# Impacts of Leadership Style on Staff Job Satisfaction in Primary Health Care Organisations, Primary Health Care Centres in Al-Jouf, Saudi Arabia as Case Study

**Abdullah Megza Alrwili**

Senior Health Administration
Health Administration Dept.
College of Public Health
Curtin University in Australia

## Abstract

*The Saudi health sector faces many challenges, such as inadequate leadership, employee turnover and shortage in health care personnel, centralised management, poor decision making process, and shortage in qualified and effective leaders for PHCCs, so that there is poor leadership in healthcare system. There is no previous studies about the effectiveness of leadership in healthcare employee job satisfaction, so that this study intends to fill the gap in knowledge about effect of leadership effectiveness on employee satisfaction and service delivery. This study aims to indentify how employees perceive different leadership styles in PHCCs and how these leadership styles influence employee job satisfaction in PHCCs in Al-Jouf region in Saudi Arabia. the study sample included (120) employees from (500) workers across (40) PHCCs in Al-Jouf. The study uses survey and quantitative methods as approaches for the study. The study tools included demographic questionnaire, Leader Behaviour Description Questionnaire, and Mueller and McCloskey's Job Satisfaction Survey. The study results showed that leaders qualities significantly related to employees job satisfaction in PHCCs. Many employees reported high level of satisfaction with salary, services delivered, and work hours. Leadership qualities affecting employee job satisfaction include "leader is understandable, looks for employee welfare, treats employees equally, and makes his attitude clear to all employees". PHCC leaders perceive their leadership styles as effective and all employees feel satisfied in leadership effectiveness.*

***Keywords:*** *Job Satisfaction; Health Care, KSA*

## Introduction

Healthcare organisations across the globe are experiencing increasing pressure due to the scarcity of healthcare personnel and increased turnover rates, with the result being increased demand for experts in healthcare as well as other healthcare employees. Moreover, organisations in the healthcare sector are expected to perform exceptionally. To achieve high levels of performance, healthcare organisations need to have the sufficiently motivated personnel (Anand & Barnighausen, 2004. The WHO (2013); (WHO, 2014) reports that the number of migration by healthcare personnel has reached an all-time high with Saudi Arabia being among the most dependent countries in the world. In Saudi Arabia, more than 80% of healthcare personnel are non-Saudis. It has been argued that job satisfaction significantly determine or predicts the intentions of healthcare personnel to keep their jobs (Tourangeau & Cranley, 2006).

* This article was submitted in November 2021, and accepted for publishing in December 2021, Published: March 2022.
 DOI: 10.21608/aja.2022.223181

Saudi Arabia's Ministry of Health (MoH) is equally facing several challenges with leadership. The Kingdom's healthcare sector needs well-informed leaders that can come up with reliable standards that can facilitate improvement in the quality of services provided in healthcare organisations through behavioural change and skills acquisition (Hernandez, 2009). Based on their extensive analysis of Saudi Arabia's Primary Healthcare Centres, Al-Ahmadi and Roland (2005) asserted that quality of services provided in PHC could only be improved by making improvements to their management. A number of researchers have argued that the work environment in Saudi's PHCs and healthcare organisations, in general, is stressful and continues to cause dissatisfaction among healthcare employees (Aljanakh, 2017; Altassan, 2017; Yusuf, 2014).

Healthcare organisations, especially in Saudi, need capable leaders to manage staff members from diverse cultures and professional backgrounds, to recruit qualified employees and put in place a framework that ensures employees continually develop their skills and abilities. Primary Healthcare is usually the very first contact individuals make with the national healthcare system. PHC account for almost 83% of all healthcare services provided in Saudi Arabia (Walston, Al-Harbi & Al-Omar, 2008).

## Problem Statement

Employee job satisfaction is a critical issue of interest that has been widely investigated during the past decades (Ioannou, Katsikavali, Galanis, Velonakis, Papadatou & Sourtzi, 2015). There are many factors affect healthcare job satisfaction among them are working conditions, incentives, rewards, and leadership styles (Nemmaniwar & Deshpande, 2016). Many researchers agree that there is a positive relationship between the organizational leadership and employees' job satisfaction, this relationship has its reflections on employee turnover and recognition (Nidadhavolu, 2018; Akdol & Arikboga, 2015).

Many researchers have tried to investigate the different factors that can affect the performance and quality of services being provided to patients in Saudi Arabia (Al-Ahmadi, 2009). The Saudi Ministry of Health and Healthcare agencies acknowledge that they must develop varied techniques to help health employees reduce levels of job stress, maintain high levels of job satisfaction, develop leadership styles, and overcome reasons behind job dissatisfaction (Alshmemri, 2004). Managers and organizational leaders in Saudi healthcare institutions must do their best in order to overcome all factors that lead to dissatisfaction among healthcare workers (Slimane, 2017).

Researchers have confirmed that the organizational leadership style is of critical significance in affecting the job satisfaction of Saudi physiotherapists (Alkassabi, Al-Sobayel, Al-Eisa, Buragadda, Alghadir & Iqbal, 2018). Alshahrani & Baig (2016) have revealed that transformational leadership has increased staff nurses' job satisfaction in critical care units at Aseer Central Hospital in Saudi Arabia. Abualrub, Alghamdi (2012) have confirmed that transformational leadership styles have made Saudi nurses more satisfied in their jobs, this in fact will have its positive effects on intentions to say at work.

Based on what has been mentioned above and keeping in mind the critical roles played by primary health care centres in delivering healthcare services to many Saudi citizens and taking into account the critical relationship between leadership style and job satisfaction, the researcher sees the statement of the problem to revolve around identifying the impacts of leadership style on staff job satisfaction in primary health care centres in Al-jouf, Saudi Arabia.

## Aim and Objectives

### *Aim*

This study seeks to understand how employees perceive different styles of leadership and how these leadership styles influence job satisfaction and employee development among PHC employees in the Al-Jouf Region of Saudi Arabia.

### *Research Questions*

The following research questions were used in the analysis of quantitative data:

- Does leadership style impact job satisfaction among the healthcare staff in primary healthcare organisations?
- How does the current method of nominating PHCC managers affect health services outcome?
- Does the current approach require reforms to increase flexibility?

***Research Hypotheses***

- The leadership style affects job satisfaction among healthcare staff in primary healthcare organisations.
- The current method of nominating PHCC managers affect health services outcome.
- The current approach require reforms to increase flexibility.

## Literature Review

Human beings depend on interactions within the community to meet their varied needs. They need a competent individual who has the ability to organize their efforts and help them achieve their goals. These individuals are said to have leadership qualities (Baltaci, Kara, Tascan & Avsalli, 2012). According to Nunes, Cruz, and Pinheiro (2012), leadership is the process by which an individual motivates a team of people to achieve common objectives. There are many theories that have been used to investigate this phenomenon. According to Badshah (2012), contingency theories measure a leader's performance on how best the leader's abilities complement a situation or the other way round. Conger and Kanungo (1998); Larsson and Rönnmark (1996) stated that charismatic leadership theory is a remarkable leadership model whose description was based on the concepts by Weber (1947). According to Badshah (2012), a transformational leader motivates subordinates to undertake more than was initially anticipated.

