

Impact of Leadership Style on Employee Commitment in King Abdullah Medical City

Yousef Omar Takrouni

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Professor. Omar Alsharqi

*Faculty of Economics and Administration King Abdulaziz University
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Abstract

The aim of this study is to determine the influence of leadership style on employee commitment in King Abdullah Medical City (KAMC). To achieve this goal, the study adopted the following independent variables democratic, autocratic, laissez-fair and bureaucratic leadership styles, and dependent variable healthcare workers commitment in KAMC. The study used the analytical descriptive method and using the questionnaire tool that was distributed to the study community from the staff of King Abdullah Medical City in Makkah (medical, technical, staff and nursing staff). After the statistical analysis, the study came out with a number of results, the most important of which is that there is agree to the (Democratic Leadership Style), 32.8% and the main statements which gathered their highest level of agreement. There is agree (Autocratic Leadership Style) 9.3% as general, and the main statements which gathered their highest level of agreement:- that leader is directive and expects from us to follow the provided rules and procedures .Also there is agree to the (Laissez Faire Leadership Style), 25% and the main statements which gathered their highest level of agreement: That the leader offers high flexibility of working and focus on employee commitment .The results also show that there is agree toward the (Bureaucratic Leadership Style) 16.6% as general, and the main statements which gathered their highest level of response: the leader encourages workers to achieve high-value results with active participation (work as one team). The majority of participants were agreed to the (Employee Commitment), and the main statements which gathered their highest level of agreement: - I am ready to exert more effort to achieve more success in the hospital. Based on the above, the study provides the following recommendations: Ensure that the democratic leadership style When adopting the autocratic leadership style, it is better for the leader to follow a style that is flexible and motivated when instructing employees in order to follow the stipulated rules and procedures. Away from following the approach of bureaucratic leadership, as this does not help effective participation in working with active participation (working as a team), and this method does not achieve long-term goals. Following the Laissez Faire leadership style as it has a positive effect on employee commitment.

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I. Introduction

1.1 Preface

This chapter presents in managing the healthcare challenges associated with weak leadership in the case of KAMC. The prime consideration of this paper is on identifying the influence of autocratic, democratic, laissez-faire and bureaucratic leadership style on the employee commitment of individuals. In this manner, the respective study is significant for the management and the healthcare sector to improve the performance of healthcare centers and to offer value-added services to patients that enhance the sustainability of the region. Following are the fundamental significance of the study on KAMC management and the healthcare industry in KSA

1.2 Background of the Problem

The contemporary healthcare sector faces various challenges than before due to the transforming demands from the consumers and employees, for which health institutes require strong leadership to maintain employee commitment towards work for delivering high value to customers. The research by Gelfand and Denison (2020) illustrates that healthcare sector ensures that employees are empowered with effective leadership style and skills by boosting their motivation and satisfaction level in the firm for retaining them for long. Along with it, total quality management (TQM) culture integrates the leadership processes to assure

employee retention and customer satisfaction by offering value in the internal and external environments of the healthcare sector.

By overviewing the case of King Abdullah Medical City (KAMC), the healthcare sector faces various challenges among human resource specifically among healthcare workers, who feel stressful and burnout while working in the hospitals at the time of Hajj pilgrimage to Mecca. Henceforth, the reason behind the particular situation in the implementation of the autocratic leadership style is that it pressurizes the workers to achieve the incompetent goals (Rayan & Mo'men Sisan, 2019).

Therefore, health professionals (doctors, nurses, dentists ... etc) have the power to articulate a vision, embrace the values of that vision, and create an environment in which everyone can reach the organization's goals and their personal needs. Effective modern leadership is a skill made up of many different characteristics. Modern leadership style in the healthcare sector is to manage those issues and potentially work while providing high-value services.

Besides, the lack of training among employees in the healthcare sector creates employment challenges that further reduce their commitment level towards the organization. With the particular issue, health workers cannot work progressively in the non-competitive environment that directly affects the bottom line and reputation of the hospitals and health institutions (Rayan & Mo'men Sisan, 2019). For this purpose, KAMC takes adequate measures to transform the leadership style for adopting the most accurate one for enhancing the commitment level of employees to attain sustainability and competitive advantage in a corresponding region.

In the healthcare sector, leadership plays a dynamic role in directing the shared goals among the health workers by boosting their morale as well as valuing their capabilities to manage the work stress and burnout condition among health professionals and workers. However, leadership style immensely varies the results and influence on the employee commitment towards organizational goals based on the related factors such as employee behavior, organizational culture, the intensity of task, appropriateness of goals and others. Therefore, healthcare management emphasizes magnificently on the adoption of an authentic leadership style to attain constructive gains. Other than that, leadership style dependent on the individual personality, attitude behavior and traits while interacting with employees (Okello, 2018). Likewise, people with a dominant personality prefer autocratic style to lead employees. In contrast, the supportive ones utilize the democratic or transformational style of leadership, which needs to be considered in the healthcare sector as well to manage the workforce with high motivation.

The association between leadership and employee commitment is substantial in the healthcare sector because managers highlighted that leaders are concern about the goal achievement and performance appraisal of the subordinates. Consequently, it creates better interaction among them and helps the employees to share their ideas that augment the friendly environment in an organization (Breevaart & Zacher, 2019). For understanding the influence of potential of leadership on the commitment of employees, Okello (2018) indicates the three concerns related to commitment that includes the desire, need and obligation. All those factors urge employees to show dedication towards the assigned responsibilities. Therefore, healthcare leaders need to focus on those commitment patterns while leading health managers and other staff members for valuing patients.

Other than stress and burnout conditions, lack of understanding for the staff empowerment and leadership style tactics creates another concern in the KAMC, where managers, leaders and care professionals have limited information for building secure connections in the firm. With this complexity, employees show no additional participation in the business activities that restricts the development of skills and business environment. The similar research by Asiri et al. (2016) illustrated that healthcare management focuses more on encouraging employees to communicate, share their idea and contribute to the wellness of the healthcare services to offer high-value services to patients. This approach is vivid in motivating employees to be committed with their goals and showing more interest in the patient's relationships.

Consequently, empowering employees can be possible with the adoption of contemporary leadership styles that allow employees to participate in business decisions and involve in communication with employers by sharing their viewpoints regarding health service improvement. Thus, the psychological empowerment among employees substantially influences their commitment level towards the job or organization, which can be enhanced through inspiring leadership management and style. By examining the association between the leadership style and employee empowerment, the research by Asiri et al. (2016) highlights that transformational and transactional leadership are the modernized leadership approaches that are highly preferred among employees. However, the transactional leadership style wins the game while motivating employees to be more committed with the organization and retain them for long. In the transformational leadership, the manager can inspire an individual to adopt change remarkably for renewing work practices to attain an advantage over other competitors in the market.

Along with it, laissez-faire and autonomy leadership styles are other dominant styles to enhance the psychological empowerment among employees, which urge them to be more loyal with their job roles. Contrarily, the absence of those leadership styles among the KAMC leaders created hindrances in

accomplishing the productivity goals and maintaining strong affiliation with employees. Additionally, employees feel the hostility in the rigid culture and restrictive leadership, because the autocratic leader enforces his decisions on employees without concerning their opinions, which reduces employees' morale and performance to work more responsively at the workplace (Asiri et al., 2016). Similarly, KAMC needs to train leaders about the empowerment strategies to minimize those concerns and adopting the most appropriate style to lead employees to reduce the work pressure, stress, violation and burnout situations for healthcare employees at the workplace.

With an additional investigation on weak leadership in KAMC, Aldawood et al. (2020) examined that constraint on open communication in the autocratic leadership style violate the safety and values of employees as they are less considered in the healthcare for speaking out their ideas for patient safety. Therefore, unit leadership is substantial to augment skill competency among health workers to act spontaneously in any medical urgency. Along with it, subordinates in health institutions feel complications in taking useful decisions in dealing with diverse patients and managing change in health institutions. With all those challenges in KAMC, the health professionals cannot work potentially and ineffective to manage the patient's issues due to the absence of motivation among employees and lack of participation to deliver value services among employees.

The Ministry of Health in the Kingdom is transforming the method and services towards the employees represented in the King Abdullah Medical City, where the employees face many problems due to excessive responsibilities that lead to reducing the morale as affecting the quality of services.

The emerging challenges workers' burnout, stress, violation and low motivation are associated with directive behavior of the healthcare managers, who enforced non-competitive deadlines and targets to the employees, which restrain their ability to participate in organizational decisions. Therefore, leaders need to take immediate actions on adopting the remarkable leadership style and strategies to influence the behavior of the over team for performing responsively. The problem statement of the study indicated that there is the immediate need of transformed leadership style in KAMC to improve commitment level of healthcare workers.

1.3 Study Aim and Objectives

The aim of this study is to determine the influence of leadership style on employee commitment in King Abdullah Medical City (KAMC). This aim is achieved through the following objectives:

1.3.1 To determine the influence of democratic leadership style on employee commitment at King Abdullah Medical City (KAMC)?

1.3.2 To determine the influence of autocratic-leadership style on the employee commitment at King Abdullah Medical City (KAMC)?

1.3.3 To determine the influence of laissez-faire leadership style on employee commitment at King Abdullah Medical City (KAMC)?

1.3.4 To determine the influence of bureaucratic leadership style on employee commitment at King Abdullah Medical City (KAMC)?

1.4 Significance of the Study

The study is purposeful in managing the healthcare challenges associated with weak leadership in the case of KAMC. The prime consideration of this paper is on identifying the influence of autocratic, democratic, laissez-faire and bureaucratic leadership style on the employee commitment of individuals. In this manner, the respective study is significant for the management and the healthcare sector to improve the performance of healthcare centers and to offer value-added services to patients that enhance the sustainability of the region. Following are the fundamental significance of the study on KAMC management and the healthcare industry in KSA.

1.4.1 Sustainable Development

In KMCA, employees are facing a challenge in accomplishing their work goals in the stressful and violating conditions (Rayan & Mo'men Sisan, 2019). Correspondingly, the research is magnificent to propose the best leadership style for the health managers to boost an individual's morale, manage business conflicts, train employees, promote diversity and managing relationships with workers. Additionally, motivated employees can further build substantial value for patients. Henceforth, the research utterly contributes to the sustainable development of the region by augmenting the wellbeing of the community with impressive jobs and medical facilities.

1.4.2 Boost Healthcare Productivity

Along with sustainability, effective leadership style is remarkable to encourage employees to be more dedicated to their job responsibilities and perform exceptionally to achieve the assigned goals. In this manner,

the research identifies the authentic leadership style for KAMC to improve employee commitment at the workplace. Thereby, it is substantial in advancing healthcare productivity.

1.4.3 Enhance Quality relationship with Healthcare Workers and Patients

The research further emphasizes the healthcare leaders to allow employees for sharing their opinions and participate in the health practices and cases to eliminate the communication gap between the employer and employee. In this manner, the research is worthy for the management to identify the effectiveness of open communication in healthcare settings.

1.5 Research Structure

- Chapter One: introduction.
- Chapter Two: Literature Review
- Chapter Three: Methodology
- Chapter Four: Data Analysis
- Chapter Five: Discussion
- Chapter Six: Conclusion and Recommendations

1.6 Chapter Summary

The chapter discusses the background of the healthcare industry by overviewing the ineffective leadership challenges, specifically in the case of KAMC. The identified challenges including lack of communication, stress at workplace, employee burnout, violation, and non-productivity directly reduces the commitment level of health workers. Similarly, the respective section highlights that the problem statement of the study is to determine the most effective leadership style to improve employees' commitment as the leadership style has a strong impression on behavioral changes of employees. Therefore, the purpose of the research and research questions dramatically indicate four leadership styles, including autocratic, democratic, bureaucratic and Laissez-Faire leadership style to identify the improvement in the commitment level of health workers in KAMC.

II. Literature Review

2.1 Preface:

This section discusses the roles of different leadership styles in promoting employee commitment within an organization. The overall structure of the literature review is devised to provide audiences with a detailed insight of leadership, its significance in the healthcare sector, followed by roles of different leadership styles on employee commitment. The systematic outlay of literature review would initiate with the importance of leadership in the healthcare industry. This section would extract information from the medical industries situated in different countries worldwide. The examination in this section would capture insights from the Western, Middle Eastern, and Eastern regions to compare and determine the importance of leadership based on cultural distinctions.

Subsequently, the third, fourth and fifth section would progress with the three focused leadership styles, namely democratic, autocratic, laissez-faire and bureaucratic leadership style on employee commitment. Each discussion on the focused leadership styles would focus on different dimensions, followed by a gap that creates a need for a different approach. Through this approach, the audience would understand the importance and shortfall of the focused leadership while optimizing employee commitment in a workplace environment. Lastly, the sixth section of the literature review would discuss the leadership culture and relationship with the subordinates in the healthcare sector of KSA. It is essential to examine the findings critically on each leadership style on the work practices, and cultural values exchanged in Saudi Arabian healthcare industry. Finally, the literature review would summarize the findings and progress with the subsequent section of the research.

