

The impact of transformational leadership on beneficiary satisfaction in the Kingdom of Saudi Arabia A comparative study between the public and private health sectors

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The impact of transformational leadership on beneficiary satisfaction in the Kingdom of Saudi Arabia A comparative study between the public and private health sectors

Abstract:

This research aims to examine the influence of transformational leadership on employee growth and satisfaction in the healthcare industry of Dammam, Saudi Arabia; the objectives of this research are as below: 1. to assess the impact of transformational leadership on employee growth and satisfaction in public healthcare facilities in Dammam, Saudi Arabia. 2. To assess the impact of transformational leadership on employee growth and satisfaction in private healthcare facilities in Dammam, Saudi Arabia. 3. to compare the influence of transformational leadership on employee growth and satisfaction in the public and private healthcare facilities in Dammam, Saudi Arabia, research focused on community leadership, pointing out the fact that it is a more formal leadership type that relies on volunteering, or a national or international context, the part played by leadership in promoting growth, development, and advancement, and all the related indices, is indisputable. However, the variation in the context may require a different mode or approach of leadership in order to ensure optimal results from leadership approach applied within a context. Clearly reveal and point to the fact that variation in context, challenges, dynamics, environment, as well as complexities make a 'one style fits all' approach to leadership counterproductive to maximising the potential and value that effective leadership has to offer. This has resulted in the advent and propagation of multiple and diverse styles and approaches to leadership being adopted over the years.

Keywords: transformational leadership, beneficiary satisfaction, public health, private health.

- Introduction:

1.1 Background

Over the years, the importance of leadership in governance and direction, at a national, organisational, as well as communal level, has grown with an increasing number of research and research institutes established with the sole aim of uncovering the best leadership types, models, and styles for varying amounts of contexts. Mastrangelo et al. (2004) conducted one of such research. In this research, which was more focused on the organisational context, a positive correlation between the effectiveness of leadership and the profitability of the

organisation was established. Similarly, Meraku (2017) pointed out the importance of leadership to organisations was empirically demonstrated by showing how leadership influences various elements of organisational effectiveness, which include communication effectiveness, employee satisfaction, customer and supplier relationships, and trust, to mention a few. In another research attempt aimed at reviewing both the theoretical and empirical perspectives as it relates to how leadership and organisational performance relate, Nandasinghe (2020) highlights the fact that leadership impacts on both the behaviour and the performance of an organisation. Similarly Văcar & Miricescu (2013), in a research on leadership as a key to successful organisations, highlight the fact that leadership is a key and fundamental element in organisational change, and successful organisation of the future will be those who recognize this today and are conscious about integrating leadership development into their current strategy. No doubt, a common factor between the research findings and assertions of Mastrangelo *et al.* (2004), Văcar & Miricescu (2013), Meraku (2017), and Nandasinghe (2020) is that leadership lies at the core of success and performance of an organisation, irrespective of its type, location, ownership structure, or orientation. A parallel to this can be seen in other contexts of leadership, such as community leadership and national or governmental leadership.

In research focused on community leadership, despite Martiskainen (2017) pointing out the fact that it is a more formal leadership type that relies on volunteering, the findings align with the findings on researchers who focused on other contexts of leadership, such as Văcar & Miricescu (2013), by demonstrating that leadership is at the core of development and advancement. Clearly, whether its at an organisational context, a communal context, or a national or international context, the part played by leadership in promoting growth, development, and advancement, and all the related indices, is indisputable. However, the variation in the context may require a different mode or approach of leadership in order to ensure optimal results from leadership approach applied within a context. Findings from publications and researcher such as Anawalt (2011) and Khan *et al.* (2016) clearly reveal and point to the fact that variation in context, challenges, dynamics, environment, as well as complexities make a 'one style fits all' approach to leadership counter productive to

maximising the potential and value that effective leadership has to offer. This has resulted in the advent and propagation of multiple and diverse styles and approaches to leadership being adopted over the years.