There are many leadership styles that have been discussed in the literature. Autocratic Leadership is a style which is based on commands that must be obeyed. Democratic Leadership relies on decentralization of power and consultation with employees. Charismatic leaders inspire employees and motivate them to do job activities. Transactional Leadership is a style where employees agree to comply with their leaders. Transformational Leaders support, encourage, and motivate employees within the organization (Kaleem, Asad & Khan, 2016). Many researchers have confirmed that transformational leadership is regarded the most preferred leadership style in managing employees within the organization (Nidadhavolu, 2012). Nidadhavolu (2012) has confirmed that laissez-faire leadership style is not effective in managing employees as "the more significant leaders exhibit laissez-faire behavior, the poorer subordinates perform at work" (p. 22).

Employees are the main engines in any organization, they play pivotal roles in helping organizations achieve their goals and objectives. To maintain the organizational human assets, their personal needs must be met and issues of dissatisfaction must be overcome (Baltaci et al., 2012). Employee job satisfaction as an organizational issue has attrcated the attention of many researchers around the world (Bahnassy, Alkaabba, Saeed & y Al Ohaidib, 2014). Employee job satisfaction refers to a complex phenomenon influenced by various factors that can be internal or external (Buchbinder & Shanks, 2016). Review of current literature on the association between leadership style and job satisfaction among employees led to the identification of various areas of importance for this study. All over the world, healthcare organisations require very skilled personnel in order to achieve desirable results in healthcare delivery; as a result, there is much competition for the few healthcare professionals (Yousef, 2016).

Organizational leadership is associated with employee job satisfaction and commitment (Ahmad & Aldakhil, 2012). The reason for that might be attributed to their roles in leading the organization, and openly communicating with employees (Alkhasawneh, 2019). In addition, leaders'organizational behaviors effect employees' job satisfaction by encouraging authenticity, showing humility, giving credit to others, forgiving employees, empowering them and making them responsible for the outcomes that are under their control

(Akdol & Arikboga, 2015). Leadership styles represented in (transformational leadership, interactional leadership, and visionary leadership) have statistically significant impact on employees' job satisfaction (Yirik & Baltaci, 2014). Employees' job satisfaction are higher in organizations whose leaders use visionary and transformational leadership styles (Yirik & Baltaci, 2014).

## Methodology

### *Research Methods and Design*

The researcher selected the explanatory sequential design for two main reasons. To begin with, the current research problem is quantitative in nature, hence the need for a valid and reliable quantitative research instrument to evaluate the hypotheses of job satisfaction and leadership style (Lok, 1997). Secondly, the responses by the leaders were qualitative, and there was the need to have a mechanism to analyse these responses (Creswell & Clark, 2017). The first phase consisted of a cross-sectional survey that involves the use of a valid and reliable self-report tool. The target sample was 120 employees among the healthcare centre staff. Phase two of the study involved a number of senior leaders in PHCC in a focus group discussion. The researcher discussed the outcomes of the questionnaire survey with PHCC leaders. Focus group research is one of the most suitable qualitative research technique (Creswell & Clark, 2017).

### *Research Setting and Sample*

The research was carried out in Saudi Al-Jouf region; this region's Directorate General of Health Affairs (DGHA) comprises of four PHCC sectors. These PHCC sectors have 40 PHCC facilities and about 500 healthcare practitioners (Region, 2017). The research participants selected for this study were professional healthcare employees that have worked for over 12 months in Al-Jouf's PHCC sector. This selection criterion made sure that research participants had enough exposure to the styles of leadership in the Al-Jouf region's PHCCs.

The study adopted stratified random sampling method. The sample selected by this method is more likely to be representative of the targeted population, as every individual in the target population has an equal chance of getting selected to participate in the study (Adams, 2014). Every sub-group (stratum) comprised of employees classified according to their professional group (doctors, nurses, pharmacist, managerial and other associated health personnel). Each random sample comprised of participants from every sub-group.

### *Research Instruments*

This study used a self-report tool to collect data from participants. This tool was divided into three sections. Section A, the Demographic Questionnaire, was created by the researcher. the second section contains the Leader Behaviour Description Questionnaire (LBDQ), designed by Ralph Melvin Stogdill (1963) and Section C contains the Mueller and McCloskey's Job Satisfaction Survey (MMSS), designed by Mueller and McCloskey (1990). The LBDQ and MMMS questionnaires have been tested for reliability by their respective authors as well as in the study by Lok (1997) (Cronbach's $\alpha$ =.47 to 87). Additionally, the researcher obtained permission to make use of these two questionnaires (Appendix C). See table 1 for an outline of the consistency and reliability of the research instruments employed in this research.

The Demographic Questionnaire collected data on age, gender, nationality, educational background, salary range, work experience (number of years) and the location and size of the PHCC where the participants work.

**Table 1: Reliability of Instruments**

| Reference | Instrument | Dimension | Reliability (Cronbach a) | |
|---|---|---|---|---|
| | | | Developer | Lok (1997) |
| Stogdill (1963) | LBDQ | Consideration | .82 | .81 |
| | | Initiating Structure | .78 | .84 |
| Mueller & McCloskey (1990) | MMSS | Professional opportunities | .64 | .76 |
| | | Balance of family and work | .57 | .51 |
| | | Extrinsic | .52 | .70 |
| | | Scheduling | .52 | .70 |
| | | Control and responsibility | .80 | .85 |
| | | Praise and recognition | .80 | .77 |
| | | Interaction and opportunities | .72 | .77 |
| | | Co-workers | .54 | .47 |

The LBDQ comprises of 40 5-point Likert scaled items that are subdivided into two scopes of leadership style; initiating structure and consideration. Initiating structure refers to a leader's capacity to introduce new activities and influence others to undertake them; it also describes the capacity of a leader to define methods of doing things through the establishment of clear work patterns and creation of proper communication channels. Consideration, on the other hand, describes a leader's interest and regard for the people he/she leads; describes how a leader appreciates good work by employees and values employee satisfaction. Respondents were asked to rate each item on a scale of 1 (Absolutely Not) to 5 (Totally). These two leadership dimensions were measured by summing up the scores for all the items.

There are several instruments that can be used to assess leadership behaviour, however, LBDQ is known for its reliability, and it has been utilised before for a study within the health sector (Lok, 1997). It is for this reason that the researcher chose the LBDQ for this particular research. Judge et al. (2004) carried out multiple studies using the LBDQ and used data obtained from these studies to analyse leadership style; the meta-analysis supported the validity of both initiating structure and consideration as appropriate leadership dimensions.

The Job Satisfaction Survey comprises of 31 5-point Likert-type scaled items that relate to the working environment. Respondents were asked to rate each item on a scale of 1 to 5; 1 for total dissatisfaction and 5 for total satisfaction. The job satisfaction dimensions evaluated in this survey include tangible rewards given to employees by leaders, scheduling, the balance between family and work, interaction, co-workers, professional opportunities, recognition/ acknowledgment and accountability/control. Misener, Haddock, Gleaton, and Abu Ajamieh (1996) strongly supported the reliability of the MMSS in evaluating job satisfaction and indicated that the instruments mightbe used in multicultural settings. Notably previous studies within the health setting have used the MMSS (Mueller & McCloskey, 1990), therefore making it also appropriate for this research.