2.2 Significance of Leadership in Medical Sector

Leadership is a fundamental component in managing a team towards a strategic objective cohesively. Regardless of the industrial association and team structure, leadership plays a pivotal role in extracting the best results from a team, in terms of productivity, quality and compliance with the policies. The leadership practices in Western culture are more progressive and open. The work culture in the West developed countries ensures that the leaders are promoting freedom of speech and openness towards communication with the subordinates. Nonetheless, Asian or Eastern culture is different from Western practices. Unlike developed and literate countries in the West, the Eastern nations enjoy power distance and avoid direct engagement of subordinates in devising strategies or making critical decisions related to process controls. As a result, such practices in the healthcare sector create societal consequences, in the long run, creating disturbances in the rational distribution of service to each eligible individual (Gelfand & Denison, 2020). Therefore, it needs to be resolved

magnificently because the role of leadership in the healthcare sector is critical for generating excellence in the internal workplace environment and external service collectively. Rayan's study (2019) reflected that workers face violations such as bullying / harassment, physical violence and threats racial harassment and other challenges generate a stressful situation for them to demonstrate productive performance at work.

Leaders are impressive to influence their subordinates and motivate them to achieve their goals. Likewise, leadership is the leading skill and potential of an individual to lead his followers remarkably by offering others assistance and support to move forward and make the right decision in complicated situations. Furthermore, effective leadership dramatically utilizes the best communication tactics to engage with subordinates and facilitate them with collective ideas and opinions to take responsive actions (Okello, 2018). In the modern era, leadership is the most demanded skill and trait among managers to monitor the workforce tremendously.

2.3 Democratic Leadership and Impact on Employee Commitment;

2.3.1 Creativity Encouragement in the Team

The democratic leadership style is recognized for not practicing micro-management of employees. A democratic leader would provide complete autonomy of sharing opinions and ideas to resolve a problem. Besides, employees enjoy the freedom of speech to identify areas of improvements by implementing a different approach to address a problem while serving a democratic leader (Tang, 2019). As a result, the democratic leadership serves as a source to encourage creativity in the work processes, which creates a distinct competitive advantage for the organization in the latter stages of the operational lifecycle. Leadership is the behavioral pattern among individuals based on their traits, attitude and skill while interacting with other people. Those leadership styles vary from person to person and have a distinct influence on others as well because of the different behaviors such as directive, supportive, transformative and collaborative (Okello, 2018). With a great leadership style, a person can change the mindset and behavior of others to attain prolific outcomes

A research conducted by Akparep et al., (2019) identifies that a democratic leader would encourage employees to participate in the decision-making processes without practicing a power distance approach. Since the democratic style of leadership is decentralized, employees receive an opportunity to serve the organization by contributing proactively in strategic decision-making. Based on the participation, a democratic leader would provide rewards and recognitions, which add value to the employee commitment sustainably.

Democratic leadership style is supportive and encourages employees to participate in corporate decisions to enhance their dedication level towards work (Fiaz et al., 2017). Moreover, democratic leaders promote learning, achievements and growth in the organization to move ahead as the team

A democratic leadership style ensures creativity integration in the work processes. Each employee experiences the role of an entrepreneur while serving a team led by a democratic leader. The characteristics and attributes of democratic leadership serve as a fundamental ground to encourage leadership and strengthen employee commitment towards the long-term objectives of an organization, regardless of the industrial association (Dapper, 2019). In this context, democratic leadership is considered one of the most successful practices to increase employee commitment within a workplace environment.

2.3.2 Develops a Strong Leader-Employee Relationship

Democratic leadership is recognized for establishing a longitudinal relationship between different hierarchical levels. The leaders and employees share distributed power of strategy creation and decision-making. The democratic leader would avoid using power distance to manage a team by publishing instructions as one-way communication. On the contrary, employees are empowered to provide feedback on the provided instructions and propose improvements in the process controls as seem fit (Makgato & Mudzanani, 2018). The professional communication exchange between leader-subordinates results in strong professional bonding in a team due to the transparency of terms and work processes by the management.

A credible test of the relationship under democratic management is observed in a team during performance appraisals. As per Hallo et al. (2020), managers practicing democratic leadership principles are bound to make fair decisions while evaluating a performance metric of an employee. Regardless of the cultural or gender classification, a democratic leader would remain transparent and impartial in the evaluation. As a result, the employees would feel treated impartially by the top-management teams (TMTs) and focus more on improvising the productivity subsequently.

The relationship is a primary benefit of a democratic leadership style. Democratic leadership is a foundation of making a workplace environment flexible, motivating and cultural fit for the employees. As per Osman and Kamis (2019), democratic leadership promotes professional exchange, where employees increase commitment levels while contributing to the strategic objectives of the organization. Holistically, the overall relationship status improves between leader and subordinates, which is a critical factor in determining the retention of crucial talents within an organization during change management.

2.4 Improvement in Job Satisfaction

Job satisfaction is one of the critical accomplishments of the democratic leadership style. In most scenarios, job satisfaction is categorized as the mandatory outcome of democratic leadership practice. A research conducted by Astute et al., (2019) stated that the interaction between subordinates and a democratic leader is healthy. A democratic leader would ensure that employees are provided with moral integrity and stress-free work environment, which contribute directly to the overall job satisfaction in a workplace environment.

A research conducted by Jabeen et al., (2019) focuses on different leadership practices in an organization to measure the impact on job satisfaction of employees within a workplace environment. The findings suggested that the democratic leadership approach is considered the most successful practice in the workplace environment to strengthen the job satisfaction among the talent base. The democratic leadership style is identified as a practice to assist employees in accomplishing personal and professional objectives, which result in increased job satisfaction and talent retention for the future.

Similarly, it is measured the relationship between democratic leadership principles and employee satisfaction from a different perspective. The author claimed that the democratic leadership style creates a trusted relationship between employees and the organization. Unlike other forms of leadership styles, the democratic leadership approach is more transparent and respected for the subordinates, resulting in job satisfaction subsequently. The role of democratic leadership style is essential to increase trust tendencies and improve employee commitment towards the long-term objectives and strategic provisions of an organization.

2.4.1 Promotes Knowledge-Sharing Culture

Knowledge-sharing culture is an essential component for organizations to ensure sustainable progression. Knowledge-sharing culture is necessarily required by organizations to build a more robust vision and sustainable future collectively. A democratic culture is recognized to cultivate a knowledge-sharing culture in an organization. The leadership tests and implements the knowledge base of each employee positively, which rationalizes an opportunity for others to learn resolutions from different perspectives (Osman & Kamis, 2019). Unlike most leadership styles, a democratic approach encourages employees to provide diverse opinions and inputs to initiate a creative process.

Nonetheless, the role of democratic leadership is unprecedented for employees to expand knowledge and learning experience while serving a particular workplace environment. Democratic leadership is a distributed approach to share power, knowledge and decision-making between leaders and employees. Arguably, the team members under a democratic leader are more likely to grow with strategic competencies in the long-run (Tam, 2018). As a result, the employee commitment strengthens between team members since a democratic leader provides opportunities for continuous improvements.

2.4.2 Resulting in Work Procrastination

Democratic leadership is further criticized for being a trap for increased lead-times and delayed decision-making during critical situations due to its principles. As identified by Zivnuska et al. (2019), democratic leadership engages employees in forming ideas and exploring alternatives for excellence in results. Situations requiring immediate response and decision-making from the team members experience delays, which could result in a remarkable loss for the organization during the latter stages of the operational lifecycle. The democratic leadership is inappropriate due to procrastination of work caused by idea formations by teams.

Arguably, democratic leadership is one of the progressive approaches for organizations to generate unique approaches while addressing a problem. The democratic style is categorized as the 'full range leadership model (FRLM)' that incorporates the attributes of transformation, transactional and participative leadership styles. However, the search for excellence delays the immediate results required by an organization to make progressions with process controls (Khan, 2019). The procrastination in results and decision-making caused by democratic approach could create opportunities for the competitors in the external environment.

Nonetheless, the democratic leadership style is the most effective approach to satisfy employees and strong commitment towards the work processes sustainably. According to Jovanović (2019), the democratic principle is the most celebrated and preferred leadership style that organizations intend to integrate into the process controls. However, a fear of procrastination exists, which is an opportunity cost of encouraging team engagement and participation in the decision-making through creative ideas as strategic inputs while responding towards a specific challenge.

2.5 Autocratic Leadership and Impact on Employee Commitment

2.5.1. Improvements in Productivity

Autocratic leadership is a different principle to manage a team towards productivity and excellence. Unlike democratic principles, the autocratic leader is more likely to lead a team through the centralized structure. The communication process is faster under autocratic management. Autocratic leadership is rigid for

team members, in contrast to democratic leadership principles. The freedom of speech and frequency of independent inputs are least likely factors that exist in the approach. However, the autocratic leader is a fundamental contributor to improvising the productivity outcomes of an organization in the end. Particularly for critical scenarios, autocratic leadership has a significant acceptance by the TMTs (Okoye & Ukwuoma, 2020). The contribution of autocratic leadership is unmatched while driving an organization towards success during challenging situations.

Autocratic leadership style adopts the directive traits to lead others with authority and enforces others to follow their policies and directions. The autocratic leader pressurizes workers to achieve the organizational goals actively.

2.6 Effective Crisis Management

Autocratic leaders are the sole in-charge of a project or process control in an organization. Based on the expertise, vision and disciplinary attitudes of autocratic leaders, the role becomes significant during crisis management. The work environment in the healthcare sector is subject to account short-term problems or challenges, which could influence the process flow critically. Particularly in pandemic, disease outbreak and epidemic situations, the healthcare sector works for the public concern and regularly respond towards continuous emergencies incurring in the business environment (Burkle, 2020). In this context, the role of the autocratic leader becomes critical to address the situation by managing the talent traffic towards a single direction, which could mitigate the damage control. Autocratic leaders avoid exploring creative solutions from employees (Al Amiri et al., 2019). The autocratic leaders focus and make necessary efforts to mitigate the consequences in the operational flow during a crisis in the business environment.

Even so, the crisis requires autocratic leaders to assist organizations from experiencing consequences. Crisis in the healthcare sector is frequently incurring events. The role of autocratic leaders in healthcare is unmatched since the work environment remains unpredictable for the TMTs and related stakeholders in the value chain. For ensuring employee commitment during the crisis, autocratic leaders eliminate freedom of speech or proactive participation from the team members in decision-making (Raesi, Farajzadeh & Saadatjoo, 2018). Henceforth, autocratic leaders are the individuals that provide instructions based on the experience and expertise to ensure minimal damage during outbreaks and uncertainties.

2.6.1 Pre-Defining Clear Expectations from Subordinates

Autocratic leaders are challenging personalities in an organizational setting. Unlike democratic leaders, autocratic practitioners are criticized for stressing employees with minimal communication exchange and immense power distance. However, the autocratic leaders also appreciated by most employees based on their work practices. Since the expectations are clear and rigid, employees feel distress in delivering accountabilities effectively. The autocratic leaders communicate a clear set of objectives and standard operating procedures (SOPs) to employees with minimal probability of introducing change in the process controls. Hence, employees feel easy to prioritize the deliverables and remain focus on achieving the targets timely. In a case of errors or gaps in excellences, autocratic leaders take complete responsibility instead of blaming subordinates for compromised quality (Kanwal et al., 2019). Hence, this distinction makes autocratic leadership a preferred approach in the healthcare sector.

According to Fouad (2019), autocratic leadership is accused wrongly for compromising exchange of communication. The author states that autocratic leaders conduct in-depth discussions with the subordinates before implementing a decision. Although, Hou et al., (2019) argued that autocratic leadership is a healthy management style, which the majority of employees are unable to embrace. The rigidity and unambiguous specification of objectives create challenges of acceptance during the initial stages. However, the autocratic leaders are successful in sustaining the productive focus among team members, which contributes towards the strengthening of employee commitment with the long-term strategic objectives of an organization. Hence, the challenging environment of healthcare sector requires leadership with a clear set of objectives to ensure employee commitment sustainably.

2.6.2 Faster Decision-Making Process

As discussed above, the decision-making under autocratic management is faster as compared to democratic leadership principles. According to Joshi (2019), the global healthcare industry is experiencing a paradigm shift. The demand for excellent healthcare solutions by the customers, followed by the limited availability of specialized talent supply is creating a gap in continuous services delivery. In most situations, the healthcare sectors are unable to digest a minor change in the process control and decisions remain pending due to unavailability of rational resources. The struggle to maintain a sustainable flow of excellence in operational frameworks is becoming a challenge in the transforming healthcare industry internationally. Under such circumstances, the TMTs require a solution to address unnecessary lead-times in the decision-making processes

(Joshi, 2019). With the given practices and style of management, autocratic leaders are competent to assist organizations in overcoming the lead-time crisis.

The autocratic leaders create and manage a chain of command with limited hierarchical levels. The decisions in the complex system organizations, such as healthcare and education, require informed exchange of communication between a leader and subordinates. In this context, the autocratic leaders create a system that paces the communication and flow of information between the span of control strategically. As a result, decision-making becomes faster, and productivity increases within the organization simultaneously. The role of autocratic leaders in managing the continuous process and SOPs is unprecedented for organizations (Hallo et al., 2020). Hence, autocratic leaders contribute to employee commitment through faster decision-making, directly and indirectly.