According to Khan *et al.* (2016), two of these major styles are transactional leadership style and transformational leadership. In a publication by Nanjundeswaraswamy & Swamy (2014), the transactional style of leadership is an approach that entails trading with the follower, who is compensated for achieving certain predefined goals or targets, while the transformational style of leadership is an approach that is more aligned to meeting the needs of followers and helping them to grow and develop in the capacity. The assertion of Nanjundeswaraswamy & Swamy (2014) on transactional leadership aligns with that of Khan *et al.* (2016), who argue that it is a style of leadership that hinges on management by expectation management by exception and contingent reward. Similarly, Khan *et al.* (2016) also corroborates the assertion of Nanjundeswaraswamy & Swamy (2014) on transformational leadership by highlighting the fact that it is a style of leadership that is focused on enabling and empowering followers to attain higher levels of needs and performance. Although there are several other approaches to leadership that have been explored over the years, such as the three different styles of leadership: authoritarian laissez-faire and charismatic style, to mention a few. However, of this variety of styles, the transformational leadership style has grown to become the most recognised and desirable leadership style for application within the organisational context. The orientation of transformational leadership towards inspiring employees towards achieving significant outcomes makes it a style of leadership that is highly valued within the organisational setting (Khan *et al.*, 2020), hence its focus in this research.

- Aims and Objectives

This research aims to examine the influence of transformational leadership on employee growth and satisfaction in the healthcare industry of Dammam, Saudi Arabia.

- The objectives of this research are as below.

1. To assess the impact of transformational leadership on employee growth and satisfaction in public healthcare facilities in Dammam, Saudi Arabia.
2. To assess the impact of transformational leadership on employee growth and satisfaction in private healthcare facilities in Dammam, Saudi Arabia.

3. To compare the influence of transformational leadership on employee growth and satisfaction in the public and private healthcare facilities in Dammam, Saudi Arabia.

- Research Questions

The research seeks to answer the following questions;

- What is the impact of transformational leadership on employee growth and satisfaction in public healthcare facilities in Dammam, Saudi Arabia?

2. What is the impact of transformational leadership on employee growth and satisfaction in private healthcare facilities in Dammam, Saudi Arabia?

3. How does the influence of transformational leadership on employee growth and satisfaction in public healthcare facilities compare with the influence in private healthcare facilities in Dammam, Saudi Arabia?

- Significance of the Research

significance for this research lies in the comparison of public and private sector application of transformational leadership principles within the healthcare industry. This comparison will help in identifying what works and what does not work when it comes to leadership, and will benefit both public and private healthcare administrators in adopting best practices that would be empirically proven by this research to result in employee growth and satisfaction. According to Alanazi *et al.* (2022), the healthcare sector is a labour-intensive sector, and this makes employee satisfaction vital to the performance of healthcare facilities. Therefore, research such as this, which reveals best practices of leadership within the healthcare sector, is of significant value to the Saudi Arabian healthcare sector at large, as well as the healthcare facilities within Dammam, Saudi Arabia.

- Literature Review:

- Conceptual Overview:

According to Davis & Thilagaraj (2022), transformational leadership is an approach to leadership that is characterised by the leader having the ability to transform individuals or a community. In their publication, they highlight the fact that transformational leadership seeks to inspire others to make the necessary changes in order to turn followers into leaders. The assertion of Davis & Thilagaraj (2022) rightfully highlights several positive aspects of transformational leadership, particularly the inspirational aspects of this style of leadership. However, the limitation of this assertion by Davis &

Thilagaraj (2022) is the overly optimistic assertion that that leadership style can transform individuals and communities, without consideration of the challenges and complexities that such change may entail. A more realistic standpoint or perspective will be to highlight the motivational and inspirational nature of transformational leadership equips people and societies with what they need to make a change, as opposed to making them change.

Another definition of transformational leadership was provided by Beatrice *et al.* (2021), who define it as the behaviour of a leader that is aimed at driving followers to transcend expectations in achieving, while also going beyond personal interest for the sake of the organisation or group they belong. Unlike the definition provided by Davis & Thilagaraj (2022), this definition highlights the influencing and motivational factor that is inherent in transformational leadership. Highlighting the change enabling element and environment that transformational leadership offers is critical in any definition because the ability of followers to make a change or transformation is often dependent on a myriad of factors that transcend the leadership style that is being employed. However, a limitation with the definition of transformational leadership provided by Beatrice *et al.* (2021) is the focus on the behaviour of the leader, without consideration of the importance of the behaviour of the follower in the context of these projects. Whatever positive benefit that transformational leadership offers is not devoid of a suitable behaviour from the follower(s), which made it possible for the transformational leadership style employed to be effective.

