

# Leadership styles and job satisfaction among healthcare providers in primary health care centers

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## Abstract

**Background:** Effective leadership is essential for the success of any organization, while job satisfaction relates to how content an individual is with his or her job. This study aimed to explore the relationship between managers' leadership styles and job satisfaction among healthcare workers in primary healthcare centers (PHCCs) in Aseer Region, Saudi Arabia.

**Methods:** Following a cross-sectional design, this study was carried out at 25 PHCCs in Abha and Khamis Mushait cities, Saudi Arabia. The study comprised 25 PHCCs managers and 300 PHC providers. Survey instruments included a brief socio-demographic survey questionnaire, the "Multifactor Leadership Questionnaire, Form 6-S", and the validated Arabic version of "Job Satisfaction Survey Questionnaire".

**Results:** Only 52% of PHCC managers attended training on leadership, 68% highly followed transformational leadership facet "idealized influence", and 64% followed "management-by-exception", while only 28% highly followed the "Laissez-faire" leader

ship style. About one-third of healthcare providers were satisfied, 9.3% were dissatisfied, while 51.3% were ambivalent. Laissez-faire leadership style significantly correlated with most healthcare providers' job satisfaction items, followed by transactional leadership.

**Conclusion:** Job satisfaction is significantly less among pharmacists, those having insufficient income, or less experience in PHC. Laissez-faire leadership significantly correlates with most job satisfaction items, followed by transactional and transformational leaderships. It is necessary to improve PHC providers' job satisfaction by better application of transformational and transactional leadership styles.

**Key words:** Primary healthcare, Leadership, Job satisfaction

## Introduction

Healthcare facilities components are varied and complex. The components include services, staff and consumers [1]. Leadership is the ability of leaders to change the way followers think and act, [2] as well as how their groups perform their functions [3]. Leadership is a relationship between the leaders and followers [4].

An effective leadership results in a successful business in the organization [5]. The authority of the leaders is changed by changing of the healthcare facilities from hierarchically structured entities to networked organizations. This change in leadership authority involves change from transactional (TA) to transformational (TF) leadership style [6,7].

Alkassabi et al. [5] stated that transformational leadership is a leadership style that can stimulate and inspire followers to both achieve extraordinary outcomes and, in the process, develop their own leadership capacity. On the other hand, transactional leadership, is a managerial leadership, that focuses on the role of supervision, organization, and group performance. Leaders who implement this style focus on specific tasks and use rewards and punishments to motivate followers

The TA style involves corrective and constructive types. In the constructive type, the leader works with groups or individuals and defines and sets up agreements in order to achieve specific work goals, whereas in the corrective type, the leader focuses on standards that are related to the tasks in the two types. The passive form involves performing no action until mistakes occur, whereas the active form involves close monitoring for the mistakes [8].

There are four major factors in the TF style, including inspirational motivation, idealized influence, individualized motivation and intellectual stimulation [8]. In this leadership style, leaders put the needs of the followers over their needs [9].

Job satisfaction is very important as it is considered a key factor that may affect the performance of individuals [10]. Job satisfaction is known as a positive emotion or pleasurable state resulting from job experience or appraisal of one's job [11]. It has been reported that job satisfaction is determined by several factors including utilization of skills, recognition, work condition, technical aspects, pay and job advancement [12,13]. Both job satisfaction of the employee and effective leadership are two factors for the success of the organization. The good leader can provide directions for the organization and lead the employees to achieve the desired goals [5].

The health sector is labor intensive, where service quality and efficiency are directly influenced by workers satisfaction and motivation. There are numerous publications recognizing effective leadership of health care as a core element for developing qualitative organizational culture and effective performance in health care provision. Significant positive associations between effective styles of

leadership and high levels of patient satisfaction have been reported through providing a healthy work environment for the service providers [14].

Limited studies that address the relationship of leadership style with job satisfaction of health workers, have been undertaken in Saudi Arabia. A study was conducted in Aseer Central Hospital in Abha City among critical care nurses [15] and another was conducted in Riyadh among physiotherapists [16]. None of these studies focused on overall health care providers (doctor, nurse and paramedics) who are directly related with patient care. Over the past few decades, Saudi Arabia has witnessed enormous growth and change in health services. For the last five years, there is a noticeable change in the composition of the health care staff in PHCCs including more Saudi staff according to the 2030 Vision by replacing the non-Saudi staff. A previous study in Saudi Arabia demonstrated that bureaucratic leadership style was the most dominant one [17].