### *Data Collection*

Data collection was carried out in three phases. The first data collection phase involved the collection of quantitative data through questionnaires issued to a random stratified sample (n=120 personnel) across the target PHCCs. The second data collection method was a focus group discussion with selected PHCC managers from the region. Lastly, the researcher held an interview session with a subset of the focus group comprising of the senior leadership of the PHCCs where qualitative data was collected from the leaders. The purpose of this discussion was to deliberate on ways to enhance the management and the working environment in PHCC organisations as well as to provide suggestions that providethe baseline for the managerial framework design.

## Research Respondents

This study required large sample size and the assistance of the DGHA (Directorate General of Health Affairs) of the Al-Jouf region. Prior to the study and PHCCs visits, the researcher, contacted the DGHA in charge of Public Health Affairs in the Al-Jouf region as well the administrative authority in charge of the regions PHCC facilities. The researcher was offered a list containing all PHCC sectors in the region as well as the names of the PHCCs; the list also included the number of employees in all the PHCCs. In preparation for the study, the researcher met four times with the region's technical supervisors and the PHA.

The first meeting included a brief discussion about the study, its goals, and objectives and how the researcher intended to collect data. During the second meeting, the researcher talked about the research sample and how the questionnaires would be distributed. During the third meeting, all research aspects were finalised and 120 questionnaires were distributed according to the schedule outlined in Appendix G. During the fourth and final meeting, the researcher interviewed the subset of the region's focus group which comprised of five senior leaders.

## Distribution of Research Instrument

The questionnaires were administered in paper form as opposed to online surveys due to unavailability of internet access especially in remote areas of the country. It was estimated that a participant would need about 20 to 25 minutes to complete filling in the survey. After a participant has completed the survey, he /she is expected to send it back to the researcher within four weeks after receipt. After four weeks have elapsed, the researcher sent a reminder letter to all the four PHC sectors as a reminder to participants that had still not returned their questionnaires.

## Descriptive Analysis

### *Demographic Characteristics*

Overall females were 43 (36.4%) of the study population. About 20.9% of the female respondents were physicians compared to 24% of the males. The majority of the female participant were nurses (69.8%) while male nurses constituted only (34.7%) of the male sample. Female administrative staff were (7%) while male administrative were (10.3%). There were no female pharmacists.

**Table 2: Demographic Characteristics of Participants**

| Variable | | Physician | Non-physician | Nurse | Pharmacist | Lab Technician | Administrative | Total (N=118) |
|---|---|---|---|---|---|---|---|---|
| Gender | Female | 9(20%) | 0 | 30(69.8%) | 0 | 1(2.3%) | 3(7%) | 43(100%) |
| | Male | 18(24%) | 6(8%) | 26(34.7%) | 8(10.7%) | 4(5.3%) | 13(10.3%) | 75(100%) |
| Nationality | Saudi | 4(4.2%) | 6(6.3%) | 56(58.9%) | 8(4%) | 5(5.3%) | 16(16.8%) | 95(100%) |
| | Non-Saudi | 23(100%) | 0 | 0 | 0 | 0 | 0 | 23(100%) |
| Age Category | 26-30yrs | 3(18.8%) | 2(12.5%) | 6(37.5%) | 0 | 2(12.5%) | 3(18.8%) | 16(100%) |
| | 31-35yrs | 3(10.3%) | 3(10.3%) | 15(51.7%) | 4(13.8%) | 1(3.5%) | 3(10.3%) | 29(100%) |
| | 36-40yrs | 8(26.7%) | 0 | 15(50%) | 3(10%) | 1(3.3%) | 3(10%) | 30(100%) |
| | 41-45yrs | 5(20.8%) | 1(4.2%) | 13(54.2%) | 1(4.2%) | 0 | 4(16.8%) | 24(100%) |
| | 46-50yrs | 7(46.7%) | 0 | 6(40%) | 0 | 0 | 2(13.3%) | 15(100%) |
| | >=51yrs | 1(25%) | 0 | 1(25%) | 0 | 1(25%) | 1(25%) | 4(100%) |
| Education Background | Master | 6(100%) | 0 | 0 | 0 | 0 | 0 | 6(100%) |
| | PGD1 | 2(100%) | 0 | 0 | 0 | 0 | 0 | 2(100%) |
| | Bachelor | 16(61.5%) | 6(23.1%) | 1(3.9%) | 1(3.9%) | 1(3.9%) | 1(3.9%) | 26(100%) |
| | HScDiplo-ma2 | 3(100%) | 0 | 0 | 0 | 0 | 0 | 3(100%) |
| | HIScDiplo-ma3 | 0 | 0 | 55(72.4) | 7(9.2%) | 4(5.3%) | 10(13.2%) | 76(100%) |
| | High School | 0 | 0 | 0 | 0 | 0 | 5(100%) | 5(100%) |
| Years of Experience | 1-4yrs | 7(70%) | 1(10%) | 1(10%) | 0 | 0 | 1(10%) | 10(100%) |
| | 5-6yrs | 2(14.3%) | 1(7.1%) | 4(28.6%) | 1(7.1%) | 2(14.2%) | 4(28.6%) | 14(100%) |
| | Above 6yrs | 18(19.2%) | 4(4.3%) | 51(54.3%) | 7(7.5%) | 3(3.2%) | 11(11.7%) | 94(100%) |
| Salary (SR) | 3000-8000SR | 1(25%) | 0 | 0 | 0 | 0 | 3(75%) | 4(100%) |
| | 8001-13000SR | 8(16.7) | 4(8.3%) | 19(39.6%) | 6(12.5%) | 2(4.2%) | 9(18.8%) | 48(100%) |
| | 13001-18000SR | 13(28.3%) | 1(2.2%) | 26(56.5%) | 1(2.2%) | 2(4.4%) | 3(6.5%) | 46(100%) |
| | 18001-23000SR | 4(22.2%) | 1(5.6%) | 10(55.6%) | 1(5.6%) | 1(5.6%) | 1(5.6%) | 18(100%) |
| | Above 23000SR | 1(50%) | 0 | 1(50%) | 0 | 0 | 0 | 2(100%) |

1= Postgraduate Diploma 2= High Science Diploma 3= Health Science Diploma

Saudis constituted (80.5%) of the study population. Physicians were (4.2%) and nurses 58.9% among the Saudi population. All non-Saudis (23) were physicians. The majority of the study population were between 31 and 45 years of age (70.3%). Those with master's degree and postgraduate diploma were only 8 (6.8%) of the study population. Those holding health science diploma and bachelor's degrees were 76 (64.4%) and 26 (22%), respectively. Most of the study population have been working for more than six years (79.7%), and their salary ranged from SR8000 to SR23000 (94.9%). Only two got a salary above 23000SR (one physician and one nurse) while 4 got less than 8000SR, one physician and four administrative.

### *Quantitative Findings*

Responses obtained from the survey were inputted into IBM's Statistics Package for the Social Sciences (STATA). The responses in the demographics section, the LBDQ, and the MMMS were analysed.

### *OBJECTIVE 1: Examine Job Satisfaction among Employees Working in PHCCs*

The results for employee satisfaction for employees in PHCCs can be seen above. The table presents the number of observations, the mean and median values for each indicator. The answers for each indicator range from 1-5 for each respondent, with 1 meaning the respondent is very dissatisfied and 5 meaning the respondent is very satisfied.(1)First, looking at employee satisfaction with salary, we can see that the median response is 4, and the mean is 3.58, indicating that respondents are relatively satisfied with the salary on average. Secondly, the median for the number of hours worked is 4, whilst the mean is 3.35, which is the lowest mean value across the 5 summarised in the table above. Once again, this implies that there is some room for improvement regarding employee satisfaction with the number of hours of work.