2.6.3 System of Dependency

Autocratic leadership is accused of preventing organizations in creating leaders of the future consciously. The micro-management culture and continuous one-way communication with the subordinates eliminate the autonomy of decision-making to improvise the process controls from the core. Regardless of the contributions in the making process controls faster and effective crisis management, the autocratic leaders contribute heavily to creating a culture of dependency. Employees remain weaker in terms of knowledge and competency improvements in the latter stages of the operational lifecycle. As a result, organizations remain under the disparity of talent gaps since the culture of knowledge sharing and leadership creation is compromised deliberately by the autocratic leaders (Razzaque & Hamdan, 2020). In the long run, employees feel alienated, and productivity decline initiates since no improvements are accounted under the principles of autocratic management (McCallaghan et al., 2019).

According to Noor and Ampornstria (2019), autocratic leadership makes employees dependent on the feedbacks from the TMTs. Positive feedback is not necessarily the case in each situation, which reduces employee morale towards the long-term objective of an organization. In this context, autocratic leadership is a significant threat to employee retention in the latter stages of the operational lifecycle. Due to the cultivated culture of dependency, organizations are driven towards talent gaps and loss of attrition of critical resources, which threatens survival. Hence, TMTs need to limit the implementation of cruel practices for sustaining employee commitment and rate of talent retention collectively.

2.7 Laissez-Faire Leadership and Impact on Employee Commitment

2.7.1 Injects Leadership Skills in Subordinates

Laissez-Faire leadership approach is termed as invisible learning for employees. Employees are provided with the utmost freedom of making critical decisions towards SOPs and process controls while Laissez-Faire leaders demonstrate limited intervention through guidance. Under such circumstances, employees gain skill-testing exposure from a distinct spectrum, which contributes excellently towards learning and confidence (Budiasih et al., 2020). The Laissez-Faire leadership practices are balanced as compared to autocratic or democratic principles. As a result, employee commitment towards the organization strengthens from the core, followed by improvements in productivity.

Laissez-Faire Leadership. This type of leadership style allows employees to take decisions by themselves and perform creatively. Laissez-Faire leader promotes creativity and innovation at the workplace, where everyone is encouraged to share their thoughts and make decisions, respectively, without any prior direction.

2.7.2 Provides Growth Opportunities to Experienced Subordinates

Delegation is the integral component of the Laissez Faire leadership style. Leaders tend to delegate employees with different responsibilities that could serve as a career progression opportunity in the future. Based on the expertise and experience, Laissez-Faire leaders tend to provide an opportunity for employees to implement unique skillsets and fulfil a task. With minimal intervention and zero micro-management, Laissez-Faire leaders provide complete autonomy to subordinates in searching and accomplishing success for the team. This approach allows employees to explore different approaches and deliver task distinctively. The Laissez-Faire leader contributes directly towards the development of leadership skills among the team members, which is an essential component for organizations to grow sustainably in the future (Usman et al., 2019). The role of Laissez-Faire leaders in the modern era is essential to ensure team growth.

2.7.3 Offering Environment of Independence

The Laissez-Faire leaders are popular among the subordinates in offering autonomy and control of decisions. Unlike autocratic leaders, the Laissez-Faire leaders follow in creating an independent culture in the workplace environment. In the traditional era, employees preferred working under direct supervision from the

leaders, which made autocracy a famous management principle. However, the millennial more independent and do not enjoy intervention from leaders or TMTs while delivering the accountabilities. In this context, the Laissez-Faire leaders are more likely to fit with the shifting generational trend in the workplace environment. Under the management of Laissez-Faire leadership, critical decisions are left on employees with no intervention or pressure (Breevaart & Zacher, 2019). Employees are free to offer outcomes that seem favorable for the organization in the long-run.

2.7.4. Allowing Subordinates to Create Work Environment

With high autonomy and excessive participation in organizational decisions, employees can create an open work environment where they communicate with each other and share their purpose and agendas to be consistent in their work. Henceforth, laissez-Faire leadership is an art of delegating tasks to employees as a skill-building tactic. However, the absence of intervention does not indicate a lack of support or guidance. Instead, employees receive constant assistance and mentoring from Laissez-Faire leaders when serving organizational objectives with best of the skillsets. As a result, employees are more likely to progress in career journey, accomplish leadership positions faster and experience real commitment towards the workplace environment (Breevaart & Zacher, 2019). The importance of Laissez-Faire leadership in the healthcare sector could comply with the shifting paradigm in the system and providing healthcare practitioners autonomy to address a crisis independently could serve as a competency for the organization during outbreaks of critical diseases or pandemic situations and create an open environment to resolve their problems.

2.8 Compromised Team Cohesiveness

With multiple benefits of the Laissez-Faire leadership, the firm comprises in team cohesiveness create team conflicts and affect the business environment magnificently. In particular leadership, every employee has the option to share their opinion and decisions to work independently without the interference of the others. Therefore, restricting team cohesiveness can constraint diversity in the work environment and affect productivity as well. Along with it, Laissez-Faire leaders have no interest in monitoring and controlling the activities of employees, which further create high procrastination in the work progress that simultaneously, affect the prolific outcomes of the workspace.

2.9 Bureaucratic Leadership Style on Employee Commitment

2.9.1 Safe Leadership Style

The distinct characteristic of a bureaucratic leader is their involvement in regular tasks. Unlike the democratic style, a bureaucratic leader would communicate specific tasks to the subordinates and ensure results are acquired accordingly. On the contrary, the team members are not allowed to make changes in the tasks and focus on delivering the assigned work according to the communicated timeframe. As a result, the overall productivity of an organization increases in short term development (Barcan, 2019). Henceforth, the particular leadership style is considered a safe leadership style that potentially focuses on the regular task and the primary concern is to work consistently on similar goals without transforming the practices and taking any risk in the organization (Al Khajeh, 2018). In the healthcare sector, this leadership is useful in case of dealing with regular tasks such as data entrance and management, but it is less competitive in case of new situations and urgencies. The bureaucratic leaders are highly ethical to work on the set standards and influence others with strict policies and rules to follow. They perform potentially in performing the regular targets with the defined plans

2.9.2 Perform Regular Tasks Actively

In the case of the bureaucratic style of leadership, employees are aware of the roles, responsibilities and deliverables, which would make the instructions clearer and work on clear deadlines. Since the structure is centralized, employees are least likely to spend time in making the process controls improvised and remain strict to the provided instructions by the leader on similar tasks (Shrestha, 2019). As per Al Khajeh (2018), this leadership style escalates the productivity level of employees but declines their motivation and growth for learning new experiences. Therefore, this strategy is successive for short-term development with operating results.

2.9.3 Low Innovation and Creativity

In the bureaucratic leadership style, the leaders are immensely concerned about the accomplishment of the regular task and focus more on fulfilling the regular activities with high inclining margins. Initially, employees feel great to fulfil the assigned targets, but afterwards, they feel bored and found nothing new in the process, which further restricts their growing opportunities by learning new experiences and skills to solve the new complexities in the organization (Al Khajeh, 2018). Therefore, Bureaucratic leaders have no plan for

motivating employees and adding any innovation in the process, but to repeat the process for attaining the consistent results.

2.10 Leadership Culture and Relationship with Subordinate in KAMC

By overviewing the transformations in the healthcare sector, Saudi Arabian government implements active strategies in the region to develop the internal and external environment of the care centers. In this manner, the government and MoH assigned duties to the healthcare stakeholders. Specifically, the management for evaluating the external risks and regulate internal operations remarkably. With the focus on the case of KAMC, the research by Rayan and Mo'men Sisan (2019) explored that internal working practices are not performing well that declined the motivational level of the employees. The situation highlighted in the research that healthcare employees perform less competitively during the time of urgency due to lack of practice and training. Many healthcare workers pointed out the reasons for their non-valuable services during the Hajj event that include the physical violation from the managers and excessive work stress to accomplish the inappropriate targets.

Furthermore, the staff faces severe burnout due to bullying, physical violence, threats, racial harassment and other challenges due to the autocratic style of leadership, who only enforce duties to them and overlook their opinions regarding the changes and workload. Correspondingly, the extreme violating conditions affect their mental capabilities, which simultaneously decline the moral and dedication towards work responsibilities and increase the turnover ratio and conflict in KAMC (Rayan & Mo'men Sisan, 2019). Therefore, the higher authorities in KAMC are potentially concern to manage the employee loss and adopt modern leadership style and approaches to run the business operations and create a positive association between employers and employees.

2.11 Leadership Culture in KAMC

With a keen focus on the leadership styles, the other research by Okello (2018) magnified the significance of transformational leadership style in transforming work activities, whereas transactional leadership is significant to enhance the commitment level of employees. In KAMC, the leaders need to evaluate the better leadership style to enhance the confidence of staff, create better relationships with staff, make the less stressful workplace, take practical actions against the violated practices and enforce ethical policies to offer high value to employees. Other than those leadership styles, the laissez-faire leadership style found dominating in healthcare because it allows the health professionals and workers to decide at the time of urgency. This leadership tactic builds potential leaders in the organization and improves the motivational level of the employees with immense participation in the work practices. Hence, they feel valued in this category. With this observation, KAMC authorities evaluated the other styles such as task-oriented leadership and autocratic to magnify the best one for the prolific outcomes.

The leadership culture in KAMC is directive and leaders maintain high power to direct the behavior of the subordinates. Additionally, the subordinates are not allowed to communicate their considerations to make the policy or strategy a way better to attain positive results. With the directive leadership, leaders are less concerned about the growth and facilities of employees and consider more on improving profitability and achieving the ambitious targets that create mental illness among healthcare workers (Rayan & Mo'men Sisan, 2019). Along with it, Aldawood et al. (2020) proposed that open communication and safety are associated strongly with each other and healthcare lacks their focus on allowing subordinates to communicate well. In this way, healthcare sector contributed less in the sustainable development as it offers low-quality facilities due to the limited commitment of employees towards their job roles. Similarly, it identified in the case of KAMC, where employees feel alienated due to the conservative environment within the organization that affect health service delivery.

With the active investigation of health ministry and employee rights protection authorities in KSA argued that leadership should be sustainable and situational based on the emerging issue because every leadership has its worth in managing the employee's performance. In this case, the research by Asiri et al. (2016) emphasized that KAMC leaders need to focus on taking lucrative actions by formulating the smart goals that hit the values of the employees as well because, with the negotiated approach, the medical institute can grow abundantly and retain employees for long. Thus, an effective leadership style plays a significant role in enhancing the commitment level of employees, notably, in the healthcare sector, where the operations are majorly human-oriented to serve humans as well. Thereby, encouraging employees to communicate and take active participation in work activities is worthy of creating an impactful culture of the friendly environment in the organization, where people perform with dedication and produce profitable results.

2.12 Chapter Summary

The literature highlights that leadership is the most valuable tool in the success of any organization because the person leads the team passionately and directs them to achieve their goals. The literature is

explicitly highlighting the challenges of KAMC related to leadership complications. The literature indicated that the leadership culture of KAMC is directive, where subordinates are enforced task, which created the work stress, violation and unpleasant environment in the firm. Moreover, it affects the service quality of healthcare. Moreover, literature explored various characteristics of the four-leadership style including, autocratic, democratic, bureaucratic and laissez-faire leadership style and their relationship with the commitment level of employees.

The democratic leadership style promotes creativity, builds strong employee relationship, motivates employees, creates job-satisfaction and enhances knowledge-sharing culture in healthcare, where it augments procrastination as well. On the other side, autocratic leadership is a directive that improves productivity with strict deadlines, define clear expectations and goals, manage crises and urgency effectively. It boosts healthy decision-making and creates a system of dependency, which limits employees' motivation and abilities to share their ideas and involve in open communication. Contrarily, laissez-faire is different from autocratic and offers leadership skills, growth opportunities, independence, and create a personal work environment, but it limits team cohesiveness. Lastly, bureaucratic leadership is consistent towards the regular work and the safe approach of leadership but less focused on improving the motivation of employees. In this manner, KAMC needs to identify the appropriate leadership style to enhance the commitment level of employees.

III. Methodology

3.1. Introduction;

This section of methodology illustrates the issues related to methodologies used to answer the research questions, the chapter commences with study design, study population, study setting, period of the study, sample size, sampling and statistical methods that will be used.

3.2 Conceptual-Framework

The literature review dramatically identifies the influence of the leadership-styles on employee-commitment in organizations. Henceforth, every situation requires a different leadership-style to improve the productivity level of employees because it influenced changing the mindset of individuals. Therefore, the research critically demonstrates the influence of diverse roles of leaders on the health workers' dedication in KAMC by utilizing the conceptual framework technique. As per Pandya and Shah (2018), the conceptual framework depicts the affiliation of independent and responsive variables.