- Theoretical Review:

In a bid to provide more insight into leadership and its diverse approaches, several theories have been developed over the years. However, the theory that directly relates to and provides the theoretical underpinning for the transformational approach. According to Khan *et al.* (2016), the transformational leadership theory makes a distinction for itself from other theories by focusing on aligning the individual or the followers' pursuit and interest with that of the organisational or the communal interest and good. This theory posits that at the heart of the communication and interaction of leaders with followers are beliefs, values, and norms that are shared and found to be common between the leader and the follower (Khan *et al.*, 2016). Therefore, the transformational leader seeks to influence followers to this point of

alignment, which the transformational leadership theory believes to be the processor for the attainment of goals and the overall performance of the organisation. This assertion of the transformational leadership theory on the impact that the transformation style of leadership has on performance is the aforementioned position of the findings by Dola (2015), Alsayed *et al.* (2019) and Lai *et al.* (2020), suggesting that they corroborate the assertion of the transformational leadership theory.

In assessing the evolution of the transformational leadership theory, Lee *et al.* (2019) highlights the fact that the concept of transformational leadership is traceable to 1978, where Jame McGregor Burns described transformational leadership as a process that entails the leader and follower enabling each other to attain a higher dimension of motivation. This perspective of transformational leadership reflects the fact that the concept of transformational leadership has evolved from being a shared responsibility between the leader and follower, to being leader centric. Lee *et al.* (2019) also pointed out that since its evolution, other researchers have sought to expand on the basic conception of transformational leadership. For instance, the four I's of transformational leadership discussed by Adazeed (2018) and Khan *et al.* (2020) is an expansion of the transformational leadership theory.

- Transformational Leadership and Employee Growth & Satisfaction:

In order to assess existing literature on the relationship that transformational leadership has with employee growth and satisfaction, it is important to review the concept of employee growth and satisfaction. Employee growth can be referred to as the continual effort made by employees within an organisation to improve their performance. In a research aimed at assessing growth client, Rahmadani *et al.* (2022) refer to employee growth both from a personal and a professional perspective, giving it a more holistic perspective than the definition earlier provided. While there is limited literature and research aimed at assessing the concept of employee growth, a significant amount of literature and research focuses more on employee development, which Hameed & Waheed (2011) and Anoke (2021) consider to be focused not just on the individual growth of employees, but on the development of the organisation. Some of the elements of employee growth include (but are not limited to) personal growth and development of employees, employee engagement, employee

motivation, innovative behaviour of employees, employee learning, as well as intra-role behaviour.

Nguon (2022) also corroborate the findings of Khan *et al.* (2020b), Aprileani & Abadi (2022), and Cornista (2024) by validating the positive and significant relationship that transformational leadership has on job satisfaction. Nguon (2022) asserts that by improving job satisfaction, transformational leadership improves work performance; an assertion that does not agree with the findings of Aprileani & Abadi (2022) who found that transformational leadership improves job satisfaction, although it does not lead to work performance. While Nguon (2022) basis the assertion on secondary data collected from several research, Aprileani & Abadi (2022) base their findings on primary data collected and analysed from the Islamic banking sector of Indonesia. It is yet to be known if the divergence in perspectives of these research is based on the difference in the context within which this research was conducted. However, an obvious gap in the research and finding of several research that have been conducted is the focus on how transformational leadership transcends beyond impacting employee job satisfaction, to affecting employee satisfaction as a whole (given its provision of a more holistic perspective to the satisfaction of employees as opposed to a focus only on the job satisfaction of the employees). Similarly, a dearth of literature on transformational leadership and how it affects employee growth exists. For instance, according to Shang (2023) there are both direct and indirect effects of transformational leadership on worker performance. However, the employee growth is treated as a mediating factor which transformational leadership affects, which then affects employee performance. While being opposed to the position of Aprileani & Abadi (2022) and aligned with Nguon (2022) on the relationship between transformational leadership and performance of the employee, the lack of focus on assessing how transformational leadership directly affects employee growth (without considering it as a mediating factor in an assessment of transformational leadership and its relationship with another factor) limits its relevance to this research.

- Overview of Healthcare Facilities in Dammam:

In assessing the influence of transformational leadership on employee growth and satisfaction in the healthcare industry of Dammam, Saudi Arabia, it is important to examine the Dammam healthcare industry. Located in the eastern province of Saudi Arabia,

Dammam is a port city with a population of over 1.5 million people (Saudi Tourism Authority, 20234). Considered a growing entertainment attraction and a hub for jewellery and local craft, the health sector within the city largely dominated by the Saudi Ministry of Health, which is constitutionally responsible for the 249 hospitals and healthcare facilities in Saudi Arabia (Ministry of Municipal and Rural Affairs, 2019).