**Table 3: Summary of Responses**

| Points | Observations | Mean | Median |
|---|---|---|---|
| Salary | 118 | 3.58 | 4 |
| Hours of work | 118 | 3.35 | 4 |
| Delivery of product/service method | 117 | 4.16 | 4 |
| Recognition from superiors | 116 | 4.13 | 4 |
| Participation on organisation decisions | 118 | 3.78 | 4 |

**Table 4: Breakdown of Responses**

| Points | Very Dissatisfied | Moderately Dissatisfied | Neutral | Moderately Satisfied | Very Satisfied |
|---|---|---|---|---|---|
| Salary | 7 | 14 | 24 | 50 | 23 |
| Hours of work | 14 | 17 | 25 | 38 | 24 |
| Delivery of product/ service method | | 4 | 18 | 50 | 45 |
| Recognition from superiors | 3 | 3 | 18 | 44 | 48 |
| Participation on organisation decisions | 8 | 10 | 18 | 46 | 36 |

Additionally, on average most respondents are satisfied with the delivery of the product or service method, with a median value of 4 and a mean value of 4.16. Likewise, staff seems, on average, satisfied with the recognition they received from their superiors, with an average above 4. Finally, the average score for staff satisfaction regarding participation is 3.78, indicating that on average staff are satisfied with their participation. It appears that improvements could be made regarding staff satisfaction with the number of hours worked and salary. The exact frequency for each response can be seen below.

### *OBJECTIVE2: How Employees Perceive Leadership Qualities and Styles at PHCCs.*

The table above presents the summary of statistics for the questions associated with leadership style. The scale ranged from 1 to 5, with 1 meaning the leader never displays this quality, whilst5 means the leader always displays this quality.(2) It is important to note that some of the qualities are positive, whilst some are what could be perceived as negative traits. Therefore, it is not always the case that we are looking for a higher mean and median value.

(1) The full scale is 1=Very dissatisfied, 2=Moderately dissatisfied, 3=Neutral, 4=Moderately satisfied, 5=Very satisfied.

(2) 2=Seldom, 3=Occasionally and 4=Often.

Given a large number of traits, only a select few will be highlighted or results that highlight possible issues with the leadership. Overall, it appears staff reflects very positive opinions of the leadership, with many median ranging between 4 to 5 for the positive leadership traits. For instance, the mean and median value of whether the leader is easy to understand is 4.35 and 5 respectively. Likewise, mean and median values above 4 for characteristics such as 'does personal favours for the team', 'acts as a leader', 'looks out for the personal welfare of the team', 'treats all as equal to themselves and is friendly and approachable'.[(1)] Conversely, low values for the mean and median for keeping to himself, refusing to explain actions and failing to take necessary action, which could be perceived as negative traits.

Some traits have a median value of 3, indicating that the opinions of the staff are split, or neutral regarding this characteristic. For instance, both whether the 'leader rules with an iron hand' and whether they 'let other people take away the respondent's leadership in the group' both have median values of 3 and mean values of 3.17. This, therefore, could mean that staff are on average neutral regarding these traits, or that they are polarised, with some staff suggesting these traits are common, while others are implying they are not. On careful look at the distribution of answers, it appears that for both traits respondents usually answer that these traits are displayed occasionally or often, with half of the respondents for both questions giving either of these responses.

### *OBJECTIVE 3: Effects Demographic Characteristics on Job Satisfaction among PHCC Workers*

To determine the impact of demographic characteristics on employee satisfaction chi-square test between each indicator of employee satisfaction and demographic variable was calculated.

(1) This is not an exhaustive list.

**Table 5: Employee Perception of Leadership Qualities**

| | Observations | Mean | Median |
|---|---|---|---|
| Does personal favors for group members | 118 | 4.41 | 5 |
| Makes his attitudes clear to the group | 118 | 4.45 | 5 |
| Does little things to make it pleasant to be a member of the group | 118 | 4.26 | 5 |
| Tries out my new ideas with the group | 118 | 4.12 | 4 |
| Acts as the real leader of the group | 117 | 4.34 | 5 |
| Is easy to understand | 118 | 4.35 | 5 |
| Rules with an iron hand | 118 | 3.17 | 3 |
| Finds time to listen to group members | 118 | 4.18 | 4 |
| Criticize poor work | 117 | 3.74 | 4 |
| Gives advance notice of changes | 116 | 4.05 | 4 |
| Speaks in a manner not to be questioned | 118 | 3.98 | 4 |
| Keeps to himself | 118 | 1.56 | 1 |
| Looks out for the personal welfare of individual group members | 118 | 4.35 | 5 |
| Assigns group members to particular tasks | 118 | 4.21 | 4 |
| Is the spokesman of the group | 117 | 4.15 | 4 |
| Schedule the work to be done | 118 | 4.12 | 4 |
| Maintains definite standards of performance | 118 | 3.92 | 4 |
| Refuses to explain his action | 118 | 2.51 | 2 |
| Keeps the group informed | 116 | 3.68 | 4 |
| Acts without consulting the group | 118 | 2.29 | 2 |
| Backs up the members in their actions | 118 | 3.89 | 4 |
| Emphasizes the meeting of deadlines | 116 | 4.03 | 4 |
| Treat all group members as his equals | 118 | 4.60 | 5 |
| Encourages the use of uniform procedures | 118 | 4.45 | 5 |
| Get what I ask for from his superiors | 116 | 3.90 | 4 |
| Is willing to make changes | 117 | 4.21 | 4 |
| Makes sure that my part in the organization is understood by group members | 118 | 4.47 | 5 |
| Is friendly and approachable | 118 | 4.53 | 5 |
| Asks that group members follow standard rules and regulations | 118 | 4.42 | 5 |
| Fails to take necessary action | 117 | 2.20 | 2 |
| Makes group members feel at ease when talking with them | 118 | 4.15 | 4 |
| Let's group members know what is expected of them | 118 | 4.14 | 4 |
| Speaks as the representative of the group | 117 | 4.20 | 4 |
| Puts suggestions made by the group into operation | 115 | 4.16 | 4 |
| Sees to it that group members are working up to capacity | 118 | 4.29 | 5 |
| Let's other people take away my leadership in the group | 117 | 3.17 | 3 |
| Gets his superiors to act for the welfare of the group members | 118 | 4.03 | 4 |
| Gets group approval in important matters before going ahead | 118 | 3.93 | 4 |
| Sees to it that the work of group members is coordinated | 118 | 4.45 | 5 |
| Keeps the group working together as a team | 117 | 4.55 | 5 |

The result of the chi-square analysis can be found in the table below. This table reports the chi-squared value with the P-value in brackets for the chi-squared test for each comparison. The null hypothesis for the chi-square tests is that there is no association between the two variables. First, looking at education levels, the null for every measure of employee satisfaction was not rejected, indicating there is no relationship between education levels and employee satisfaction. On the role of the respondent, the p-values are much lower, and the null for the hours worked can be rejected at the 1% significance level, recognition for work from superiors at the 5% significance level and the product/service delivery method and their participation in organisational decisions at the 10% level. This indicates that there are significant associations between many of the measures of employee satisfaction and the individual job role.

