliver exceptional care, one could contend that job satisfaction holds even greater significance in the realm of healthcare provision. The primary objective of this study was to investigate the correlation between demographic factors and leadership styles, as well as the impact of these variables on employee job satisfaction within primary health care centers. The study involved a questionnaire that spread out to healthcare workers across Medina region of Saudi Arabia to assess their responses about the leadership styles in their institutions. Their responses,

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leadership styles, opinions on the existing criteria for nominating/appointing managers, and suggestions for improving the current nomination standards were documented.

How Workers at PHCCs Assess Their Leaders' Skills and Approaches to Management. Amanchukwu *et al.*, (2015) list several different styles of leadership, including authoritarianism, charisma, democracy, participation, situational, transactional, and transformative.

This study employed a quantitative approach, gathering data about leadership style from a questionnaire. The findings suggest that individuals working in primary healthcare centers exhibit diverse viewpoints regarding leadership styles and the impact of leadership on job satisfaction. Workers in the healthcare industry appear to evaluate leadership styles based on their personal connection to the management. On the other hand, the managers sampled were confident in their own abilities to steer the medical facilities. The manager thinks everyone is happy in their position, thus they have a favorable outlook on employee work satisfaction.

As previously mentioned, there was a challenge in locating any research conducted in Saudi Arabia that specifically examined the correlation between leadership styles and job satisfaction among healthcare professionals in PHCC. According to a study on leadership conducted in other countries (Moneke & Umeh, 2013), job satisfaction is influenced by several factors, including salary, hours worked, recognition from supervisors/managers, staff involvement in the process of making decisions, and the level of concern exhibited by leaders towards the welfare and wellbeing of their staff. Consequently, a questionnaire survey was employed as the primary method for data collection in this study. According to the study findings, the participants in this survey express satisfaction with their compensation, services provided, and working hours, as indicated by mean values ranging from 3.5 to 4 on a scale of 5. However, this study also encompassed an analysis of the associations between different leadership characteristics and employees' perceptions of their work environments, as documented in prior scholarly investigations (Moorman & Day, 2016; Price-Dowd, 2020). The findings of this study are consistent with prior research, which also found no association between age and length of service in the participants' current role. However, the study did find that a person's level of job satisfaction is correlated with their level of supervisory/managerial recognition and their level of involvement in organizational decision making. The results of the study revealed a positive association between participants who expressed receiving sufficient appreciation for their work and those who reported being involved in decision-making processes at their primary health care center, and higher levels of job satisfaction. This finding corroborates the results observed in previous research on the topics of leadership and/or employee well-being. Employees' perceptions of their leaders' concern for them as people and for their well-being are another aspect of leadership quality or style that can be explored in light of the study's findings. Two correlations emerge from the responses to the questionnaire survey used in this investigation. First, the participants in this study demonstrate that contentment with working hours at the primary health care center is connected with participants' perceptions of whether or not their leader shows concern for the participants' overall welfare.

In the absence of any other relevant findings, a plausible explanation is that employees are more content with long or shift hours on the job if they feel their supervisor cares about them as people and treats them with respect.

Conclusion

The study's findings indicate that the employees chosen from the PHCC exhibit a general sense of satisfaction with fundamental work aspects such as monetary compensation and working hours. Nevertheless, the study reveals that various leadership qualities have a substantial influence on the job satisfaction indicated by employees. The main finding of this study indicates that job satisfaction is significantly influenced by two factors: the perception of being valued for one's work by both supervisors and colleagues, and the perception of having a role in organizational decision-making processes. The enhancement of job satisfaction can be achieved through various means, such as demonstrating consideration and concern for the welfare and wellbeing of employees, being willing to provide explanations for actions and decision-making processes, treating individuals as equals, and exhibiting fair and equitable leadership rather than adopting an authoritarian approach. This observation implies that leaders who adopt charismatic and transformative leadership styles may exhibit greater effectiveness in attaining employees' job satisfaction compared to those who adopt authoritarian styles. In conclusion, the present study has identified the need for substantial modifications to the existing criteria and procedure employed in the nomination and appointment of managers for PHCCs. These changes are imperative in order to enhance flexibility and efficacy, as well as to guarantee the appointment of competent managers capable of effectively leading PHCCs. This report also offers recommendations for enhancing the management appointing process and criteria.

Limitations of the study and recommendations

The insufficient attention given to the broader aspects of management, as previously discussed, has the potential to impede the effectiveness of initiatives aimed at enhancing leadership and management within primary healthcare organizations. This is despite the Ministry of Health's endeavors and sincere intentions to enhance productivity and efficiency in the healthcare sector through the enhancement of managerial competence and expertise.

Research findings indicate that enhancing the selection criteria for managerial positions in primary healthcare centers to encompass effective communication skills, prior management experience, and adaptable academic qualifications can yield positive outcomes in terms of leadership quality and job satisfaction among healthcare professionals employed in these centers. The following suggestions are provided:

1. Update the "Policies and Procedures Manual" with a revised job description of healthcare center manager that specifies a bachelor's degree or above as the bare minimum educational need for the post of Director of the health facility.

2. Two years' minimum of relevant work experience in a healthcare setting is required. Volume 42, Issue 1 of the Arab Journal of Administration, March 2022
3. You've held managerial or supervisory positions before.
4. Experience with coordinating and leading interdisciplinary groups.
5. The capacity to lead and inspire others.
6. Ability to get along well with others and communicate successfully.
7. Capability for monitoring and following up.
8. The eighth requirement for healthcare managers is fluency in English or a willingness to learn the language.

The implementation of the suggested modifications to the way appointments are made has the potential to improve many aspects of primary health care, including but not limited to: the efficiency and quality of care offered by primary health care centers; the commitment of the organization and the satisfaction of workers in primary health care centers; and the numerous number of primary health care centers that are spread out across the Kingdom of Saudi Arabia.

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