However, the present study intended to explore if the situation has changed with the inclusion of Saudi staff. Previous studies did not quantify the degree of satisfaction recorded for each leadership style but only explored the relation in path diagrams. This is covered by the present study.

PHC in Saudi Arabia constitutes the first line of contact between patients and the health care system, with about 82% of Ministry of Health clients attending the primary health care facilities [18]. Therefore, employees' satisfaction is important to increase the performance and improve the quality of health care provided by PHCCs. Therefore, the current study intended to identify the leadership style and job satisfaction among PHC providers in the public sector in Aseer Region. It is expected that findings of the present study would also raise policy makers and managers' awareness level and may help them to improve the leadership styles and level of job satisfaction of PHC providers.

## Objectives

To explore the relationship between managers' leadership styles and job satisfaction among health care workers in primary health care centers in Aseer Region.

## Material and Methods

Following a cross-sectional analytical design, the present study was carried out at 25 primary health care centers (PHCCs) in Abha and Khamis Mushait cities, Saudi Arabia. The study population comprised managers of PHCCs and PHC providers.

The minimum sample size was calculated according to Suresh and Chandrashekhara [7] to be 270 PHC providers (physicians, nurses, and paramedics). This sample size was necessary to estimate an expected moderate relation between leadership style and job satisfaction ( $r=0.5$ ) [1], at

95% confidence level, cluster design effect = 2, provides a power of 90%. So the total sample of health workers was 270 and 25 PHC managers from 25 PHCCs in Abha and Khamis Mushait cities. The number of PHC managers was fulfilled, while the number of participant PHC providers reached 300.

A two-stage cluster sample technique was applied. At the first stage, 25 clusters (PHCCs) were selected, based on probability proportionate to the size for weighting clusters. At the second stage, 10-15 health care workers were selected from each included PHCC using systematic random sampling technique.

Data collection was conducted using the following three survey instruments:

- o A brief sociodemographic survey questionnaire for both managers and healthcare staff, (including age, gender, marital status, education level, years of experience, monthly income, attending continuing medical education on management or leadership, specialty and job nature).
- o The "Multifactor Leadership Questionnaire, Form 6-S" (MLQ6S), for identification of managers' leadership styles [8].
- o The validated Arabic version of Job Satisfaction Survey (JSS) Questionnaire to measure the satisfaction level of the health workers [9].

Data were analyzed using the Statistical Package for Social Sciences (IBM, SPSS version 25). Descriptive statistics (frequency, percentage, mean, and standard deviation) were used to summarize the data. Independent samples t-test and analysis of variance (ANOVA) were used to identify the significant differences in job satisfaction scores according to healthcare workers' personal characteristics. Pearson's correlation was applied to assess the correlation between leadership and job satisfaction scores. Structural Equation Modelling (SEM) was applied for path analysis for the relation between managers' leadership styles and PHCCs subordinates' job satisfaction. All causal relationships between variables which is direct (leadership style with job satisfaction) were tested using the SPSS AMOS module based on the hypothesized relationships. Level of significance was considered at  $p < 0.05$ .

A pilot study was conducted on 5 PHCC leaders. The objective of the pilot study was to test the data collection tools as regards their clarity, time needed to fill in the study questionnaires and to assess their test-retest reliability coefficient.

All necessary official permissions were fully secured before data collection. The ethical approval was obtained from the Research Ethical Committee in the General Directorate of Health Affairs, Aseer Region. Prior to data collection, the investigator explained the purpose of the study to all potential participants and assured them of the voluntary nature of participation, as well as the anonymity and full confidentiality of their responses. Participants' verbal consents to participate were obtained.

## Results

Table 1 shows that the majority of PHCC managers were males (84%). Their age was mainly <35 years (44%). The majority were married (92%). More than half of managers (56%) had Bachelor Degrees. The income of 64% was sufficient. Almost half of them (48%) were graduates since >10 years, while 24% had more than 5 years' experience in PHC administration and 24% had > 5 years' experience in management. Only 52% of PHCC managers attended training on leadership.