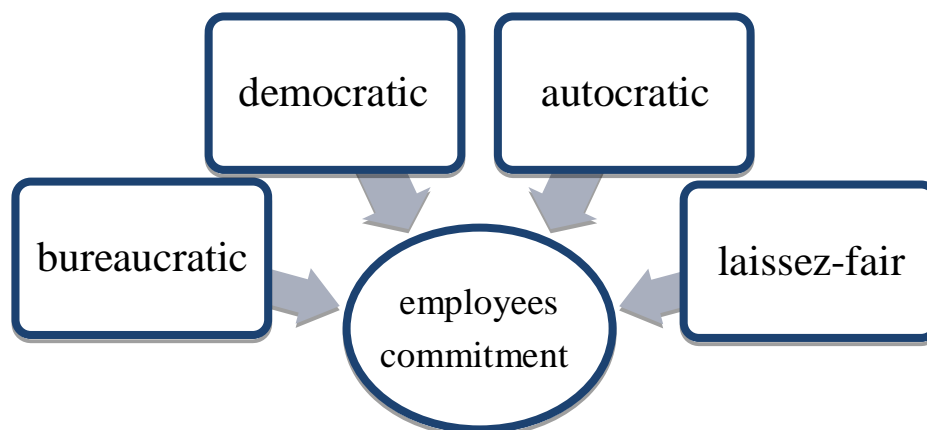


Figure 1: Conceptual-Framework

The corresponding framework above illustrates the association between the independent variables; democratic, autocratic, laissez-fair and bureaucratic leadership styles and dependent variable; healthcare employees' commitment in KAMC

3.3 Research Approach

This study adopted the quantitative research approach. As per the study of Nelson, Kielhofner, and Taylor (2017), the quantitative research approaches are responsive in evaluating the affiliation of independent variables on the dependent variables. In identifying the influence of democratic-leadership (DL), autocratic-leadership (AL), laissez-faire-leadership (LFL), and bureaucratic-leadership (BL) on employee-commitment (EC) at King Abdullah Medical City (KAMC), the most suitable research approach would be a correlational research approach. Thus, the research demonstrates the relationship intensity of the defined variables depending on their demographics. Henceforth, it is termed as the cause and effect analysis approach that illustrated the

impact of the independent variable (DL, BL, AL and LFL styles) on the dependent variable (healthcare workers' commitment) (Apuke, 2017). With this approach, the study remarkably defines the extent of the relationship between the variables.

The research design elaborates on the keys to magnify the methodology of the study for obtaining valid and appropriate results from the adoption of the reliable data collection tools and evaluation framework. Moreover, the research design elaborates on the pattern of research based on the five factors depending on the research onion. Those factors include philosophy, research-choice, approach, strategy, and time-horizon (Melnikovas, 2018). The research design to investigate the affiliation between the leadership styles and the EC level at KAMC is discussed below.

By determining the research approach, the correlation approach is fundamental and associated with the quantitative data. Besides, the research primarily abstracts the available and authentic data to illustrate the relationship of leadership styles with healthcare workers' commitment to KAMC. Therefore, the deductive approach is worthy of deriving the new results from the present population and information with quantitative research.

3.4 Research Philosophy

For determining the impression of different leadership-styles on the EC at KAMC, the research focuses on the quantitative data to obtain valid results from the statistical evaluation. Therefore, the research emphasizes the positivist philosophy to attain reliable evidence for determining the association between variables. Henceforth, the research proposes the outcomes based on the statistical indications.

3.5 Research Strategy

Sinha, Clarke, and Farquharson (2018) illustrate that the method to collect the data and utilize it for further assessment. The research strategies include action research, case study, survey, experiments, and grounded theory. Notably, the research implicates the survey approach for collecting data, from which the quantitative data is collected through Likert-based questionnaires from doctors, nurses, and technicians.

3.6 Research Choice

The mono-method is suitable for identifying the impression of DL, AL, LFL, and BL styles on the dedication level of doctors, nurses, and technicians in KAMC. The research only utilizes quantitative data and depends on the positivist philosophy. Therefore, mono-method is relevant for a particular study.

The research scope of determining the impression of leadership styles on employee commitment is broad and substantial because it supports other firms to evaluate their organizations depending on the identified variables such as leadership styles and employee commitment. Along with it, the study examines the influence of human resource challenges as the intermediary variable to examine the scenario holistically. Moreover, the qualitative analysis of leadership styles among the health managers concretely explores its influence on employee dedication at KAMC.

3.7 Time Horizon

By over-viewing the time-horizon of the research design, the cross-sectional and longitudinal time horizon depends on the time required to collect the data from the selected sources (Mihara & Higuchi, 2017). Similarly, conducting the survey, the primary data collected at a single time from doctors, nurses, and technicians for further evaluation. Consequently, the research adopted the cross-sectional time horizon for defining the connection between leadership roles and focused on healthcare workers.

3.8 Population and Sampling Design

Targeting the relevant population and sample is substantial for attaining the valuable results. Hence, population and sampling design discuss the target audience of the research to conduct reliable and valid research from the indicated participants.

3.8.1 Population

The population is the group that shares similar characteristics and associates for a common cause (Rahi, 2017). By considering the research population, the target audience needs to be relevant and vivid to support the research gathering the facts about the research questions for resolving the indicated problem in a particular event. In the case of examining the affiliation between four different leadership tactics and dedication of employees at KAMC, the research focuses on healthcare workers as the target population. Thus, the healthcare workers include doctors, technicians, and nurses, contribute remarkably to define the most acceptable leadership style in KAMC to improve employee commitment. The table below discusses the population distribution of the research in the healthcare center.

Table 3-1: Population Distribution

No.	Division	No. of Employee	Percentage (%)
1	Doctors	689	25.24%
2	Nurses	1105	40.4%
3	Technicians	935	34.2%
	Total	2729	100%

3.8.2 Sampling-Design

It indicates the sample-framing, tactics, and sample-size of the research to direct the study for being specific and accurate in gathering the primary data from the target population (Onwuegbuzie & Collins, 2017). The following factors tremendously explore the sampling design of the research by pointing out each detail about the sample population and technique.

3.8.3 Sampling Frame

The sampling frame is remarkable to determine the statistics of the sampling population based on the assembled database from the authentic source. For determining the relationship between variables, the study focuses on the database of KAMC, which is mentioned in Table 3-1. Further, the evaluation of the administrative records of the employees' numbers in KAMC highlighted that there are 2729 healthcare workers, which are significant to examine the affiliation of different leadership-styles on the dedication of healthcare workers in KAMC.

3.8.4 Sampling-Technique

The sampling-technique is meaningful to select the appropriate sample for the research that represents the viewpoints of the overall population and assists in obtaining valuable and vivid results (Onwuegbuzie & Collins, 2017). By overviewing the research of Taherdoost (2016), the sampling technique divides into the non-probability and probability sampling techniques depending on the chances of selection. In probability sampling, every individual has the chance for selection based on the cluster, systematic, stratified, and random sampling procedures. Other than that, non-probability sampling offers a limited chance for every individual to participate in the research. The associated techniques include quota, convenience, judgmental, and snowball sampling. With such differences in sampling methods, selecting the most appropriate sampling technique is significant to attain reliable results.

For examining the influence of leadership styles on the healthcare workers, stratified random sampling is the most sustainable one for representing each stratum of the healthcare workers in KAMC. Hence, stratified sampling creates sub-groups from the entire population to evaluate the results (Zhao, Liang & Dang, 2019). Likewise, the research targets the doctors, nurses, and technicians from KAMC to examine the influence of the leadership styles. In this manner, stratified random sampling eases the decision of selecting random workers from each group to reflect the results appropriately. The population of 2729 divides into three sub-groups, among which few samples are selected for the research based on the stratified method. The significance of adopting the individual approach is to implement different analysis methods on each group, evaluating each stratum thoroughly and propose the findings from multiple perspectives.

3.8.5 Sample-Size

Selecting the appropriate sample size is worthy to represent the overall population, which supports the study to attain the appropriate outcomes. Henceforth, the sample size needs to be accurate in case of stratified sampling to consider each sub-group substantially. According to the evaluation of Park and Hwang (2019), the following formula is crucial to demonstrate the sample size.

$$n = \frac{N \cdot X}{X + N - 1}$$

$$n = 348.8$$

Here, n = sample size,

Total population = 2729 health workers,

Whereas, the constant illustrates the margin of error and 5% for a 95% confidence level. By overviewing the respective sampling formula, the table presents the sample sizes for the doctors, nurses, and technicians from KAMC to investigate the influence of leadership styles on the employees' commitment.

Table 3-2: Sample Size for Strata

No.	Divisions	Total Population	Sample Size
1	Doctors	689	$(689/2729) * 348.8 = 88$
2	Nurses	1105	$(1105/2729) * 348.8 = 141$
3	Technicians	935	$(935/2729) * 348.8 = 119$

3.9: Data-Collection Method

Gathering the qualitative and statistical data for supporting the research is an excellent approach in the research-analysis. The study primarily depends on the quantitative data, for which questionnaires are the most viable source to collect the data from the healthcare workers. Moreover, a structured questionnaire works well for gathering statistics about the leadership style preferences among the employees in KAMC. Along with it, the research considers three sub-groups to explore the impression of leadership-styles on the dedication of healthcare workers. Therefore, questionnaires are divided into two sections to collect the primary data from doctors, technicians, and nurses. The first section dominantly examines the demographics, including the division, age, and gender of the target audience. On the other side, the second section evaluates the responses to demonstrate hypothesis particularly data the questionnaire was distributed to the study sample electronically from 1/11/2020 to 30/11/2020 due to the circumstances of the Corona pandemic and the ease of communication with the sample members.

The method utilizes to collect quantitative is the Likert based questionnaires that evaluate the response as per ratings from 1 to 5. Moreover, the technique; five-point-Likert-scale defines values with rating to show their potential towards the mentioned statement, as 1 for Strongly Disagree, 2 for Disagree, 3 for Neutral, 4 for Agree, and 5 for Strongly Agree. Taherdoost (2019) indicates that the Likert scale questionnaire is the most reliable and acceptable method among respondents as well as researchers to conclude results potentially. With respective rating scales, the research examines the responses of healthcare workers for each leadership style. Hence, the second section of the Likert scale questionnaire is further divided into two parts. The first one is related to the leadership role of the employer, and the second one is the association with employee commitment to magnify the influence accurately. Likewise, the four sections are mentioned in the questionnaire for DL, AL, LFL, and BL.

As per the evaluation of Prada-Ramallal et al. (2018), researchers adopt various techniques and instruments to collect the secondary and primary data depending on the information required for the case and problem analysis. The primary data considered as more valuable to offer first-hand knowledge with the results identifies, whereas the secondary data saves time and cost while investigating the research objectives due to the utilization of the available facts and figures. For attaining the valid and reliable data, the research considered primary as well as secondary data to propose accurate results. Correspondingly, the research utilizes the available sources, including research articles, annual reports, government reports, documents, magazines, and official websites, to collect the secondary data for supporting the statistic results. Hence, research collects the primary data by surveying nurses, doctors, and technicians.

The research focuses on quantitative data evaluation for elaborating the influence of KAMC employer's leadership styles on the commitment level of the healthcare workers. For this purpose, the research focuses on the structured-based questionnaire to survey doctors, nurses, and technicians based on the Five-point-Likert-scale. Moreover, the questionnaire comprises two sections; one section elaborates on the demographics of participants, whereas another section is related to the variables for determining the relationship of democratic, autocratic, bureaucratic, and laissez-faire leadership styles with employees' commitment level.

3.10 Questionnaires

3.10.1 SECTION ONE: GENERAL INFORMATION

3.10.2 SECTION TWO: RESEARCH EVALUATION

The respective section evaluates the responses from the doctors, nurses, and technicians of KAMC related to the role of leadership-styles, including DL, LFL, AL and BL styles on the dedication level of the healthcare workers. The questionnaires are based on a Five-scale Likert rating style, in which the first part is related to the DL style, the second one for the AL style, the third one for LFL, and the third one for BL style.

3.10.3 Part One: DL Style on Employee-Commitment

The section investigates the role of a democratic leader and influence on the healthcare workers depending on the related factors. Hence, democratic leadership is participative and supportive, which directs employees to participate actively in business decisions and motivate them to be responsive in managing business complications. Please mention the level of the agreement below.

3.10.4 Part Two: AL Style on Employee Commitment

The section investigates the role of an autocratic leader and influence on the healthcare workers depending on the related factors. The autocratic leadership style is directive that commands employees to follow the instruction and shows no potential from their side towards the organizational decisions. However, it boosts productivity and achieves targets remarkably. Please indicate the agreement below.

3.10.5 Part Three: LFL Style on Employee Commitment

The section investigates the role of laissez-fair leader and influence on the healthcare workers depending on the related factors. The laissez-fair leadership style is a substantial leadership form that dramatically encourages individuals to make decisions and share their points of view while changing business structure and strategies.

Moreover, the respective leaders do not direct employees to attain their goals, which sometimes leads to procrastination. Please indicate below.

3.10.6 Part Four: BL Style on Employee Commitment

The section investigates the role of Bureaucratic leader and influence on the healthcare workers depending on the related factors. Bureaucratic leadership style is progressive in attaining the short-term goals because it focuses on the similar structure of working to achieve the consistent results for benefiting the firm meaningfully. Please state the mentioned questionnaires below.