In a research aimed at examining the physical accessibility of healthcare facilities located in Dammam, Rashid & Haq (2021) revealed that the healthcare facilities within the city are located within 10 minutes walking distance in all the neighbourhoods within the city. This reflects the joint attempt and effort by both public and private owners of healthcare facilities to make healthcare services easily accessible to residents. In assessing the community orientation of these facilities as well as the comprehensive nature of their services, AlMuraikhi & Alzahrani (2019) found that the facilities that were accredited by the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) provided more comprehensive services to the community than those that were not accredited. This underscores the importance of healthcare facilities in Dammam being accredited by the CBAHI. While the research by Alsaad *et al.* (2019) highlighted the limited amount of preparedness of Primary Healthcare Facilities in Dammam to manage medical emergencies, there is limited existing literature aimed as assesses whether there has been an improvement in the conditions and preparedness of these facilities for such situations, since 2019 when this research was published.

Findings from the research conducted by Alsaad et al (2019), AlMuraikhi & Alzahrani (2019), and Rashid & Haq (2021) reveal the evolving nature of the healthcare facilities in Dammam. However, there is a dearth of research that provides information on the current status of the healthcare facilities in Dammam, as well as the leadership and management style employed in these facilities, the working conditions, as well as the state of employee satisfaction of the workers in these facilities.

- Research Gaps:

The lack of research aimed at assessing the leadership and management style employed in the health facilities in Dammam (specifically) and Saudi Arabia (at large) is a major gap in research that this research seeks to fill. While the research conducted by Alfwani *et al.* (2018)

examines transformational leadership and how it affects organisational performance in the context of a hospital, the findings have limited relevance to this research and what it sets out to achieve. This gap can also be seen in other studies that have been reviewed, which focus on other contexts. Research and studies such as Khan *et al.* (2020b), Aprileani & Abadi (2022), Nguon (2022), and Cornista (2024) have all focused on assess how transformational leadership related with organisational centric parameters such as organisational performance, with limited consideration of its impact on the growth and satisfaction of the target and subject of transformational leadership, which are the employees. This research seeks to fill this gap by conducting an empirical evaluation on how transformational leadership impacts on the growth and satisfaction of employees, while also narrowing this assessment down to the context of public and private healthcare facilities in Dammam.

- Research Methodology:

To achieve the aim and objectives of this research, empirical research is conducted using methods and approaches. The techniques and strategies used to carry out this study are covered in this chapter. It provides an explanation and justification for the research philosophy and methodology employed in this study. It also critically examines the research strategies methods and procedures that are used the data sampling strategy that is employed as well as the ethical issues and constraints. For each of the concepts discussed, the types, selected type, justifications, and limitations are discussed. The research onion by Saunders *et al.* (2009) is used as a guide in this chapter, as it provides a structured approach for assessing each of the types with the layers of the research methods, as outlined in figure 2 below.

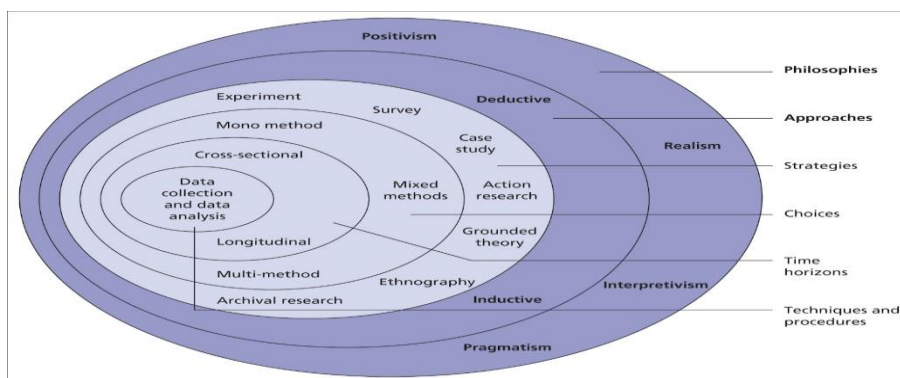


Figure 1: Research Onion**Source:** Saunders et al. (2009)**- Research Philosophy:**

A research philosophy pertains to a belief system that governs the methods of gathering analyzing and applying data about a phenomenon in order to accomplish the goals and objectives of a study (Saunders et al., 2009). According to Kenaphoom (2021), research philosophy encapsulates several theories and frameworks that are useful in guiding a researcher in a bid to understand a reality. While there are several research philosophies that have been developed and employed over the years, Saunders et al. (2009) outline four major philosophies. These are positivism, realism, interpretivism, and pragmatism.