Table 2 shows that 68% of PHCC managers highly follow the transformational leadership facet "idealized influence", and 64% follow "management-by-exception" (a transactional leadership facet), while only 28% highly follow the "Laissez-faire" leadership style.

Table 3 shows that operating conditions and fringe benefits were the job satisfaction facets with least job satisfaction among healthcare providers ( $11.50 \pm 3.50$  and  $12.34 \pm 4.19$ , respectively). On the other hand, nature and supervision were the job satisfaction facets with highest job satisfaction among healthcare providers ( $19.74 \pm 4.55$  and  $19.23 \pm 4.37$ , respectively). The total mean satisfaction score of healthcare providers was  $139.83 \pm 25.42$ . Regarding job satisfaction grades, 16.7% of healthcare providers were satisfied, 39.3% were dissatisfied, while 44% were ambivalent.

Table 4 shows that PHC healthcare providers' satisfaction total score (mean $\pm$ SD) differed significantly according to PHCC managers' dominant leadership styles ( $p=0.001$ ). Almost all satisfaction domains (promotion, supervision, contingent rewards, operating conditions, co-workers, nature of work and communication) differed significantly according to leadership styles ( $p=0.012, 0.004, 0.001, 0.014, 0.030, \text{ and } 0.001$ , respectively).

Table 5 shows that total job satisfaction mean scores of PHC providers differed significantly according to their specialty ( $p=0.006$ ), with highest mean job satisfaction score among nurses, and lowest among pharmacists ( $142.2 \pm 25.8$  and  $125.7 \pm 17.9$ , respectively). Job satisfaction mean score was significantly higher among those with sufficient monthly income than those with insufficient monthly income ( $144.5 \pm 25.0$  and  $125.9 \pm 21.4$ , respectively,  $p < 0.001$ ). Job satisfaction mean scores were also higher among those with more years since graduation (>10 years) and more than 5 years of experience in PHC ( $p < 0.001$  and  $p = 0.005$ , respectively). However, their total job satisfaction mean scores did not differ significantly according to their gender, age groups, nationality, marital status, or qualification.

Table 1: Personal characteristics of primary health care managers

Personal characteristics	No.	%
Gender		
• Male	21	84.0
• Female	4	16.0
Age		
• <35 years	11	44.0
• 35-40 years	9	36.0
• >40 years	5	20.0
Marital status		
• Single	2	8.0
• Married	23	92.0
Qualification		
• Diploma	8	32.0
• Bachelor	14	56.0
• Postgraduate	3	12.0
Monthly income		
• Sufficient	16	64.0
• Insufficient	9	36.0
Years since graduation		
• ≤10 years	13	52.0
• >10 years	12	48.0
Years of experience in PHC administration		
• ≤5 years	19	76.0
• >5 years	6	24.0
Years of experience in administration		
• 1 year	9	36.0
• 2-5 years	10	40.0
• >5 years	6	24.0
Attending training on leadership	13	52.0

Table 2: Grades of leadership facets among participant primary health care managers (n=25)

Leadership facets	Low		Moderate		High	
	No.	%	No.	%	No.	%
Transformational						
• Idealized influence	1	4.0	7	28.0	17	68.0
• Inspirational motivation	0	0.0	10	40.0	15	60.0
• Intellectual stimulation	0	0.0	11	44.0	14	56.0
• Individual consideration	0	0.0	10	40.0	15	60.0
Transactional						
• Contingent reward	0	0.0	12	48.0	13	52.0
• Management-by-exception	1	4.0	8	32.0	16	64.0
Laissez-faire leadership	3	12.0	15	60.0	7	28.0

**Table 3: Healthcare providers' job satisfaction scores and grades**

Job satisfaction domains	Mean	SD
Pay	15.6	4.7
Promotion	13.4	4.5
Supervision	19.2	4.4
Fringe benefits	12.3	4.2
Contingent rewards	13.2	5.2
Operating conditions	11.5	3.5
Co-workers	18.6	4.2
Nature	19.7	4.6
Communication	16.3	4.4
Total satisfaction score	139.9	25.5
Total satisfaction grade	No.	%
Dissatisfied (Total satisfaction score < 118)	50	16.7
Ambivalent (Total satisfaction score 118-144)	132	44.0
Satisfied (Total satisfaction score > 144)	118	39.3