For years of experience in the current role and age, no significant association was recorded. For gender, a significant association between gender and both salary and hours that worked was recorded, which are both significant at the 10% significance level. Finally, for salary, significant associations between salary, recognition from superiors and participation in organisational decisions can be observed.

***OBJECTIVE4: Relationship between Styles of Leadership and Employee Satisfaction in PHCCs.***

The table below then presents the chi-square analysis for the associations between leadership styles and employees satisfaction. The table presents the chi-square values with the P-values in brackets. The null hypothesis being that there is no association between the variables.

**Table 6: Correlation between Demographics and Job Satisfaction**

| Points | Education | Job | Years of experience | Gender | Age | Salary |
|---|---|---|---|---|---|---|
| Salary | 17.38 (.63) | 24.05 (.24) | 16.25 (.88) | 8.21 (.08) | 24.00 (.24) | 29.14 (.00) |
| Hours that you work | 18.52 (.55) | 40.39 (.00) | 21.45 (.61) | 8.89 (.06) | 16.97 (.65) | 13.93 (.31) |
| The delivery product/ service method | 8.92 (.88) | 23.04 (.08) | 8.69 (.97) | 1.11 (.77) | 15.83 (.39) | 3.29 (.95) |
| Recognition for your work from superiors | 7.57 (.99) | 31.07 (.05) | 12.85 (.97) | 3.00 (.56) | 19.83 (.47) | 28.71 (.00) |
| Your participation in organisational decisions | 23.19 (.28) | 29.35 (.08) | 15.44 (.91) | 4.90 (.30) | 24.96 (.20) | 20.13 (.06) |

Firstly, for whether the leader is easy to understand three significant associations can be observed. Secondly, salary and whether the leader is easy to understand displays an association, which is significant at the 10% level. The satisfaction with the delivery product/service method and the leader being easy to understand is significant at the 5% level, whilst the satisfaction with the hours worked is significant at the 1% level. This indicates that whether the leader is easy to understand is associated with whether the respondent is happy with the number of hours worked.

On the associations between ruling with an iron hand and the different satisfaction indicators, there are four associations observed from the analysis. The hours worked, recognition for work done by superiors and participation in organisational decision making all show significant association at the 10% level. Finally, the delivery product/service method and if the leader rules with an iron hand have a strong association, at the 1% significance level.

**Table 7: Association between Leadership Styles and Job Satisfaction**

| Points | Is Easy to Understand | Rules with an Iron Hand | Looks Out for Personal Welfare | Refuses to Explain His Actions | Treats all Group Members as His Equal | Is Friendly and Approachable | Let's Other People Take Away My Leadership |
|---|---|---|---|---|---|---|---|
| Salary | 25.59 (0.06) | 14.80 (0.54) | 5.65 (0.99) | 12.71 (0.69) | 14.64 (0.55) | 16.39 (0.43) | 15.81 (0.47) |
| Hours that you work | 40.55 (0.00) | 23.44 (0.10) | 38.15 (0.00) | 20.80 (0.19) | 15.75 (0.47) | 30.49 (0.02) | 19.71 (0.23) |
| The delivery product/service method | 22.86 (0.03) | 26.26 (0.01) | 9.66 (0.65) | 14.54 (0.27) | 8.98 (0.70) | 23.09 (0.03) | 10.54 (0.57) |
| Recognition for your work from superiors | 23.22 (0.11) | 24.43 (0.08) | 57.51 (0.00) | 22.07 (0.14) | 50.96 (0.00) | 43.15 (0.00) | 26.07 (0.05) |
| Your participation in organisational decisions | 14.86 (0.54) | 25.41 (0.06) | 29.83 (0.02) | 18.22 (0.31) | 13.97 (0.60) | 14.58 (0.56) | 10.88 (0.82) |

There is an equally mixed picture for the associations between whether the leader looks out for the personal welfare of the team and job satisfaction. Two of the associations, between looking out for personal welfare and satisfaction with the hours worked, and the recognition received from superiors, are significant at the 1% level. Also, the association between the leader looking out for the team's welfare and the respondent's participation in organisational decisions is significant at the 5% level.

For the next two leadership approaches, whether the leader refuses to explain their actions and whether the leader treats everyone as their equal, we see almost no significant associations with employee satisfaction. The only exception is the association between whether the respondent's leader treated everyone as their equal and reported satisfaction regarding receiving recognition from their superiors, for which the null is rejected at the 1% level.

Whether the respondent's leader is friendly and approachable, have more significant associations with employee satisfaction, namely satisfaction with the hours that the respondent worked, the delivery product/service method, and the recognition they receive from their superiors. For the first two the null hypothesis is rejected, no association at the 5% level, whilst for the latter, we can reject at the 1% level. Finally, for whether the respondent's leader lets others take away their leadership role, the null is rejected for an association with one measure of employee satisfaction. This one measure of employee satisfaction is whether the respondent is satisfied with the level of recognition they receive from their superiors.

## Qualitative Findings

The focus group interviews began with basic questions about the individual demographics and encouraged each participant to speak freely and share their experiences honestly. The interviews involved collecting information related to the leadership style, the feedback on the staff survey and discussing the current nominating approach applied by the Saudi ministry of health. This face to face interview session was conducted with five primary healthcare managers.

The study objectives for the qualitative interview were to:

1- Analyse how employees perceive leadership qualities and styles at PHCCs.
2- Examine the current criteria and process for manager nomination method.
3- Recommend improvements to current PHCC manager nomination methods in Saudi Arabia.

The five participants provided honest information and insights into the activities and experiences in their primary healthcare centres. The analysis of the interviews show four themes related to leadership style and job satisfaction. There were;

1- Criteria for nominating leaders.
2- Shortage of qualified managers.
3- Lack of experience and training for managers.
4- Redesigning the new nomination process.

The theme had subthemes to provide more information on experiences. The interview of the leadership group included: the education level and experiences of managers, the outcome of the current nomination process, leadership style influences, best management styles to build effective teamwork and recommending a new process/criterion for appointing managers. The participants were happy to answer the questions and were proud of their achievements in primary healthcare.

The managers interviewed claimed they applied a practical approach to leadership for increasing the productivity and achieving job satisfaction among their employees. The managers' experiences which they gained from previous management position or during work practices obtain their knowledge. This knowl-

edge might not be precisely related to common leadership approaches. The outcome of the study contains one theme: "**leadership approaches**".

All participants use different approaches to manage their centres and believe their approach is effective for healthcare service. Regarding job satisfaction, all the managers believe that their employees are fully satisfied.