- Research Approach:

The deductive research approach used in this study. This research uses qualitative methods especially in the analysis of the data collected so the approach used because it supports that use. The research also draws hypothesis from existing theory, hence the use of the approach. Also, because the deductive research approach provides an avenue for comparative analysis using statistical technique, the approach provides an appropriate support for comparison on transformational leadership in the private and public health facilities in Dammam using statistical methods (Soiferman, 2010). A major limitation that has been pointed out in the past about the deductive approach is the tendency for the findings from research using this approach to be generalisable, given the limited context within which the data is collected for analysis (Burney & Saleem, 2008; Saunders *et al.*, 2009; Soiferman, 2010). To overcome this limitation in this research, this research employs a representative sample that used in the collection of data, thereby contributing to the generalisability of the findings from the data analysis done and conducted.

- Research Strategy:

In conducting this research, the survey research strategy is used. The choice of the survey strategy hinged on the fact that aids the collection of data from a large sample size, while also providing a cost-effective and time saving approach to collecting the data. Surveys also provide standardized and consistent questions to all respondents, ensuring that respondents from both public and private healthcare facilities are able to respond to the same set of questions in a way that

aids comparison. However, a limitation of the survey research strategy is that it provides limited depth, and limited ability to explore causality. In addition, the lack of flexibility of the pre-defined questions being used limits the ability to probe further and gather more insights.

- Research Technique & Procedure:

In line with the use of a quantitative method, surveys employed in the collection of data. That data collected via survey analyzed using a combination of descriptive and inferential statistics. In using inferential statistical analysis, ANOVA used in the comparative analysis of the impact of transformational leadership on employee growth and satisfaction in the public as well as in the private healthcare facilities in Dammam. Correlation analysis employed in assessing the relationship that transformational leadership elements have on variables related to employee growth and satisfaction. The statistical analysis conducted with the use of SPSS, with the significance level of tests conducted at $p < 0.05$.

- Data Sampling:

In this research, the probability sampling strategy is employed, and particularly the stratified random sampling technique. This draws from the fact that the healthcare facilities stratified in the private healthcare facilities cluster, and the public healthcare facilities cluster, with respondents randomly selected from each of these clusters. The stratified random sampling strategy has been criticised as being too complex, too time consuming, and costly. These limitations overcome in this research by limiting the strata to two, which are public and private healthcare facilities.

The criteria for the selection of the respondents include employment in a healthcare facility in Dammam, experience in at least one of diverse relevant roles, including nursing role, physician role, or administrative role, and the willingness to participate in the study and provide consent that is informed.

- Overview of Survey:

In the survey conducted, 107 potential respondents were contacted, with 80 responses obtained. All responses gotten were valid, representing 100% valid responses. The survey shown in Appendix 2. As shown in the appendix, the survey comprised four sections. The first section contains questions aimed at understanding the demographic profile of the respondents, while the second section focuses on an

assessment of the measures of transformational leadership, intending to capture respondents' assessment of various measures of transformational leadership as it relates to the health facility they work in. The third section focuses on human-related factors, with a specific focus on indicators of their growth and performance within the organization, and to see how transformational leadership has aided this. The fourth section focuses on team-related factors, to evaluate team performance as an effect of transformational leadership.

- Ethical Consideration & Limitations:

In this research, informed consent ensured by providing a research debriefing to the participants, which outlines the aim, objectives, and other details about the research. Prior to taking part in the study participants had to read these and provide their consent. Confidentiality and anonymity maintained in the research by ensuring that no personal information that allows the participants to identify collected while filling the survey. In addition, the data collected will be stored securely, to ensure data protection. The nature of the research, being research that possesses no form of harm or danger to the participants addresses the concerns about the non-maleficence of the research, while transparency is ensured by the research providing updates to the participants and making the findings and final report of this research accessible to participants.