**Table 4: Association between managers' dominant leadership styles and healthcare provider's satisfaction level**

Satisfaction domains	Dominant leadership styles						P value
	Transformational		Transactional		Laissez-faire		
	Mean	SD	Mean	SD	Mean	SD	
Pay	17.0	3.6	15.6	4.9	15.0	4.7	0.056
Promotion	15.1	3.9	13.4	4.3	12.8	4.7	0.012*
Supervision	20.9	2.7	19.4	4.5	18.5	4.5	0.004*
Fringe Benefits	13.1	3.7	12.5	4.3	11.9	4.2	0.182
Contingent rewards	15.9	4.8	12.8	5.3	12.6	4.9	0.001*
Operating conditions	12.7	3.8	11.0	3.3	11.6	3.5	0.014*
Co-workers	20.1	2.7	18.5	4.3	18.3	4.4	0.030*
Nature of work	21.4	2.7	20.2	4.5	18.8	4.9	0.001*
Communication	17.7	4.2	16.4	4.6	15.7	4.3	0.027*
Total satisfaction	154.1	16.7	139.7	27.2	135.1	24.7	0.001*
Satisfaction grade	No.	%	No.	%	No.	%	0.001**
Dissatisfied	0	0.0	23	18.7	27	20.5	
Ambivalent	15	33.3	51	41.5	66	50.0	
Satisfied	30	66.7	49	39.8	39	29.5	

P: One-Way ANOVA

#: Pearson  $\chi^2$  test

\* P&lt;0.05 (statistically significant)

**Table 5: Primary health care providers' total job satisfaction scores (Mean±SD) according to their personal characteristics**

Personal characteristics	No.	%	Mean	SD	P-value
<b>Gender</b>					
• Male	128	42.7	137.6	22.9	0.182
• Female	172	57.3	141.5	27.1	
<b>Age</b>					
• <30 years	80	26.7	140.3	28.9	0.734
• 30-40 years	186	62.0	139.1	24.3	
• >40 years	34	11.3	142.7	23.2	
<b>Nationality</b>					
• Saudi	251	83.7	140.0	26.0	0.752
• Non-Saudi	49	16.3	138.8	22.5	
<b>Marital status</b>					
• Single	82	27.3	141.2	26.7	0.391
• Married	215	71.7	139.1	25.0	
• Divorced	3	1.0	157.7	18.2	
<b>Qualification</b>					
• Diploma	112	37.3	143.1	23.8	0.123
• Bachelor	164	54.7	136.8	24.7	
• Master	14	4.7	139.3	37.3	
• Doctorate	8	2.7	151.8	32.0	
• Others	2	0.7	160.0	26.9	
<b>Specialty</b>					
• Physician	70	23.3	137.3	25.1	0.006
• Nurse	102	34.0	142.2	25.8	
• Dentist	26	8.7	136.7	14.2	
• Pharmacist	29	9.7	125.7	17.9	
• Technician	21	7.0	140.1	29.1	
• Others	52	17.3	148.0	28.3	
<b>Monthly income</b>					
• Sufficient	225	75.0	144.5	25.0	<0.001
• Insufficient	75	25.0	125.9	21.4	
<b>Years since graduation</b>					
• <5 years	66	22.0	142.6	28.1	<0.001
• 5-10 years	155	51.7	134.5	23.5	
• >10 years	79	26.3	148.0	24.4	
<b>Years of experience in PHC</b>					
• ≤5 years	195	65.0	136.8	24.8	0.005
• >5 years	105	35.0	145.4	25.7	