3.11 Data Analysis Method

After collecting the data, the statistical data than analyzed with the evaluation tools and approaches to obtain accurate results depending on the explored research questions. In the corresponding research, the data analysis focuses on the statistical data analysis tool specifically SPSS software to evaluate the results by running the three tests including the descriptive test, linear regression analysis and correlation test to determine the extent of the association between the healthcare workers' dedication and leadership tactics in the KAMC. According to Denis (2018), the statistical analysis is productive to interpret the quantitative data with the identified findings and values based on the sign value of 0.05. if the value is more significant than 0.05 than the influence of the independent variable is insignificant on the dependent variable in case of regression analysis. Additionally, the research utilizes the descriptive and inferential statistical analysis method to explain the results.

The descriptive analysis presents the data meaningfully with figures and facts for more straightforward interpretations about the demographics of the strata depending on the standard deviation and mean. Other than that, the inferential analysis depends on the test, correlation, and linear regression analysis. The correlational evaluation elaborates the direction and intensity of the relationship between the leadership-styles and healthcare-worker-commitment based on the demographics. Moreover, the regression analysis interprets the significant relationship of two-variables depending on the sig value. Henceforth, those tests are the potential to define the influence of DL, AL, BL, and LFL styles on the commitment level of healthcare workers in KAMC. In this manner, the authorities implement the better option for boosting Health System productivity and creativity with high motivation and morale of employees.

Table 3.3 Five-level Likert items

Agreement Level	weight	Score Interval
Strongly Disagree	1	1 – < 1.80
Disagree	2	1.80 – < 2.60
Neutral	3	2.60 – < 3.40
Agree	4	3.40 – < 4.20
Strongly agree	5	4.20 – 5.0

The previous table of five-level Likert scale shows the weights for each level of agreement towards a statement subject to five-level Likert scale in addition to the weighted mean. "Likert scaling is a bipolar scaling method which is used to measure either positive or negative response toward a statement" (Ubersax, 2006).

3.12 Reliability Coefficient:

Test of reliability is used to ensure that the survey instrument generates almost similar results over repeated measures, either within the same population or with a similar population. A reliable survey is generalizable and is therefore expected to reproduce similar results each successive time, and the most common methods for reliability is Cronbach's alpha (Swanlund, 2011). So, the coefficient of reliability by method of Cronbach's alpha was calculated.

Table 3.4 Reliability test:

Dimensions	No. of Items	Cronbach's Alpha
Democratic Leadership Style	4	0.907
Autocratic Leadership Style	4	0.705
Laissez Faire Leadership Style	4	0.891
Bureaucratic Leadership Style	4	0.780
Employee Commitment	5	0.882
Overall questionnaire	21	0.921

The previous table shows the results of reliability test by using Cronbach's Alpha method. It is found that all the coefficients of each dimension in the range (0.705 – 0.907) which are high. The overall questionnaire, it is found that Cronbach's Alpha is (0.921). So, in general, it can be safe to conclude that the questionnaire in its final form enjoy a high reliability, which indicate its suitability for collecting data.

3.13 Construct validity (Internal Consistency):

The term "Construct Validity" is generally referring to the procedure of making sure that a questionnaire accurately measures what it is intended to measure (Hair et al., 2006). It was calculated for the questionnaire by

calculating the correlation coefficient between each statement and the total degree of the dimension belongs to, and the results are shown in the table below:

No	Paragraphs	Persona Correlation	P-Value (Sig.)
Correlation Coefficient of Democratic Leadership			
1	Our leader promotes creativity and innovation among workers	0.869**	.000
2	Our leader offers value to employees equally	0.906**	.000
3	Our leader is responsive in directing employees towards the assigned goal and supports them to achieve it.	0.892**	.000
4	Our leader encourages friendly environment and career growth	0.874**	.000
Correlation Coefficient of Autocratic Leadership			
1	My leader is directive and expects from us to follow the provided rules and procedures	0.610**	.000
2	Our leader discourages us from sharing ideas and opinions	0.633**	.000
3	Our leader sets defined roles for the assigned responsibilities	0.686**	.000
4	Our leader has a restrictive pattern of communication to define tasks with staff members	0.786**	.000
Correlation Coefficient of Laissez Faire Leadership			
1	My leader encourages me to set goals with extreme value	0.864**	.000
2	Our leader encourages workers to make decisions as per their flexibility	0.861**	.000
3	Our leader offers high flexibility of working and focus on the achievements	0.890**	.000
4	Our leader focuses on intrinsic motivation to make independent decisions with active management	0.859**	.000
Correlation Coefficient of Bureaucratic Leadership			
1	My leader restricts employees with a defined objective for consistent results	0.684**	.000
2	Our leader encourages workers to achieve high-value results with active participation (work as one team)	0.614**	.000
3	Our leader offers limited flexibility in working and career growth opportunities	0.754**	.000
4	Our leader focuses on extrinsic motivation to achieve the short-term goals	0.810**	.000
Correlation Coefficient of Employee Commitment			
1	I am ready to exert more effort to achieve more success in the hospital	0.770**	.000
2	I feel an internal link towards this hospital	0.864**	.000
3	I prefer staying in my work in the event of availability of similar job	0.843**	.000
4	I speak proudly about my work in the hospital	0.820**	.000
5	I feel very loyal to this hospital	0.834**	.000

Table (1) presents the correlation coefficient for each paragraphs of Democratic Leadership & Autocratic Leadership & Laissez Faire Leadership & Bureaucratic Leadership & Employee Commitment and the total of this parts. The p-values for all paragraphs are less than 0.05, so the correlation coefficients of this field are significant at $\alpha = 0.05$. Therefore, it can be said that the paragraphs of this style are consistent and valid to measure what they were set for

3.13.1 Data Processing:

After the completion of data collection process, sorting and coding, then, the data were entered to the computer for analysis by SPSS (*Statistical Package for Social Sciences*) version (24) program for windows “famous package of statistical analysis”.

3.13.2 Data Presentation and Analysis:

In this study, many statistical procedures and tests were employed to analyze the data which were collected by the questionnaire. These procedures and tests include:

1. Cronbach's Alpha Coefficient to test the reliability of the questionnaire.
2. Pearson Correlation Coefficient to test the construct validity (internal consistency) of the questionnaire.
3. Frequencies and percentages to describe the sample according to their socio-demographic characteristics.
4. Means, standard deviations, Chi-Square to study sample opinion toward each statement.
5. Simple linear regression to study the relationship between leadership style and employee commitment.
6. The one- way analysis of variance (ANOVA) was used test if any of several means are significantly different from each other

3.14 Ethical Considerations

The research collects the data from the healthcare workers and contributes well to the healthcare system for improving the leadership roles and styles for sustaining employees with high motivation and enhanced satisfaction level. Therefore, ethical implications are a considerable approach while collecting and conducting the research. For this purpose, the cover letter is attached to questionnaires to assure them about the

confidentiality of the data. The ethical considerations emphasize on maintaining the validity and dignity of the research for valuing the system and respondents with responsive results. For maintaining the transparency of the research, all the articles are appropriately cited with references to avoid plagiarism. The approval was obtained from King Abdullah Medical City on 4/10 / 2020 No. 20-707.

3.15 Data Security

The data obtained from respondents is magnificently administered from the accurate tools to interpret the results for reflecting the impression of leadership practices to the dedication of healthcare workers. Furthermore, all data that will be collected from the research participants will be saved on the researcher's computer with a secret password that only the researcher knows in order to preserve the rights and confidentiality of the information.

3.16 Chapter Summary

The methodology illustrates the method of collecting and analyzing the quantitative data to elaborate on the impression of leadership roles on the healthcare workers' level of commitment. The data collected through the Likert scale questionnaires are assessed from the SPSS tool by running correlation, linear regression, and description analysis tests. Furthermore, the prime focus is on gathering the statistical data from the sample of 348 healthcare workers, including doctors, nurses, and technicians of KAMC.

IV. Data Analysis

4. Preface:

In this chapter, the statistical analysis of the field study questions was carried out based on the responses of the members of the study sample, through our use of the concepts of descriptive and inferential statistics, and their statistical methods, until we arrived at the results of the study, and we were able to analyze, and then interpret them, in light of the frameworks of the related theoretical field study. In the conflict between the administrative authority and the medical authority, as follows:

4.1: The demographic characteristics of participants.

Table 4.1 Frequency distribution of participants according to demographic characteristics.

Variables	Categories	<i>f</i>	%
Gender	Male	162	46.6%
	Female	186	53.4%
Nationality	Saudi	187	53.7%
	Non-Saudi	161	46.3%
Years of Experience	1- 3 years	83	23.9%
	4 -7 years	108	31.0%
	8 - 10 years	86	24.7%
	11- 14 years	37	10.6%
	15 - 20 years	34	9.8%
Age	20 - 30 Years	137	39.4%
	31 - 35 Years	111	31.9%
	36 - 40 Years	62	17.8%
	41 - 45 Years	23	6.6%
	46 – 55 Years	15	4.3%
Level of Education	Diploma	31	8.9%
	Bachelor	237	68.1%
	Master	51	14.7%
	PhD	29	8.3%
Total		348	100.0%

Table (4.1) shows frequency distribution of the participants according to their socio-demographic characteristics, it is found the following:

Gender; more than half 53.4% of the participants are female, while 46.6% are male.

Nationality; more than half 53.7% of the participants are Saudis, while 46.3% are non-Saudis.

Years of Experience; it is found that 31.0% of the participants have experience (4-7 years), 24.7% have (8-10 years), 23.9 % have (1-3 years), 10.6% have (11-14 years), and 9.8% have (15-20 years) of experience.

Age; it is found that 39.4% of the participants in the age group (20-30 years), 31.9% in the age group (31-35 years), 17.8% in the age group (36-40 years), 6.6% in the age group (41-45 years), and only 4.3% of the participants in the age group (46-55 years).

Level of Education; it is found that more than two-third of the participants 68.1% their level of education is bachelor, 14.7% have Master, 8.9% have Diploma, and 8.3% have PhD.

4.2: Results of Research Questions and Test of Hypotheses.

In this part, the statements of each dimension have been analyzed by calculating means and standard deviations, in addition to chi-square test. Moreover, simple linear regression is employed to study the impact of leadership style on employee commitment.

1. The evaluation of leadership styles and employees' commitment.

Table 4.2 Frequencies and percentage for dimension

Statements	Mean	SD	Level	Chi-square	Order
Democratic Leadership Style.					
1- Our leader promotes creativity and innovation among workers	3.63	1.07	Agree	162.5**	2
2- Our leader offers value to employees equally	3.51	1.10	Agree	134.0**	4
3- Our leader is responsive in directing employees towards the assigned goal and supports them to achieve it.	3.59	0.99	Agree	169.3**	3
4- Our leader encourages friendly environment and career growth	3.69	1.06	Agree	152.7**	1
Total	3.61	1.06	Agree		
Autocratic Leadership Style					
1- My leader is directive and expects from us to follow the provided rules and procedures.	3.93	0.85	Agree	289.6**	1
2- Our leader discourages us from sharing ideas and opinions.	2.72	1.12	Neutral	102.4**	4
3- Our leader sets defined roles for the assigned responsibilities.	3.68	0.87	Agree	261.3**	2
4- Our leader has a restrictive pattern of communication to define tasks with staff members.	3.30	1.04	Neutral	126.1**	3
Total	3.41	0.97	Agree		
Laissez Faire					
1- My leader encourages me to set goals with extreme value.	3.53	0.99	Agree	165.0**	2
2- Our leader encourages workers to make decisions as per their flexibility.	3.49	1.05	Agree	156.5**	4
3- Our leader offers high flexibility of working and focus on the achievements.	3.58	1.02	Agree	153.9**	1
4- Our leader focuses on intrinsic motivation to make independent decisions with active management.	3.52	0.92	Agree	210.7**	3
Total	3.53	1.00	Agree		
Bureaucratic Leadership Style.					
1- My leader restricts employees with a defined objective for consistent results.	3.20	0.92	Neutral	174.8**	4
2- Our leader encourages workers to achieve high-value results with active participation (work as one team).	3.71	0.97	Agree	192.9**	1
3- Our leader offers limited flexibility in working and career growth opportunities.	3.22	1.04	Neutral	107.7**	3
4- Our leader focuses on extrinsic motivation to achieve the short-term goals.	3.31	0.91	Neutral	181.4**	2
Total	3.36	0.96	Neutral		
Employee Commitment.					
1. I am ready to exert more effort to achieve more success in the hospital.	4.25	0.81	Strongly agree	315.3**	1
2. I feel an internal link towards this hospital.	3.91	0.93	Agree	199.3**	4
3. I prefer staying in my work in the event of availability of similar job.	3.75	1.09	Agree	139.8**	5
4. I speak proudly about my work in the hospital.	3.98	0.94	Agree	193.9**	3
5. I feel very loyal to this hospital.	4.05	0.96	Agree	209.5**	2
Total	3.99	0.95	Agree		

** Chi-square shows significant difference at the level (0.01).

The previous Table No. 4.2 shows the mean and standard deviation of answers for each statement in the first dimension (Democratic Leadership Style), in addition to chi-square test. The mean of the whole dimension which is (3.61) lies in the range (3.40 - < 4.20) – according to Five-Likert scale, which indicates that the majority of participants agree to the statements of the first dimension (Democratic Leadership Style) – in general. The results of chi-square test show significant difference (p values < 0.05) between the expected and observed frequencies, so the opinions can be interpreted according to mean and level of response.