A potential drawback is the generalizability of the findings, given the focus on Dammam health facilities. While the analysis in the research is robust enough to support the generalizability of its findings, the research scope clearly defined and this limitation discussed, along with discussion of suggestions for further research.

- Data Analysis

The number of survey respondents is 80. This comprised largely of male respondents, which largely comprised male respondents who made up 63% of the respondents, while the female respondents comprised 38% of the respondents, as shown in figure 3 below.

Regarding the respondent's age distribution as depicted in figure 4 the majority of the respondents (45 in total or 56 percent of the total respondents) were in the 25-to-35-year age range. The second highest percentage of respondents (18%) belonged to the age group of 36–45 years while 9 respondents (i. e. participants in the 46–55 age group) were among the respondents. E. 11 percent of those surveyed).

Respondents that were 55 years and above and those that were under 25 years made up 8% each, with each group comprising 6 respondents.

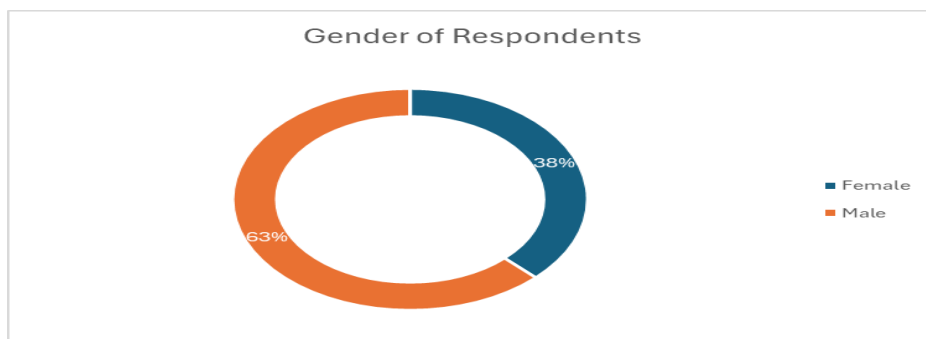


Figure 2: Gender of Survey Respondents

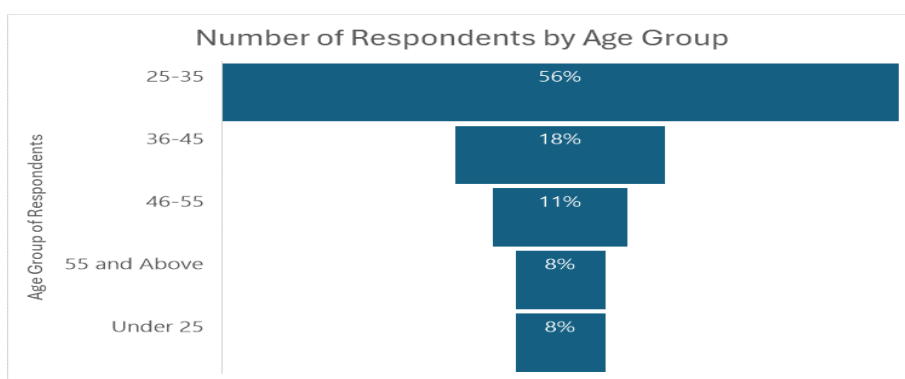


Figure 3: Number of Respondents by Age group

With respect to the position of respondents in the hospitals within which they worked, figure 5 shows that nurses comprised the most significant proportion of the respondents, accounting for 36% of the respondents. This was followed by physicians, who made up 25% of the respondents, and then allied health professionals such as Pharmacists, Physiotherapists, as well as lab technicians, which made up 16% of the respondents. Administrators made up 6% of the respondents, faculty members and lecturers made up 4% and 3%, Lawyers and IT professionals made up 3% and 1%, while other professions made up 6%.

In terms of the years of experience of the respondents, as reflected in Figure 6, most of the respondents had 6-10 years of experience working in health facilities in Dammam, accounting for 35% of the respondents. 28% and 20% of the respondents had 16 years and above, as well as 1-5

years of experience, respectively. Out of the respondents 13% had 11–15 years of experience and 5% had less than one year of experience working in Dammam healthcare facilities.

Figure 7 shows the health facilities that respondents worked in in Dammam. While 50% of the respondents identified themselves to be working in Public Hospitals in Dammam, the remaining 50% of the respondents consisted of respondents working in Private Healthcare Facilities. This represents a balance between publicly managed health facilities and privately managed health facilities.