Table 6 shows that PHC providers' job satisfaction scores correlated positively and significantly with scores of some leadership facets. Pay satisfaction correlated significantly and positively with management-by exception and Laissez-faire leadership ( $r=0.117$ ,  $p=0.043$ , and  $r=0.141$ ,  $p=0.014$ , respectively). Promotion satisfaction correlated significantly and positively with contingent reward ( $r=0.156$ ,  $p=0.007$ ). Supervision satisfaction correlated significantly and positively with management-by exception and Laissez-faire leadership ( $r=0.191$ ,  $p=0.001$ , and  $r=0.207$ ,  $p<0.001$ , respectively). Co-workers satisfaction correlated significantly and positively with contingent reward, management-by exception and Laissez-faire leadership ( $r=0.141$ ,  $p=0.014$ ,  $r=0.185$ ,  $p=0.001$ , and  $r=0.231$ ,  $p<0.001$ , respectively). Nature satisfaction correlated significantly and positively with individual consideration, contingent reward, and Laissez-faire leadership ( $r=0.114$ ,  $p=0.048$ ,  $r=0.152$ ,  $p=0.008$ , and  $r=0.116$ ,  $p=0.045$ , respectively). Communication satisfaction correlated significantly and positively with management-by exception and Laissez-faire leadership ( $r=0.172$ ,  $p=0.003$ , and  $r=0.175$ ,  $p=0.002$ , respectively). Their total satisfaction scores correlated significantly and positively with contingent reward, management-by exception and Laissez-faire leadership ( $r=0.144$ ,  $p=0.012$ ,  $r=0.164$ ,  $p=0.004$ , and  $r=0.171$ ,  $p=0.003$ , respectively).

**Table 6: Correlation between primary health care providers' job satisfaction scores and their managers' leadership scores**

Satisfaction Items		Transformational leadership				Transactional leadership		Laissez Faire
		II	IM	IS	IC	CR	ME	
Pay	r	0.040	0.030	0.053	0.086	0.078	0.117	0.141
	p	0.489	0.609	0.363	0.135	0.176	0.043§	0.014§
Promotion	r	0.054	0.043	0.089	0.100	0.156	0.101	0.098
	p	0.353	0.456	0.124	0.084	0.007§	0.080	0.090
Supervision	r	0.082	0.030	-0.008	0.050	0.112	0.191	0.207
	p	0.156	0.603	0.897	0.391	0.053	0.001§	<0.001§
Fringe benefits	r	0.036	0.041	0.007	0.055	0.034	0.049	0.017
	p	0.535	0.475	0.904	0.343	0.555	0.401	0.770
Contingent Rewards	r	0.087	0.020	0.060	0.072	0.075	0.083	0.016
	p	0.133	0.732	0.301	0.215	0.193	0.154	0.782
Operating Conditions	r	0.019	-0.091	-0.059	-0.060	-0.013	-0.037	-0.020
	p	0.737	0.114	0.308	0.074	0.820	0.524	0.726
Co-workers	r	0.084	-0.033	-0.013	0.043	0.141	0.185	0.231
	p	0.146	0.575	0.820	0.461	0.014§	0.001§	<0.001§
Nature	r	0.046	0.073	0.086	0.114	0.152	0.069	0.116
	p	0.429	0.208	0.140	0.048§	0.008§	0.237	0.045§
Communication	r	0.111	0.019	0.024	0.095	0.082	0.172	0.175
	p	0.054	0.747	0.675	0.102	0.158	0.003§	0.002§
Total	r	0.098	0.027	0.047	0.101	0.145	0.164	0.171
	p	0.089	0.641	0.421	0.081	0.012§	0.004§	0.003§