- Participant 1 commented about building teamwork and achieving job satisfaction by working together as a team: I do not have any concern about managing teamwork or job satisfaction because we are already working as one team. Thankfully, we are still interconnected as a team and don't face any problems. - Participant 1
- Participant 2 applied the psychology approach to building the teamwork and applied decentralisation method: I applied the psychology approach to building the teamwork, and I encountered some restrictions in the beginning because this approach is new and strange. Also, I applied decentralization method and started the delegation to some employees. - Participant 2
- Participant 3 set an official board to manage teamwork and discuss the issues related to staff, other services and any decisions related to health centre activities: Thankfully, my work in the healthcare field always focuses on teamwork and we try to attain job satisfaction through an official board in the healthcare centre which includes the supervising physician, head nurse and assistant of the manager headed by the manager of the healthcare centre. The role of this board is to manage teamwork, discuss issues related to staff and services. Also, any decision making related to the health centre activities have to be done via the board. In my opinion, the outcome of this board is a success. - Participant 3
- Participant 4 stated that building teamwork and increasing job satisfaction depends on self-esteem: Definitely, when you start to work, you will face difficulties especially when building teamwork. Many things control teamwork such as the culture, the external environment, internal environment and how the manager applies the approach to building teamwork within the healthcare centre. My method to building teamwork in the healthcare centre is to ensure job satisfaction among employees through self-esteem and respect for each other. Participant 4
- Participant 5 claimed to apply a method using friendships by sharing the responsibilities and making decisions: I do not face any problems when we work as a team because our relationships go further than the manager and his employees. We consider each other as brothers inside the health centre by sharing responsibilities. In my opinion, these actions increase job satisfaction among the staff. - Participant 5

## The Current Criteria and Process for PHCC Manager Nomination

The second objective of the research is an essential part of this study, to determine the elements necessary when the high authorities appoint managers or any other position in health care organisations. The result of the study identified two themes. Each theme had sub-themes to provide more information. It includes;

**1-** Current criteria from the ministry of health.

**2-** Shortage of qualified managers and training programs.

Criteria for the nomination of leaders formed the first subject of analysis, leading the two theme groups. They have been identified as follows: old nomination methods and the points of current criteria of nomination.

Participants were appointed as primary healthcare managers in different ways. They provided important details about their nomination as managers of the healthcare centre. The method of nomination is based on a recommendation from the previous primary health care manager or the department of public health.

- Participant 1 described his nomination through the recommendation of a previous manager. My nomination as the health centre manager was by the assessment of my previous manager who requested an exemption from the healthcare centre administration, and then he recommended me for this responsibility. Also, all the current criteria applied to me because the important point in this criterion was that the employee has a Bachelor degree. - Participant 1
- Participant 2 stated that experience is a significant point when appointing a manager because the participant had worked for around four years as assistant manager. Thereby, gaining intensive managerial knowledge before leading the primary health care centre: I worked for around four years as an assistant manager at Qara-centre; my role is in the managerial section that gave me significant experiences in the managerial field. After a while, I received a nomination from the public health department to be a manager at Qara health care centre. - Participant 2
- Participant 3 was appointed as a manager after being recommended by leaders who have significant knowledge in management: My nomination was in 2009. I was recommended by other people who have significant experience in administration, and they often made great choices. After this appointment, I accepted the challenge and worked hard to achieve all goals which became a reality with the support and direction of the Department of Public Health.- Participant 3
- Participant 4 reached a manager position one step at a time which gave him enough administration knowledge and necessary experience for this position: "I worked as a nurse in a health care centre then the healthcare manager appointed me the head of the nursing section. After a while, I started working in administration and then as the assistant to the centre manager. Finally, I am working as a manager of Al-Fayyad now." - Participant 4
- Participant 5 describes his appointment as manager which had happened due to various reasons when the Ministry of Health initiated a new primary healthcare centre in the area: "I was nominated for specific goals. Firstly, the scope of housing as I am living in the same area as the healthcare centre where also a majority of people living in the area are my relatives. This point helps me to function the new centre with support from the external environment. Also, this reduces the restriction for providing healthcare services. Secondly, I have enough experience leading healthcare centres and achieving the intended objectives. Thirdly, there was a recommendation from the Public Health Department." - Participant 5

Given increasing concerns about the process of nominating PHCC managers and the knowledge and efficiency of these managers, the Ministry of Health decided to conduct a test to evaluate knowledge and competence of PHCC managers and to make sure that health administration performance in primary healthcare is on the right track. The test was conducted across all regions of Saudi Arabia. The results of this test were unsatisfying. The test identified several weaknesses of healthcare managers;

**1-** Shortage of qualified managers.

**2-** Education qualifications.

**3-** Weak training programs.

**4-** Lack of experience.

The outcome of the test has led to a revision of the process of nominating and appointing managers for PHCC with the intention of improving efficiency, competency and hence service delivery at the local level. Managers interviewed for this study were also asked about the management test and implications of its outcomes.

- Participant 1 describes the process of Health Ministry test and outcome of the decision thus: First,

the Ministry of Health set the exam for evaluating the education level of healthcare managers, but the result shows a weakness in the recent managers, the Health Ministry decided that all healthcare managers must have an administration bachelor or any managerial bachelor. In reality, there is a lack of these qualified employees because they decided to appoint previous physicians to be the manager of the healthcare center when Saudi specialists of health administration or any Saudi employee that has a bachelor. Most of the healthcare centres in Al-Jouf region are led by foreign physicians who appoint Saudi assistants who have a diploma. Also, they do not consider the experience of employees. Therefore, I think this approach is not effective at all. - Participant 1

- Participant 2 made interesting comments about the nomination approach. Managers criticised this approach because it depends on bachelors qualification or above. Also, because the criteria ignore work experience: The current method depends on the qualification, the person who is nominated must have a Health Administration bachelor's degree or above. Also, I do not know what the point of this requirement is because I think it is ineligible to produce effective managers. In addition, I disagree with the minimum specification of a bachelor's in health administration in order tobe nominated as a manager, but the higher authority adds all administration fields in the criteria such as general administration, business administration, public health and professional practices independent of having a bachelor's degree. The work as a manager in health centres involves complicated processes to manage the documents and provide services which need a qualified manager to address all these issues successfully. Finally, I think the experiences of the manager have to be the number one priority when the higher authorities appoint a manager. - Participant 2
- Participant 3 view was similar to the ministry's perspective regarding the nomination method. The participant also comments about the outcome of the criteria particularly about the new standard: The Health Ministry's and Directorates of Health Affair's perspective of nominations depending on the qualification particularly in health administration with a bachelor or diploma as the central element to nominate the managers in healthcare centres. At this point, I agree with the direction of the Health ministry in the interest of the health organisation's performances and service to the population and I hope to reach their targets. On the other hand, I have some comment about the current method. This approach applied a new method to appoint managers from the past year. So, we cannot judge on its success until we see its productivity. - Participant 3
- Participant 4 discussed the elements of the current criteria, qualification, and experiences as essential requirements that complement each other: The Health Ministry currently focuses on and refers to the bachelor certification, but I think there are two parallel elements the Ministry of Health should be considering are qualifications and experiences. Either of them cannot succeed without the other. Often when the higher authority appoints a manager one of these elements is missing. In my opinion, the most practical method a manager can use is to deal with the staff and patients successfully. This method might help him to manage the health centre on the right track. If the manager has the qualification and experiences no doubt he can make the healthcare centre management more productive. - Participant 4
- Participant 5 believes that the current approach is not effective because of the shortage of continuous training and professional development. I think the current method to appoint the manager is not practical because the health care centre administration needs the experiences and training to update his knowledge in any new way in the health field. - Participant 5

Shortage of qualified managers and poor training (and re-training) culture were also identified as challenges of PHCC leadership in this study. Current leadership and management programs often fail to focus on training activities and development for employees who could become future leaders. This failure to identify potential leaders, and challenge as well as train them for the future role reduce the competency of leadership and hence productivity of organisations. All participants interviewed suggested that employees

nominated as manager based on the current criteria need to prepare and gain knowledge and experiences through various training programs:

- Participant 1: In my opinion, a manager needs training before appointed as a manager through intensive credible courses which will help the manager gain more knowledge and experiences. So, I prefer training before nominating the managers. Further, if he/she was appointed without experience, he definitely will encounter serious issues. - Participant 1
- Participant 2: I think the training through the courses before taking over the management is not useful. In my opinion, the best way is to start them working as an assistant to the manager for at least one year to gain the required experience and then nominate them as the manager. Further, the management needs practical knowledge applied in a real environment. - Participant 2
- Participant 3: In my opinion, the high authority should set a committee including four members headed by the Assistant Director-General for Public Health. These members must choose from employees who have the qualification, practical knowledge and experiences in order to nominate them as healthcare managers. It must be considered misjudgement if the new employee who meets most of the criteria was appointed as a manager caused a serious issue due to lack of experiences and/or practical knowledge. Also, that might lead to losing this employee as manager. The solution to this would be to appoint this employee as an assistant to the healthcare manager for at least six months under the supervision of the centre manager in order to gain the required knowledge and experience. Participant 3
- Participant 4: I prefer manager has the qualification, experiences and practical knowledge, but if this person does not have these elements the higher authority must to arrange training programs for those candidates in order to gain knowledge and experience until they become qualified. - Participant 4
- Participant 5: I prefer to nominate a manager who has the experience regardless of the qualification. However, if the candidate has the qualification with experience, this will be the best choice. Any candidate who qualifies without experiences at the first stage must undertake courses and work with a manager who has the experience as an assistant for around six months or more to gain the required experience. - Participant 5

## Recommendations for Changes to Nomination Criteria

All participant agreed that the current criteria need to be redesigned because it is missing the external, internal factors and geographical scope. Essential elements of the current nomination process that needs improvement include the lack of qualification, experience, training programs, and resources of the health centre, manager motivation, and management authority. Therefore, the theme of this objective includes: **Reforming the Current Criteria to be More Efficient**.

***Participant 1:***

In my view, the qualification is considering the essential point, but the charisma is more important, which means that the qualifications without charisma is not useful. Also, an effective leadership style is required of the person nominated. The nomination must have background knowledge in the administration field. Finally, I consider the qualification not a priority, but it is still important after experience and personal characteristics. There are many employees with high qualifications, but they cannot lead the organisations without the right charisma. - Participant 1

***Participant 2:***

When nominating any new manager, he must be appointed through the criteria to identify the appropriate person. Important criteria the nominee should match are;

- knowledge about working as a manager in the healthcare sector.
- Enough management experiences.
- A leader's charisma.

I want to emphasise on few particular points. Firstly, some employees have a leaders genes found. Secondly, the qualification is not necessary when appointing the healthcare manager, the experience alone is enough. - Participant 2

***Participant 3:***

Any decision needs to take by the committee which focuses on the criteria of nominating the manager. This criteria includes the qualifications, experience, employee CV, and an interview with the candidate to measure his ability to solve problems he may face at work. Also, good communication skills are necessary. - Participant 3

***Participant 4:***

I think the important point when the committee sets the criteria to nominate the manager is the age. In other words, the manager should be more than 40 years old. Because at this age, he is wiser and has significant experience and also the qualifications. Participant 4

***Participant 5:***

I think the person has to know how to deal with his colleague in right way. Secondly, always give the patient the highest priority of the health centre by providing a great service to the patient's satisfaction. The third point, encourage everyone to work as a team, also be gentle with the employees and employees must implement decisions made without being in a difficult situation. Finally, I think the educational qualifications are not very necessary when appointing the healthcare manager. If the candidate has enough experiences to lead the health centre, I believe it is good enough. Participant 5

## Discussion

This study investigated the impacts of leadership on the perceived job satisfaction of workers employed in primary health care centres of Al-Jouf region, Saudi Arabia.

Job satisfaction is considered an important element of any organisation as it leads to increase in productivity and organisational commitment (Antonakis, 2017; Anand & Barnighausen, 2004). It can be argued that job satisfaction is even more important in health care delivery as it is probably not ideal to expect an unhappy or discontent health care worker to provide high-quality care.

This study focuses on primary health care centre staff through a questionnaire survey targeting all categories of staff to determine whether demographic characteristics and leadership styles affect their perceived job satisfaction. Also, the study collected data from qualitative interviews with a group of five senior leaders working in the target PHCCs to identify important points such as their response to staff survey results, their leadership style, comments on current criteria for nominating/appointing managers and recommendations for redesigning the current nomination standards to make it more appropriate and flexible.

## Employees' Perception of Leadership Qualities and Styles at PHCCs.

There are many methods of leadership such as authoritarianism, charismatic, democratic, participatory, situational, transactional, and transformative leadership (Uzohue, Yaya, & Akintayo, 2016).

The findings from both quantitative and qualitative data collected for this study seem to indicate that employees in primary healthcare centres have very varied and wide-ranging perceptions about leadership styles and how leadership affect their job satisfaction. Health care workers in this study seem to measure leadership styles based on the relationship between them and the manager. Conversely, the managers sampled believed that they have sufficient knowledge and experience to lead the health centres. The manager's perception regarding job satisfaction among the employees is positive as they believe all staff feel satisfied in their roles.

As mentioned previously, it was difficult to find any studies in Saudi Arabia that investigated the association between leadership styles and job satisfaction among healthcare workers in PHCC. However, the studies on leadership from other countries show that salary, hours of work, recognition of work done from supervisors/managers, participation in decision making, and leadership consideration for the welfare and wellbeing of the staff are all the various factors that have an impact on job satisfaction (Moneke & Umeh, 2013). So, this study a used questionnaire survey that collects information on these factors. The finding of the study show that the participants in this study seem to be satisfied with their salary, services delivered and hours of work with the mean values for these factors ranging from 3.5 to 4 (out of a possible total of 5).

However, an analysis of the various leadership characteristics and their association with reported job satisfaction was also conducted for this study (Moorman, 2016; Price, 2002). As reported from other studies, this study showed that there is no association between age and experience at the current role with job satisfaction. However, the study found that there is a significant association between recognition from supervisor/manager and participation in organisational decision making with reported job satisfaction. Participants who reported that they receive adequate recognition for the work done and those who report that they contribute to decision making at their primary health care centre were seen to report higher levels of job satisfaction. This finding is in line with reports of studies looking at leadership qualities and/or job satisfaction among workers.

Another area of leadership quality or style and job satisfaction that can be discussed from the finding of this study include whether employees feel that the leader care or show concern for their general welfare with their report of job satisfaction. The response to the questionnaire survey of this study shows that two associations can be seen in this regard. First, the healthcare workers in this study show that the perception of whether the leader show concern for their general welfare is correlated with the satisfaction with hours worked in the primary health care centre. No other finding related to this could be found, but one possible explanation could be that workers who feel appreciated by the leader, through concern and consideration for their general welfare, are more likely to be satisfied with the long hours or the shift hours that they have to work.