According to the mean value of each statement, the statements have been reorder in descending order from the highest mean to the lowest, so we find the statement (Our leader encourages friendly environment and career growth) came in the first order with mean (3.69) and level of response (Agree), then the statement (Our leader promotes creativity and innovation among workers) came in the second order with mean (3.63) and level of response (Agree), then the statement (Our leader is responsive in directing employees towards the assigned

goal and supports them to achieve it) came in the third order with mean (3.59) and level of response (Agree), then the statement (Our leader offers value to employees equally) came lastly in the fourth order with mean (3.51) and level of response (Agree).

The previous Table also shows the mean and standard deviation of answers for each statement in the second dimension (Autocratic Leadership Style), in addition to chi-square test. The mean of the whole dimension which is (3.41) lies in the range (3.40 - < 4.20) – according to Five-Likert scale, which indicates that the majority of participants agree to the statements of the second dimension (Autocratic Leadership Style) – in general. The results of chi-square test show significant difference (p values < 0.05) between the expected and observed frequencies, so the opinions can be interpreted according to mean and level of response.

According to the mean value of each statement, the statements have been reorder in descending order from the highest mean to the lowest, so we find the statement (My leader is directive and expects from us to follow the provided rules and procedures) came in the first order with mean (3.93) and level of response (Agree), then the statement (Our leader sets defined roles for the assigned responsibilities) came in the second order with mean (3.68) and level of response (Agree), then the statement (Our leader has a restrictive pattern of communication to define tasks with staff members) came in the third order with mean (3.30) and level of response (Neutral), then the statement (Our leader discourages us from sharing ideas and opinions) came in the fourth order with the lowest mean (2.72) and level of response (Neutral).

The previous also shows the mean and standard deviation of answers for each statement in the third dimension (Laissez Faire Leadership Style), in addition to chi-square test. The mean of the whole dimension which is (3.53) lies in the range (3.40 - < 4.20) – according to Five-Likert scale, which indicates that the majority of participants agree to the statements of the third dimension (Laissez Faire Leadership Style) – in general. The results of chi-square test show significant difference (p values < 0.05) between the expected and observed frequencies, so the opinions can be interpreted according to mean and level of response.

According to the mean value of each statement, the statements have been reorder in descending order from the highest mean to the lowest, so we find the statement (Our leader offers high flexibility of working and focus on the achievements) came in the first order with mean (3.58) and level of response (Agree), then the statement (My leader encourages me to set goals with extreme value) came in the second order with mean (3.53) and level of response (Agree), then the statement (Our leader focuses on intrinsic motivation to make independent decisions with active management) came in the third order with mean (3.52) and level of response (Agree), then the statement (Our leader encourages workers to make decisions as per their flexibility) came in the fourth order with mean (3.49) and level of response (Agree).

The previous also shows the mean and standard deviation of answers for each statement in the fourth dimension (Bureaucratic Leadership Style), in addition to chi-square test. The mean of the whole dimension which is (3.36) lies in the range (2.60 - < 3.40) – according to Five-Likert scale, which indicates that the majority of participants are neutral toward the statements of the fourth dimension (Bureaucratic Leadership Style) – in general. The results of chi-square test show significant difference (p values < 0.05) between the expected and observed frequencies, so the opinions can be interpreted according to mean and level of response.

According to the mean value of each statement, the statements have been reorder in descending order from the highest mean to the lowest, so we find the statement (Our leader encourages workers to achieve high-value results with active participation (work as one team)) came in the first order with mean (3.71) and level of response (Agree), then the statement (Our leader focuses on extrinsic motivation to achieve the short-term goals) came in the second order with mean (3.31) and level of response (Neutral), then the statement (Our leader offers limited flexibility in working and career growth opportunities) came in the third order with mean (3.22) and level of response (Neutral), then the statement (My leader restricts employees with a defined objective for consistent results) came in the fourth order with lowest mean (3.20) and level of response (Neutral).

The previous also shows the mean and standard deviation of answers for each statement in the fifth dimension (Employee Commitment), in addition to chi-square test. The mean of the whole dimension which is (3.99) lies in the range (3.40 - < 4.20) – according to Five-Likert scale, which indicates that the majority of participants agree to the statements of the fifth dimension (Employee Commitment) – in general. The results of chi-square test show significant difference (p values < 0.05) between the expected and observed frequencies, so the opinions can be interpreted according to mean and level of response.

According to the mean value of each statement, the statements have been reorder in descending order from the highest mean to the lowest, so we find the statement (I am ready to exert more effort to achieve more success in the hospital) came in the first order with the highest mean (4.25) and level of response (Strongly agree), then the statement (I feel very loyal to this hospital) came in the second order with mean (4.05) and level of response (Agree), then the statement (I speak proudly about my work in the hospital) came in the third order with mean (3.98) and level of response (Agree), then the statement (I feel an internal link towards this hospital) came in the fourth order with mean (3.91) and level of response (Agree), then the statement (I prefer staying in

my work in the event of availability of similar job) came in the fifth order with mean (3.75) and level of response (Agree).

4.2: Test of Hypotheses

1. There is a statistically significant relationship between democratic-leadership and employee-commitment at KAMC.

To test this hypothesis, the researcher used simple linear regression to study the relationship between democratic-leadership (Independent Variable) and employee commitment (Dependent Variable), and the results are as follows:

Table 4.3 Result of simple linear regression of the relationship leadership style and employee-commitment.

Result of simple linear regression of the relationship between democratic-leadership and employee-commitment					
Model	R	R²	F	β	p-value
The relationship between democratic leadership and employee commitment	0.573	0.328	169.1	0.482	0.000
Result of simple linear regression of the relationship between autocratic-leadership and employee-commitment					
Model	R	R²	F	β	p-value
The relationship between autocratic leadership and employee commitment	0.305	0.093	35.9	0.362	0.000
Result of simple linear regression of the relationship between laissez-faire leadership and employee-commitment.					
Model	R	R²	F	β	p-value
The relationship between laissez faire leadership and employee commitment	0.500	0.250	115.4	0.453	0.000
Result of simple linear regression of the relationship between bureaucratic leadership and employee-commitment					
Model	R	R²	F	β	p-value
The relationship between bureaucratic leadership and employee commitment	0.407	0.166	68.7	0.465	0.000

Dependent Variable: employee-commitment- Predictors: (Constant), laissez-faire leadership

The previous table 4.3 shows the relationship between democratic leadership and employee commitment. The results show that there is a significant positive relationship between democratic-leadership and employee-commitment amounting to (R = 0.573). The coefficient of determination (R² = 0.328) which indicate that 32.8% of change in employee commitment is resorted to democratic leadership. The value (F = 169.1) with p-value (0.000) which demonstrate the significance of regression model and accordingly the significance of the relationship between the two variables.

From the above, it can be safely reached to accept the first hypothesis, i.e. there is a statistically significant relationship between democratic-leadership and employee commitment at KAMC.

There is a statistically significant relationship between autocratic-leadership style and employee commitment KAMC

To test this hypothesis, the researcher used simple linear regression to study the relationship between autocratic-leadership (Independent Variable) and employee-commitment (Dependent Variable), and the results are as follows:

The previous table shows the relationship between autocratic-leadership and employee-commitment. The results show that there is a significant positive relationship between autocratic-leadership and employee-commitment amounting to (R = 0.305). The coefficient of determination (R² = 0.093) which indicate that only 9.3 % of change in employee commitment is resorted to autocratic leadership. The value (F = 35.9) with p-value (0.000) which demonstrate the significance of regression model and accordingly the significance of the relationship between the two variables.

From the above, it can be safely reached to accept the second hypothesis, i.e. there is a statistically significant relationship between autocratic-leadership and employee-commitment at KAMC.

3. There is a statistically significant relationship between laissez-faire leadership style and employee commitment KAMC.

To test this hypothesis, the researcher used simple linear regression to study the relationship between laissez-faire leadership (Independent Variable) and employee-commitment (Dependent Variable), and the results are as follows:

The previous table shows the relationship between laissez-faire leadership and employee-commitment. The results show that there is a significant positive relationship between laissez-faire leadership and employee-commitment amounting to (R = 0.500). The coefficient of determination (R² = 0.250) which indicate that only 25.0 % of change in employee commitment is resorted to laissez-faire leadership. The value (F = 115.4) with p-

value (0.000) which demonstrate the significance of regression model and accordingly the significance of the relationship between the two variables.

From the above, it can be safely reached to accept the third hypothesis, i.e. there is a statistically significant relationship between laissez-faire leadership and employee-commitment at KAMC.

4. There is a statistically significant relationship between bureaucratic leadership style and employee commitment KAMC.

To test this hypothesis, the researcher used simple linear regression to study the relationship between bureaucratic leadership (Independent Variable) and employee-commitment (Dependent Variable), and the results are as follows:

The previous table shows the relationship between bureaucratic leadership and employee-commitment. The results show that there is a significant positive relationship between bureaucratic leadership and employee-commitment amounting to ($R = 0.407$). The coefficient of determination ($R^2 = 0.166$) which indicate that only 16.6 % of change in employee commitment is resorted to bureaucratic leadership. The value ($F = 68.7$) with p-value (0.000) which demonstrate the significance of regression model and accordingly the significant relationship between the two variables.

From the above, it can be safely reached to accept the fourth hypothesis, i.e. there is a statistically significant relationship between bureaucratic leadership and employee-commitment at KAMC.

4.2.1 The Independent Samples T-Test – Gender:

The independent sample “T-test” was performed to test if there is any significant difference of the respondents’ perception of leadership style and organizational commitment due to their gender.

Reviewing **Table 4.4** shows that there is a non-significant relationship, at $\alpha = 0.05$, between the respondent’s gender and their perception of leadership style and Employee Commitment, with the exception of Democratic Leadership”, where results indicate significant, at $\alpha = 0.05$, correlation, with T-value = 3.6042. Therefore, there is a significant difference between the respondents’ perception of Democratic Leadership style due to their gender. Since the sign of T-value is positive, then the mean of males’ respondents is significantly higher than females.

Table 4.4 The Independent Samples T-Test – Gender

Dimension	T-Value	P-value
Democratic Leadership Style	-1028.732-	3.6042
Autocratic Leadership Style	-1457.322-	3.4059
Laissez Faire Leadership Style	-1110.206-	3.5316
Autocratic Leadership Style	-1404.119-	3.3585
Employee Commitment	-1214.072-	3.988

This could be ascribed to the nature of women of giving a more assertive view of leaders who are exercising democracy leadership style. Female might conceive a “real” feeling of freedom, with such leadership style.

For all other dimensions, the p-value is greater than the significance level $\alpha = 0.05$, therefore, there is insignificant difference between the respondents’ perception of other leadership styles and Employee Commitment, due to their gender.

4.2.2 Age:

The ANOVA -test was carried out to test if there is any significant difference of the respondents’ perception of leadership style and Employee Commitment due to their age. Reviewing **Table 4.5** shows that respondents’ Employee Commitment, had significant differences, $\alpha = 0.05$ level, due to their age, while their perception of leadership style was insignificant different.

Table 4.5: ANOVA - Age

Dimension	F-Value	P-value (Sig)
Democratic Leadership Style	1.465	.212
Autocratic Leadership Style	1.301	.269
Laissez Faire Leadership Style	1.046	.383
Autocratic Leadership Style	.452	.771
Employee Commitment	1.762	.136

Table 4.6: Bonferroni Test - Age

Dimension	age	Mean Difference	Sig
Employee Commitment	20 - 30 Years	2.682*	.012
	31 - 35 Years	2.146*	.046
	36 - 40 Years	2.006	.075
	41 - 45 Years	2.461	.058

examining the multiple comparison, **Table 4.6** indicates that there is a negative relationship between staff age and their organizational commitment, generally. These results could be referred to the fact that young staff, are ambitious and more enthusiastic towards their job than older ones; and thus, are more committed. Which Bonferroni's method provides a pairwise comparison of the means but ANOVA is no means to compare mean of more than two groups

4.2.3 Academic Qualification:

The ANOVA test was completed to check if there is any significant difference of the respondents' perception of leadership style and organizational commitment due to their academic qualifications for three categories only: Diploma, BA and Master , PhD.

Table 4.7 ANOVA Test - Academic Qualifications

Dimension	Qualification	Mean Difference	Sig
Employee Commitment	Diploma	3.223	0.23
	Bachelor	3.220	0.23
	Master	2.254	.082
	PhD	2.007	.113

Reviewing **Table 4.13** reveals that respondents' views for Employee Commitment, Democratic Leadership Style, Autocratic Leadership Style, Laissez Faire Leadership Style, Autocratic Leadership Style were statistically significant, $\alpha = 0.05$ level, due to their academic qualifications. For the other dimensions, the p-value is greater than the significance, $\alpha = 0.05$ level, therefore, there is insignificant difference. between the respondents due to their academic qualifications.