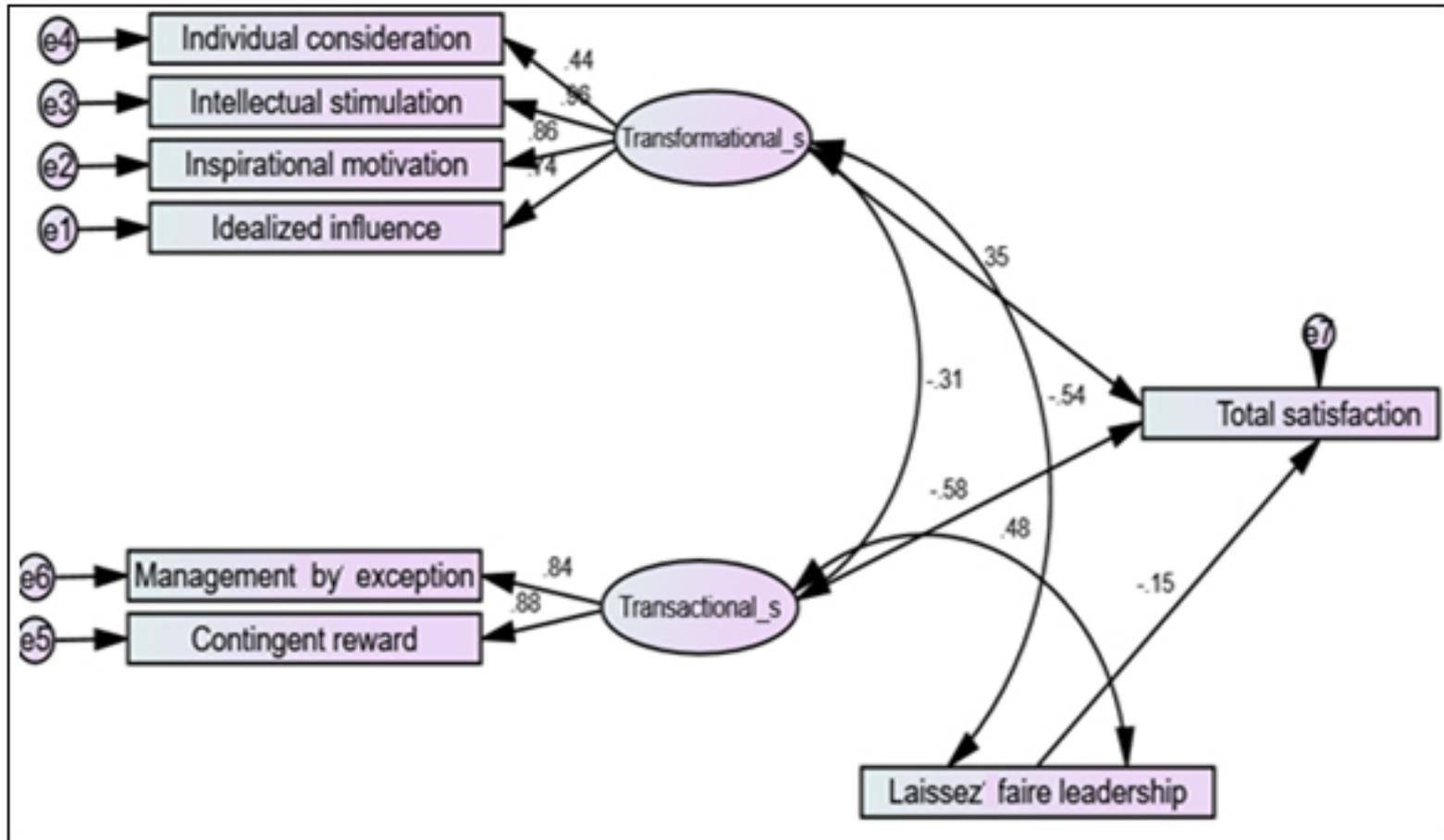
§ Statistically significant

(II) Idealized influence (IM) Inspirational motivation (IS) Intellectual stimulation

(IC) Individual consideration (CR) Contingent reward (ME) Management-by-exception

Figure 1 shows the SEM for the relation between managers' leadership styles and PHC providers' job satisfaction. The magnitude of each path coefficient indicated the relative strength and direction (positive or negative) of the relationships between the variables. Each path coefficient measured the partial correlation between the two latent variables after the joint correlations between all the other variables had been removed, or "partialled out".

**Figure 1: Structural Equation Modelling (SEM) for the relation between managers' leadership styles and PHCCs subordinates' job satisfaction**



## Discussion

Results of the present study revealed that the most commonly adopted leadership styles at PHCCs in Aseer Region, Saudi Arabia were the TF leadership, followed by the TA leadership, mainly the management-by-exception facet, while the laissez-faire leadership was least adopted.

Asencio and Mujkic [10] indicated that TF leadership is usually preferred, since it builds higher trust in organizations, which grows motivation among employees, resulting in higher individual and organizational performance. Grimm [11] argued that both TF and TA leadership styles can be effective if executed properly. Nidadhavolu [12] noted that the TA leadership style is equally important as the TF leadership style in guiding leaders to enhance organizational competitiveness, but it is not associated with the same levels of morality when compared with the TF leadership. A disadvantage of the TA leadership style is the lack of employees' motivation to produce more than what is specified.