Also, the study also shows that whether the leader runs the health care centre with 'iron hand,' whether they take time to explain their actions and decisions to the workers and whether they treat everyone as equals are all leadership factors that affect the report of job satisfaction among PHCC workers. This may suggest that the workers like to be a part of the decision making in the organisation and wants to be treated as equals. This may also suggest that managers who adopt authoritarian leadership style or purely transactional leadership style where there is more focus on work is done and efficiency, than on the welfare of workers, may lead to poor job satisfaction among workers. In sum, this study shows that several leadership characteristics can influence the level of job satisfaction among primary health care workers.

Further, analysis of the qualitative data collected through interviews with selected managers of PHCC suggests that there is inadequate healthcare centre administration knowledge among the sampled managers. The discussion of this analysis is presented below.

## PHCC Manager Nomination/Appointment Process

The second objective of the research is an essential part of this study, as it involves exploring the elements considered necessary when higher authorities appoint people to manager positions in health organisations. The result of the study points to three major themes related to PHCC manager appointment. These include:

1- Old nomination method for appointing managers.
2- Current criteria approach from the MoH.
3- Shortage of Qualified managers and training programs.

There were no criteria for identifying qualifications required for the appointment of managers to health care centres under the MoH by the Deputy Minister of Health, in the old nomination method. The result of this study showed that the nomination for manager position depended on recommendations or direct appointments from high authorities or recommendations from previous managers. This approach created weak and ineffective leadership in the healthcare facilities because the appointed managers did not have the necessary managerial knowledge and/or appropriate experience to effectively manage healthcare service delivery or provide competent leadership to PHCC employees. The Ministry of Health saw that key performance indicators (KPIs) of the health centres was falling. Therefore, a process of evaluating the old nomination method was instigated and a new set standard appointment criterion was established to mitigate management and leadership issues witnessed in primary healthcare centres.

The Ministry of Health launched a new standard process (and criteria) for the appointment of current and future managers to mitigate the issue of reduced quality of healthcare services by developing managerial expertise. The current appointment criteria include the following requirements:

1- Approved job descriptions for healthcare centre managers from the 'Policies and Procedures Manual' of the MoH so that the minimum qualification for the post of 'Director of the Health Centre' is not less than a Bachelor of Health Administration.
2- Those who have not been tested for cognitive abilities are exempted from the management of a health centre.
3- Those who received low grades in their degree are excluded from running health centres.
4- Those who passed the required cognitive test and have an appropriate university qualification are enrolled in a training program.
5- In the case of lack of qualified candidates for the management of a health centre according to the approved criteria, the doctor (technical supervisor) is assigned to manage the centre in a manner that does not affect their clinical duties and appointed as assistant administrative supervisor.
6- Managers of all current and new health centres are monitored based on the KPIs of health care centres listed in the approved job description.

The findings of this study indicate that both the old and new methods of appointing managers for healthcare centres are inadequate and ineffective, especially in peripheral areas such as the Al-Jouf region. The main priority of this new criteria is the university qualification (bachelor or above) and Saudi nationality. The participants in this study argue that there are several defects in the current method. For example, the requirements do not take into account the shortage of qualified professionals and the large patients to physician ratio in regions that are far away from the capital.

## Shortage of Qualified Managers

The problem of personnel scarcity and the difficulty of attracting qualified professionals are global problems not limited to Saudi Arabia. In order to attract these qualified professionals and provide all neces-

sities for them to work, executive directors, and managers in Saudi Arabia face significant challenges in their efforts to improve quality of service delivery in their health care organisations. The most significant challenges are cultural issues and maintaining optimum job performance and satisfaction in a multinational work environment (Idris, 2007). Improving and increasing the base of professional and skilled staff that are nationals of the Kingdom of Saudi Arabia is an important strategy, but this is especially challenging because Saudis are more motivated by stature and prestige (Idris, 2007).

Currently, there is a lack of qualified managers in healthcare centres in the Al-Jouf region because of poor outputs from education centres providing health administration training in the region. Participants in the study described their education level and how they were appointed as primary healthcare managers. For three of the participants, their highest educational level is the nursing diploma; one participant had high school diploma, and another participant has a bachelor of nursing which makes him the only individual that meets the current appointment criteria. There is increasing educational qualifications in non-health administration disciplines, but the new criteria do not take into account the qualifications and experiences of such candidates. The new appointment criteria need to be modified to recognise qualifications and management experiences from related disciplines and sectors.

## Training Programs

Training and preparation for new staff is a vital aspect of employee development. Staff training and re-training have proven to increase productivity and innovation, as well as reduce staff turnover within organisations(Hale, 2016). Staff training in Saudi Arabia is often focussed on public servants. However, there is a growing trend for companies to train staff and administrators separately (Aragon & Valle, 2013). Management training provides the opportunity to best shape an organisation's culture and future by developing specific competency and improving relationships among staff members and their departments and the company as a whole. It has been argued that more than two-thirds of staff understanding of the organisational culture and climate come directly from the behaviour of their managers and the leadership style (Momeni, 2009). This shows that the current criteria in the country that emphasise health administration qualification and training for health care centre managers only may negatively affect quality service delivery, organisational culture, and managerial competency unless other workers in the health care organisation are included in the training and development of competencies.

## Recommendations

Despite the MoH's efforts and best intentions to promote productivity and efficiency in the healthcare sector by improving management competency and expertise, lack of focus on the wider elements of management, as mentioned above, may negatively affect the success of the efforts towards improving leadership and management at primary healthcare organisations.

From the perception, experience, and insight gathered through qualitative interviews for this study, the study findings demonstrate that the leadership of primary healthcare centres and job satisfaction of healthcare professionals working in the centres can be improved by improving the criteria for management appointment to include communication skills, management experience and flexible academic qualifications. The recommendations are provided below:

1- Modify the approved job description of healthcare centre manager in the 'Policies and Procedures Manual' so that the minimum qualification for the position of Director of the health centre is a health or science related qualification preferably not less than the degree or diploma.

2- Mandatory work experience at the health centre preferably for two years or more.

3- Previous experience working in a supervisory role or a job in management.
4- The ability to plan and organise multidisciplinary teams.
5- The ability to manage and motivate teams.
6- Ability to communicate effectively and establish good relations with others.
7- Oversight and follow-up capacity.
8- Good knowledge of the English language or ready to undertake English language training for the healthcare managers.

Modifying the appointment process as recommended may offer better opportunity to identify qualified and experienced managers that can improve the productivity and quality of care provided by primary health care centres and improve organisational commitment and job satisfaction of workers in the hundreds of primary health care centre across the Kingdom of Saudi Arabia.

## Conclusion

The findings of the study show that workers in the PHCC selected for the study are generally satisfied with basic work conditions like salary and work hours. However, the study can report that several leadership qualities play significant roles in impacting job satisfaction reported by the workers. Primarily, this study found that workers who feel they are appreciated for work done by supervisor and colleagues and the perception that they play roles in organisational decision making significantly impact report of job satisfaction. Consideration and show of concern for employee welfare and wellbeing, willingness to explain the rationale for actions and decision making, treating others as equal and leadership that is considered fair and not 'iron-handed' all improve the perception of job satisfaction. This may suggest that leaders that employ charismatic and transformative leadership styles may be more successful at achieving workers' job satisfaction, than authoritarian styles. Lastly, this study also found that the current criteria and procedure for nominating/appointing managers to PHCC requires significant changes to be more flexible and effective, and to ensure that qualified managers are appointed to lead PHCCs. Some recommendations for how to improve on the management appointment process and criteria are also provided in this report.

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