Table 4.8 Bonferroni Test - Academic Qualification

Dimension	Qualification	Mean Difference	Sig
Laissez Faire Leadership Style	Diploma	-1.720	.250
Autocratic Leadership Style	Bachelor	1.501	.204
Autocratic Leadership Style	Master	1.720	.295
Democratic Leadership Style	PhD	2.935*	1.000

*. The mean difference is significant at the 0.05 level

There is a positive correlation between academic qualifications and their perception of a "democratic" leadership style. Employees with higher qualifications will be more sensitive to the behavior of the supervisor, and thus their perception of the absence of leadership style (laissez-faire) is more than those employees with lower qualifications.

4.2.4 Experience:

The ANOVA test was performed to verify if there is any significant difference of the respondents' perception of leadership style and Employee Commitment due to their experience. **Table 4.15** illustrates the results.

Table 4.9 ANOVA – Experience

Dimension	Experience	Mean Difference	Sig
Employee Commitment	1- 3 years	.04690	.619
	4 -7 years	.06766	.744
	8 - 10 years	-.04690-	.414
	11- 14 years	-.15068-	.174
	15 - 20 years	-.25859-	1.000

The analysis of multiple comparisons, **Table 4.16**, indicates that there is a positive relationship to the employees' commitment to the respondents' years of experience. This can be interpreted as the experienced employees become more familiar with their jobs and are independent in their profession. They build a strong relationship with colleagues and are more committed to democratic leadership, as their opinions are taken into account when setting goals, so as to participate in decision-making. Thus the experienced employees will feel emotionally connected and committed to the organization. .

4.3 Chapter Summary

Statistical analysis has been used in this chapter, and linear regression analysis, arithmetic mean and standard deviation have been used, and ANOVA analysis has also been used, and these statistical tests have been commented on.

V. Discussion

5. Preface:

In this chapter, we will discuss and answer the study questions and what are the results that came through the statistical analysis of the different types of leadership and their impact on employee commitment. I also referred to the difficulties that I encountered in this study in addition to future studies on the types of leadership.

5.1 Demographic Data:

The sample consists of (348) Employees at King Abdullah Medical City. More than half 53.4% of the participants are female. More than half 53.7% of the participants are Saudis, 31.0% of the participants have experience (4-7 years), 39.4% of the participants in the age group (20-30 years), more than two-third of the participants 68.1% their level of education is bachelor.

5.2 Results of Research Questions:

The results indicated that the democratic leadership style is characterized by two-way communication channels, including sharing notes with employees, as well as delegating work and authority. Democratic leaders are those who have taken a very relaxed yet controlling approach to leadership staff. They often consult employees when dealing with an issue and consider their suggestions. The democratic leadership style is also called the participative style as it encourages employees to be a part of the decision making. The democratic manager keeps his or her employees informed about everything that affects their work and shares decision making and problem-solving responsibilities. This style requires the leader to be a coach who has the final say, but gathers information from staff members before making a decision. and the main statements which gathered their highest level of agreement:

Also, such a result is consistent with what was indicated by the study of Tang (2019). which showed that the democratic leadership serves as a source to encourage creativity in the work processes, which creates a distinct competitive advantage for the organization in the latter stages of the operational life cycle. And also, a research conducted by Akparep et al., (2019) identifies that a democratic leader would encourage employees to participate in the decision-making processes without practicing a power distance approach. And such a result is consistent with what was indicated by the study of Jovanović (2019), which showed there is an inverse relationship between the increase in work and job loyalty.

Overall, a high percentage of the respondents were They have a desire to deal with democratic leadership, which is generally the most effective leadership style. Democratic leaders offer guidance to group members, but they also participate in the group and allow input from other group members.

than the members of the authoritarian group, but their contributions were of a much higher quality. Participative leaders encourage group members to participate, but retain the final say over the decision-making process. Group members feel engaged in the process and are more motivated and creative.

The results indicated that democratic leadership style is a very open and collegial style of running a team. Ideas move freely amongst the group and are discussed openly. Everyone is given a seat at the table, and discussion is relatively free-flowing. Democratic leadership, also known as participative leadership, is a type of leadership style in which members of the group take a more participative role in the decision-making process. Researchers have found that this learning style is usually one of the most effective and leads to higher productivity, better contributions from group members and increased group morale. Democratic leadership works best in situations where group members are skilled and eager to share their knowledge. It is also important to have plenty of time to allow people to contribute, develop a plan and then vote on the best course of action.

Based on a priori expectations This style is needed in dynamic and rapidly changing environments where very little can be taken as a constant. In these fast moving organizations, every option for improvement has to be considered to keep the group from falling out of date. The democratic leadership style means facilitating the conversation, encouraging people to share their ideas, and then synthesizing all the available information into the best possible decision.

The results also showed the democratic leader must also be able to communicate that decision back to the group to bring unity the plan is chosen. Because group members are encouraged to share their thoughts, democratic leadership can leader to better ideas and more creative solutions to problems. Group members also feel more involved and committed to projects, making them more likely to care about the end results. Research on leadership styles has also show that democratic leadership leads to higher productivity among group members.

When situations change frequently, democratic leadership offers a great deal of flexibility to adapt to better ways of doing things. Unfortunately, it is also somewhat slow to make a decision in this structure, so while it may embrace newer and better methods; it might not do so very quickly. Democratic leadership style can bring the best out of an experienced and professional team. It capitalizes on their skills and talents by letting them share their views, rather than simply expecting them to conform. If a decision is very complex and broad, it is

important to have the different areas of expertise represented and contributing input – this is where democratic leader shines

Democratic leadership is related with increased followers' productivity, satisfaction, involvement, and commitment (Hackman & Johnson, 1996). Member satisfaction and nominations for leadership are greater under democratic leadership (Bass, 1990; Stogdill, 1974). Although the significant drawbacks to democratic leadership are time consuming activities and lengthy debate over policy, participation plays a key role for increasing the productivity of leadership (Denhardt & Denhardt, 2003; Hackman & Johnson).

The results also showed democratic leadership signifies that group members are encouraged to share ideas and opinions, even though the leader retains the final say over decisions and members of the group feel more engaged in the process leading to encouragement of creativity. Participation is a core characteristic of democratic leadership; and the ideal of democratic leadership is friendly, helpful, and encouraging participation (Luthar, 1996). Again, Wilson, George, Wellins, and Byham (1994) categorized autocratic leadership, participative leadership, and high involvement leadership by the level of participation encouraged by the leader. Chemers (1984) also defined democratic leadership as emphasizing group participation. Thus, participation is the major characteristic of democratic leadership (Bass, 1990).

Democratic leadership does not grow in a single dimension and is essential in democratic movements for achieving democracy. Democratic enlightenment imposes very definite demands upon democratic leadership (Adorno, 1965). Thus, democratic movements depend on democratic leadership; it enhances democratic values and the common good (Adorno). Democratic leadership plays an integral role in achieving democracy because leadership is associated with public values, freedom, equality, and justice (Denhardt & Denhardt, 2003). As public officials create public value (Moore, 2000), democratic leaders create democratic value. Democratic leadership relies on the fundamental value of democracy that is "a striving toward equality and freedom" (Waldo, 2001, p. 86). "If the democratic leadership spreads through economic, political, and cultural networks, it may make people even more prepared for democratic social change, making democratic leadership increasingly viable" (Gastil, p. 971).

Democratic leadership in small groups and organizations emphasizes group participation and member relationships, but it ignores the dimensions of democratic movements. Through the lens of groups and organizational behaviors, democratic leadership cannot adequately explain the dynamic dimensions of democratic movements because democratic leadership in democratic movements needs different characteristics for achieving democratic value, freedom, equality, and justice. These characteristics include sacrifice, courage, symbolism, participation, and vision. The following section proposes a framework of democratic leadership identified in democratic movements from the different lenses of political, socio-economical, and cultural contexts.

In our study it shown relationship between democratic leadership and employee commitment. The results show that there is a significant positive relationship between democratic-leadership and employee-commitment amounting to ($R = 0.573$). The coefficient of determination ($R^2 = 0.328$) which indicate that 32.8% of change in employee commitment is resorted to democratic leadership. The value ($F = 169.1$) with p-value (0.000) which demonstrate the significance of regression model and accordingly the significance of the relationship between the two variables.

The results also showed that Autocratic leadership, also known as authoritarian leadership, can, most simply, be defined as a structure where there is one clearly defined "boss" at the top who holds most, if not all, of the control over distribution of workload and responsibility.

A type of leadership characterized by individual control over the actions of all group members and little input. Usually, autocratic leaders make choice based on their beliefs and judgments and seldom consider follower's advice which requires a group's absolute & authoritarian control (Cherry, 2019). These types of leaders want their subordinates to functions as they command (Al Khajeh, 2018). Autocratic leadership may be useful in emergency situations where there is a homogeneous workforce, where the leader is wise, fair and has a good understanding of the followers (Armstrong, 2012). Nevertheless, in some cases, it is appropriate to act autocratically. It is critical when the company is facing a crisis or an urgent problem requiring an immediate response (Bhargavi & Yaseen, 2016).

Autocratic leadership, also known as authoritarian leadership, is a style of management in which one leader holds the power to make decisions without input from others. While input is not always necessary, this style can also use a small group of trusted advisors to help. Autocratic leadership often works in situations that require error-free outcomes or immediate decisions and situations with potential safety risks or time constraints.

Autocratic leaders oversee daily tasks and provide clear direction to each member of the team. They aren't as involved with long-term goal-setting or career progression as other types of leaders. Those who follow the autocratic style are focused on making sure team members complete critical tasks according to schedule. In addition, these leaders may often work on teams of people who have limited skills, experience or training

Overall, the results of the regression analyses leadership style characterized by individual control over all decisions and little input from group members. Autocratic leaders typically make choices based on their ideas and judgments and rarely accept advice from followers. Autocratic leadership involves absolute, authoritarian control over a group. Autocratic leadership, also known as authoritarian leadership, is a leadership style characterized by individual control over all decisions and little input from group members. Autocratic leaders typically make choices based on their ideas and judgments and rarely accept advice from followers. Autocratic leadership involves absolute, authoritarian control over a group.

And such a result is consistent with what was indicated by the study of Burkle (2020) which showed that the autocratic leader becomes critical to address the situation by managing the talent traffic towards a single direction, which could mitigate the damage control and also Al Amiri et al (2019) identifies that the autocratic leaders avoid exploring creative solutions from employees, also study conducted by McCallaghan et al (2019) indicated that organizations remain under the disparity of talent gaps since the culture of knowledge sharing and leadership creation is compromised deliberately by the autocratic leaders. In the long run, employees feel alienated, and productivity decline initiates since no improvements are accounted under the principles of autocratic management.

Overall, the findings suggested that Autocratic leadership can be beneficial in some instances, such as when decisions need to be made quickly without consulting with a large group of people. Some projects require strong leadership in order to get things accomplished quickly and efficiently. Have you ever worked with a group of students or co-workers on a project that got derailed by poor organization, a lack of leadership, and an inability to set deadlines? If so, chances are that your grade or job performance suffered as a result. In such situations, a strong leader who utilizes an autocratic style can take charge of the group, assign tasks to different members, and establish solid deadlines for projects to be finished. In situations that are particularly stressful, such as during military conflicts, group members may actually prefer an autocratic style. It allows members of the group to focus on performing specific tasks without worrying about making complex decisions. This also allows group members to become highly skilled at performing certain duties, which can be beneficial to the group.

When faced with the need to provide a decision, an autocratic leader is one who would come up with a solution for the entire group on their own. The autocratic leader would generally solve an issue and make decisions for the group using observations and what they feel is needed or most important for the majority of the group members to benefit at that time (Dessler & Starke, 2004). While recording the research, these were the leaders that would decide for the group when they would wake up and depart, and exactly how far they should go for that day. If the group came across any conflicts or barriers within the expedition, these leaders would also make the decisions on their own, inquiring feedback from the three hired instructors to ensure that their decisions were okay.

The valuation method is mainly Autocratic leadership represents all those leaders who makes decision without the consent of team members and is usually applied when quick decision is be taken and team agreement is not important for acquisition of successful results (Boehm, Dwertmann, Bruch and Shamir, 2015). Little opportunities are given to staff and team members to make suggestions, even if it is in the best interest of the team or organization (Amanchukwu, Stanley and Ololube, 2015). An autocratic leader mostly makes selection on the basis of their own judgments and ideas that rarely include followers' advice and these leaders have absolute control over the group (Zareen, Razzaq, & Mujtaba, 2015). According to Iqbal, Anwar & Haider (2015), autocratic leaders give orders without explaining the reasons or future intentions.

In our study it shown that there is a significant positive relationship between autocratic-leadership and employee-commitment amounting to ($R = 0.305$). The coefficient of determination ($R^2 = 0.093$) which indicate that only 9.3 % of change in employee commitment is resorted to autocratic leadership. The value ($F = 35.9$) with p-value (0.000) which demonstrate the significance of regression model and accordingly the significance of the relationship between the two variables. From the above, it can be safely reached to accept the second hypothesis, i.e. there is a statistically significant relationship between autocratic-leadership and employee-commitment at KAMC.