The low adoption of laissez-faire leadership style at PHCCs in Aseer Region may reflect the fact that this leadership style does not necessitate high management skills, and it proves effective only when the staff are motivated and skilled [13].

Regarding job satisfaction, findings of this study revealed that only 39.3% of primary healthcare providers were satisfied, and 9.3% were dissatisfied, while the rest were ambivalent [i.e., neither satisfied nor dissatisfied]. Several facets were associated with low job satisfaction, i.e., "Operating conditions"

and "fringe benefits", while "nature of work" and "supervision" were associated with high job satisfaction.

These findings are in agreement with those reported by several studies. In Saudi Arabia, there is a reported lack of leadership effectiveness in the primary health care sector in Aseer Region, associated with dissatisfied professionals [6]. In Al-Madina A-Munawwara, Al Juhani and Kishk [14] reported that most PHC nurses and physicians were not satisfied. Least satisfaction domains comprised "professional opportunities", "patient care" and "financial reward". In Riyadh, Aldrees et al. [15] reported that almost one-third of physicians at a tertiary care hospital were job-dissatisfied.

In Cairo, Egypt, Morsy et al. [16] reported that almost half of PHC physicians' job dissatisfaction was encountered in almost half of PHC physicians. Their job dissatisfaction was mainly associated with pay, fringe benefits and contingent rewards. In Punjab, India, Singh et al. [17] reported that two-thirds of healthcare providers were satisfied with their jobs, only 2.8% were dissatisfied, while 31.2% were ambivalent. Job dissatisfaction was mainly associated with "fringe benefits" and "contingent rewards". Moreover, unmet hygiene factors, e.g., "operating conditions", and "nature of work" were also associated with job dissatisfaction. In USA, Landon et al. [18] reported that between 1997 and 2001 primary healthcare physicians' job satisfaction decreased from 42.4% to only 38.5%.

Singh et al. [17] stressed that the motivating factors, such as "pay", "fringe benefits", and "contingent rewards" should be fulfilled for healthcare workers to be job-satisfied. They also

explained the high prevalence of ambivalent job satisfaction among healthcare providers by the independence of hygiene and motivational factors. Healthcare providers become dissatisfied when their working conditions [i.e., hygiene factors] are weak, while when the hygiene factors are improved, they become not dissatisfied, but not necessarily satisfied (i.e., ambivalent).

The current study found that PHC providers' job satisfaction differed significantly according to their specialty, with highest job satisfaction among nurses, and lowest among pharmacists. Moreover, job satisfaction was significantly higher among those with sufficient monthly income, those with more years since graduation, and those with more than 5 years of experience in PHC practice. However, job satisfaction mean scores did not differ significantly according to their gender, age groups, nationality, marital status, or qualification.

It is to be noted that healthcare staff's salary was significantly and positively associated with job satisfaction among healthcare providers in several studies [16-17, 19]. Lee [20] explained this finding by that low salary can negatively affect the peace of mind and hence, healthcare providers' satisfaction. Individuals who are happy outside their work due to their satisfaction regarding their income, are also more likely to be job satisfied. Ehsan Malik [21] reported significant associations between payment, promotion opportunity, and job satisfaction. They recommended that health systems should consider these variables to retain healthcare staff.

In Al-Madina A-Munawwara, Saudi Arabia, Al Juhani and Kishk [14] reported that job satisfaction among PHC providers was higher among older, more experienced, non-Saudi physicians than their counterparts. In Egypt, Morsy et al. [16] found that more experienced physicians had higher job satisfaction compared to those with less experience in medical practice. Similarly, Alcaraz-Mor et al. [22], in Punjab, India, found that more experienced physicians were more job satisfied.

Singh et al. [17] noted that pharmacists had the highest job satisfaction and lab technicians followed by physicians. Jaiswal et al. [23], in Delhi, India, reported that technicians, in tertiary care hospitals were the least satisfied. They attributed variations in job satisfaction among healthcare workers to their educational qualifications, improper recruitment policies, and limited career growth opportunities.

Several studies reported no significant differences in healthcare providers' job satisfaction according to their personal characteristics, namely, gender, age or marital status [17; 24; 25]. However, Behmann et al. [26] found that male German PHC physicians were more satisfied than female colleagues. In Egypt, Morsy et al. [16] reported that married PHC physicians had higher job satisfaction than single physicians.

The variation in job satisfaction among healthcare providers reported by different studies may be attributed to cultural variations, differences in study populations and job satisfaction assessment tools.

The present study showed that PHC providers' job satisfaction scores correlated positively and significantly with scores of some leadership facets, mainly the "laissez-faire" and the TA leadership styles. The "laissez-faire" leadership style correlated with five satisfaction items, namely, "pay", "supervision", "co-workers", "nature", and "communication". Regarding the TA leadership style, "Contingent reward" correlated with "promotion", "co-workers", and "nature", while "management by exception" correlated with "pay", "supervision", "co-workers", and "communication". Regarding the TF leadership style, the "individual consideration" facet correlated positively and significantly only with "nature" satisfaction item.

Yi-Feng [27] stressed that employees' extent of job satisfaction can be determined by leadership styles. Job satisfaction of subordinates is significantly supported by successful leadership, and leaders play an important role in promoting employees' job satisfaction [10]. Folakemi et al. [28] reported a significant positive correlation between contingent reward, of the TA leadership style, and job satisfaction among employee at universities Guest Houses in South-West Nigeria ( $r=0.267$ ,  $p<0.001$ ). They concluded that contingent reward significantly improves the employees' job satisfaction.

The positive correlation between TA leadership style and job satisfaction was discussed by Giltinane [29], who noted that TA leadership is task-oriented, where rewards are given based on subordinates' performance. Nevertheless, Fernandes and Awamleh [30] reported that TA leadership style has little influence on job satisfaction among employees of international companies in the United Arab Emirates.

The present study revealed that the "laissez-faire" leadership style positively and significantly correlated with most healthcare providers' job satisfaction items. This finding may be explained by that none of the participant 25 PHC managers were physicians, but most of them were health administrators with little or moderate previous clinical qualifications. Moreover, about half of managers of PHCCs did not attend any training on leadership. Therefore, the laissez-faire leadership seems to be currently the most accepted by healthcare staff at PHCCs in Aseer Region.

Lockwood [13] described the laissez-faire leadership style as a participatory leadership, with limited direct control over the decision-making process within institutions. Leaders usually show little interference and they allow staff members to make decisions independently. Frequently, decisions are left to team members, and leaders do not contribute as active members in the team. With little guidance, leaders leave team members to achieve the daily work on their own, while the leaders remain available for feedback or consultation.

Saleem [31] explained the association between TA leadership style and job satisfaction. They stated that TA leaders apply rewards or punishments according to extent of achieved targets. Rewards can be in the form of promotion and salary increments, while punishments may be in the form of termination or a cut in salary increments [32].

Asghar and Isaiah [33] argued that neither TA nor TF leadership styles are always capable of improving employees' job satisfaction. Despite the fact that employees may prefer the inspiration and consideration aspects of TF leadership, or favor the contingent rewards aspect of TA leadership, the effectiveness of TA and TF leadership styles often vary from one situation to another.

### Study limitations

The present study has few limitations. The causal relationship between factors affecting satisfaction cannot be confirmed as the study design is cross-sectional, which is good for hypothesis generation, rather than hypothesis testing.

### Conclusions

Based on findings of this study, it can be concluded that managers of PHCCs in Aseer Region mainly adopt the idealized influence facet of TF leadership and management-by-exception facet of TA leadership, while the Laissez-faire leadership is highly adopted by only about one quarter of managers. Regarding job satisfaction of healthcare providers, about one-third are job-satisfied, while half of them are ambivalent. Job satisfaction is significantly less among pharmacists, those having insufficient monthly income, and those with less experience in PHC. The laissez-faire leadership style positively and significantly correlates with most healthcare providers' job satisfaction items, followed by TA leadership and lastly TF leadership.

Managers of PHCCs need to be trained in leadership. It is necessary to improve PHC providers' job satisfaction, which is expected to be achieved by better application of TF and TA leadership styles.

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