The results also showed that Laissez-faire leadership known as delegative leadership, is a type of leadership style in which leaders are hands-off and allow group members to make the decisions. Researchers have found that this is generally the leadership style that leads to the lowest productivity among group members

Laissez-faire leadership is a style of leadership in which leaders are hands in hands and enable members of the group to make decisions (Cherry, 2019). Moreover; the style in which the leader does not believe in his own supervisory capacity and the leader has no clear goals as to how they can work, does not help the group to make decisions and therefore; it leaves too much burden for subordinates, (Bass & Bernard, 1985). This leadership style cannot be functional in the banking sector or non-governmental organizations which allow both the leader and subordinates to contribute to the decision-making process and complete tasks to ensure the organization's performance. This is described as the style of leadership where leaders refuse to make decisions. However, laissez-faire leaders were argued not to invest in the advancement of workers because they believe that

employees can take care of themselves (Puni et al., 2014) which results in unhappiness, unproductively and inefficiency (Deluga, 1992).

Based on a priori expectations A *laissez faire leader* is someone who is able to sit back and trust their employees to use their skills and experience to determine their own structures and processes. Listening and learning from them is, therefore, a key aspect of being a great *laissez faire leader*.

And such a result is consistent with what was indicated by the study of Usman et al. (2019) which showed that the *Laissez-Faire leader* contributes directly towards the development of leadership skills among the team members, which is an essential component for organizations to grow sustainably in the future. Also study conducted by Usman et al (2019) indicated that the *Laissez-Faire leader* contributes directly towards the development of leadership skills among the team members, which is an essential component for organizations to grow sustainably in the future and the role of *Laissez-Faire leaders* in the modern era is essential to ensure team growth.

Robbins (2007) explained the *laissez-fair style* as “Abdicates responsibilities avoid making decisions” (p. 475). Similar Luthans (2005), defined *laissez- fair style* as “Abdicates responsibilities avoids making decisions” (p.562). *Laissez- Fair* is uninvolved in the work of the unit. It’s difficult to defend this leadership style unless the leader’s subordinates are expert and well-motivated specialists, such as Scientists. “Leaders let group members make all decision” (Mondy&Premeaux, 1995, p.347). “Behavioral style of leaders who generally give the group complete freedom, Provide necessary materials, participate only to answer questions, and avoided giving feedback” (Bartol&Martin, 1994, p.412). The concept of *laissez* was also given by Osborn as “Abdicates responsibilities and avoiding decisions” (Osborn, 2008, p.258). Above All the Authors defines the *Laissez – Fair Leadership* with their own words according to their given definitions the idea of this type of leadership is same. Authors defines that in this style the Leaders normally don’t want their interference in decision making process. They normally allowed to their subordinates that they have power to get their personal decisions about the work. They are free to do work in their own way and they are also responsible for their decision. Normally Leaders avoids to making decision and don’t involve in working units because the leaders gives to subordinates to completely freedom to do decisions. Sometimes the leaders provide them to important material and they just involve the answer & question but avoiding feedback.

The French term “*laissez-faire*” is mostly used in economics and political sciences to define a policy of minimum governmental interference in the economic affairs of individuals and society (Encyclopædia Britannica, nd). In leadership literature, *laissez-faire* refers to a “hands-off, let things-ride” approach (Northouse, 2010) to influencing individuals in the workplace. Bass and Avolio (1990) describe *laissez-faire leadership* as “the absence of leadership” and “the avoidance of intervention”. *Laissez-faire leaders* tend to behave as if they are abdicated from the responsibilities and duties assigned to him /her (Lewin, Lippit & White, 1939). This leadership style resembles “impoverished management” detailed by Blake and Mouton (1985) by describing a leader exerting minimal effort to get required work done and showing minimal concern for subordinates (Einarsen, Aasland & Skogstad, 2007). According to Lewin et al (1939), although *laissez faire leaders* have been nominated to leadership positions and physically occupy these positions, they ignore the responsibilities and duties assigned to them. Based on this, *laissez-faire leadership* should be regarded not only as “lack of presence”, also as “zero leadership”.

Although Schyns and Schilling (2013) disagree with this claim, Einarsen et al (2007) regards *laissez-faire leadership* as a form of destructive leadership. Einarsen and colleagues (2007) argue that *laissez-faire leadership* violates the legitimate interests of the organizations and their employees by undermining organizational objectives and /or subordinates well-being. Bass and Avolio (1997) on the other hand, regards *laissez-faire leadership* as an ineffective leadership style together with active corrective leadership (leading by monitoring and focusing on mistakes) and passive corrective leadership (waiting for things to go wrong before intervening). In our study it shown that there is a significant positive relationship between *laissez-faire leadership* and employee-commitment amounting to ($R = 0.500$). The coefficient of determination ($R^2 = 0.250$) which indicate that only 25.0 % of change in employee commitment is resorted to *laissez-faire leadership*. The value ($F = 115.4$) with p-value (0.000) which demonstrate the significance of regression model and accordingly the significance of the relationship between the two variables.

From the above, it can be safely reached to accept the third hypothesis, i.e. there is a statistically significant relationship between *laissez-faire leadership* and employee-commitment at KAMC

The results indicated that Bureaucratic leadership does not have significant effect on organizational performance. This result is relevant with Redin’s (1988) finding who states that bureaucratic leadership generally has low task-orientation, weak relationship, focusing on rule and procedure for individuals’ interest, maintaining and controlling situation by using the formal law and procedure, and highly careful. As the finding says that bureaucratic leader does not have significant influence on organizational performance, it is due to the lack of knowledge and technical skill

And such a result is consistent with what was indicated by the study Al Khajeh (2018) which showed that the Bureaucratic Leadership Style concerned about the accomplishment of the regular task and focus more on fulfilling the regular activities with high inclining margins. Initially, employees feel great to fulfil the assigned targets, but afterwards, they feel bored and found nothing new in the process, which further restricts their growing opportunities by learning new experiences and skills to solve the new complexities in the organization **Overall, the findings suggested Bureaucratic leadership negatively and significantly** affects organizational commitment. It means that greater bureaucratic leadership causes lower organizational commitment. It is due to the style of bureaucratic leadership which implements rigid, tight and hierarchical rules do not meet the technical ability officers which are least. It causes resistance which then decreases organizational commitment. The analysis result indicates that bureaucratic leadership significantly affects organizational commitment; yet, the path coefficient is negative. It means that the relationship has opposite direction among each other variable. Bureaucratic leadership has not yet able to encourage high organizational commitment (2004), Yu et.al. (2002), and Rowden's (2000) research as they say that leadership has positive and significant role on commitment. Bureaucratic leadership as characterized by Weber (in Giddens, 1986) shows that leadership focuses more of hierarchical organization; and, job guidance which is conducted by the employees is rigid. Job implementation tends to depend.

Bureaucratic leadership does not have significant effect on organizational performance. It means that the bureaucratic leadership is not yet able to support organizational performance particularly related to local This result is relevant with Redin's (1988) finding who states that bureaucratic leadership generally has low task-orientation, weak relationship, focusing on rule and procedure for individuals' interest, maintaining and controlling situation by using the formal law and procedure, and highly careful. As the finding says that bureaucratic leader does not have significant influence on organizational performance, it is due to the lack of knowledge.

Our study it shown that there is a significant positive relationship between bureaucratic leadership and employee-commitment amounting to ($R = 0.407$). The coefficient of determination ($R^2 = 0.166$) which indicate that only 16.6 % of change in employee commitment is resorted to bureaucratic leadership. The value ($F = 68.7$) with p-value (0.000) which demonstrate the significance of regression model and accordingly the significant relationship between the two variables.

From the above, it can be safely reached to accept the fourth hypothesis, i.e. there is a statistically significant relationship between bureaucratic leadership and employee-commitment at KAMC.

5.3 Chapter Summary:

The majority of participants agree to the statements of the fifth dimension (Employee Commitment) as general, and the main statements which gathered their highest level of agreement: The democratic leadership style promotes creativity, builds strong employee relationship, motivates employees, creates job-satisfaction and enhances knowledge-sharing culture in healthcare On the other side, autocratic leadership is a directive that improves productivity with strict deadlines laissez-faire is different from autocratic and offers leadership skills, growth opportunities, independence, and create a personal work environment, but it limits team cohesiveness. Lastly, bureaucratic leadership is consistent towards the regular work and the safe approach of leadership but less focused on improving the motivation of employees.

VI. Principle Result, Conclusions, And Recommendations

6.1. Introduction

Chapter five of the study deals with the summary, conclusions of the study and the most important recommendations reached.

6.2. Principle Result

The aim of this study is to identify the influence of leadership style on employee commitment in King Abdullah Medical City (KAMC). The study adopted the following independent variables democratic, autocratic, laissez-fair and bureaucratic leadership styles and dependent variable; healthcare workers commitment in KAMC. The research consists of five chapters: The first chapter of the study was an introduction to the study. It presents the general framework of the study, and it consisted of an introduction, the problem of the study and its importance, objectives, hypotheses, limits, and the method used in the study. The second chapter of the study tackled Literature of the study, and previous studies, in which we deal with the definition of leadership and discusses the roles of different leadership styles in promoting employee commitment within an organization. The third chapter was the methodology used in the study and its field procedures from the study methodology, the study population, its sample and its characteristics in terms gender, Qualifications, Age Group, residence as well as how to collect and analyze data statistically after checking the coefficient of truth and consistency of the axes of the study. The fourth chapter dealt with the presentation, discussion, and analysis of data for the study axes and discuss the results of this study. In the fifth chapter, we explained the most important conclusions and recommendations of the study.

This study found that there are significant positive effects of leadership styles and organizational culture on employees' commitment. The study also revealed that employees' commitment was influenced the most by democratic leadership style when compared with transactional leadership style.

6.3. Conclusions

From the literature of the study and previous studies and the results of the applied study can draw the following conclusions: The democratic leadership style leads to raising the morale of workers and thus improving performance, as it reduces employee absenteeism rates and conflicts within the organization in order to satisfy them with work and feel comfortable in its performance. The style of autocratic leadership has an impact on the performance of employees in general as this style is characterized by the direction by the Commander in Chief to follow the rules and procedures stipulated for the performance of work, as well as the determination of the tasks and roles that define the responsibilities assigned. The (bureaucratic) leadership style does not lead to an improvement in the performance of the organization's employees as it does not encourage employees to investigate High-value results with active participation (working as a team). Also, this style of leadership focuses on achieving short-term goals without a holistic view of the organization's goals. The Laissez Faire leadership style has a positive impact on the performance of the organization's employees, as this style of leadership provides high flexibility at work, and focus on the achievements of employees

6.4. Recommendations implantation

- The leaders at King Abdullah Medical City should focus on applying democratic leadership style because it motivates workers capacities and gives meaning to their work by empowering them to achieve current commitments towards work and completion of the tasks while helping them to achieve future hopes and aspirations
- Using job enrichment at King Abdullah Medical City will make employees commitment greater, especially when workers control their jobs, and give employees more independence in the performance of work.
- Leaders should especially focus on motivators such as dimensions of discretion (freedom to choose, what, when and how activities are carried out), job demands (controls vs lack of control over speed of activity), as well as apt use of skills and competencies. As the study indicates, for leaders to succeed in today's fast changing business environment, it is recommended that they adopt a democratic leadership style rather than transactional or laissez-faire styles to enhance employees' motivation consistently and efficiently; which will in turn generate higher quality performance on the employees' part and boost business performance. , the study provides the following recommendations: Ensure that the democratic leadership style is followed in the King Abdullah Medical City by providing a suitable work environment that is characterized by friendliness and cooperation among workers, as this can enhance the improvement of performance, and it can also enhance creativity and innovation in the performance of work. When adopting the autocratic leadership style, it is better for the leader to follow a style that is flexible and motivated when instructing employees in order to follow the stipulated rules and procedures, in a manner that achieves the goals that are beneficial to the Medical City. Away from following the approach of bureaucratic leadership, as this does not help effective participation in working with active participation (working as a team), and this method does not achieve long-term goals Following the Laissez Faire leadership style as it has a positive effect on the performance of employees as this style of leadership provides high flexibility at work, and focus on the achievements of employees.
- **Implication:** Leaders should have an inspiring vision which will help challenge employees out of their comfort zone by stimulating their intellect. This will happen when a leader expresses individual consideration towards the subordinates thus enhancing idealized Influence over the employees for improved performance. Further, management by exception should be embraced as a key leadership attribute to improve employee performance

Future Study:

There are certainly more scopes for conducting research studies concerning leadership styles and organizational commitment in the future. The researcher conducted. There are other sectors like industrial sectors, marketing sectors, business sectors etc. Future studies are invited to add any modified or intermediate variables to the current study model such as work design, organizational justice or personal variables

It is important to examine the impact of leadership style on employee performance by considering a larger ample size including employees and managers from all the companies in the industry

Also future researchers can analyses the impact of moderating effect of employee tenure or age or gender on the relationship between leadership style and employee performance. Alternatively future researches can examine the mediating effect of personality or emotional intelligence of leaders on the relationship between leadership style and employee performance.

Limitations:

Following are the limitations related to this research

1. Although the research was conducted by the structured questionnaire but ability of employees were unable to understand the contextual meaning of the questions.
2. Employees filled the questionnaire on the general acceptable rule which created biasness in the results

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