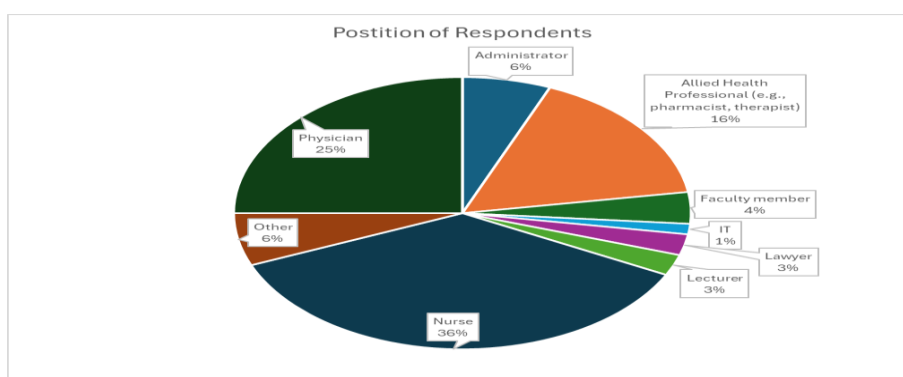


Figure 4: Position of Respondents

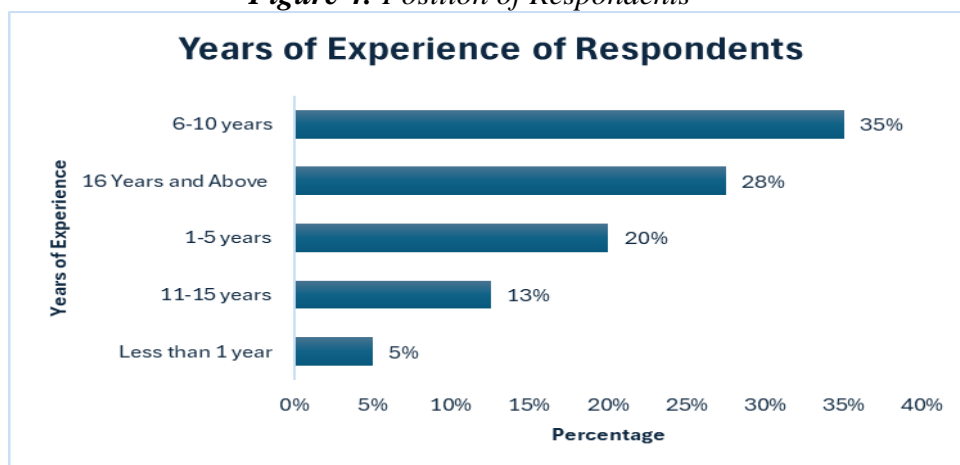


Figure 5: Years of Experience of Respondents

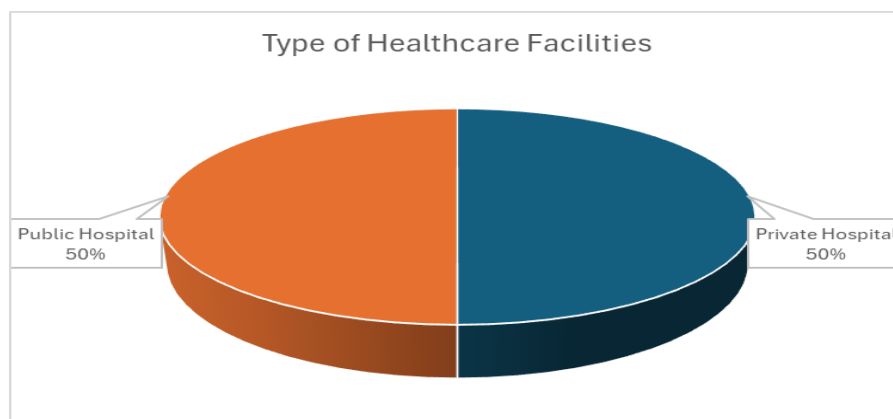


Figure 6: Health Facility of Respondents

4.2.2 Transformational Leadership Measurement

In order to achieve the aim of this research, which is to examine the influence of transformational leadership on employee growth and satisfaction in the healthcare industry of Dammam, Saudi Arabia, the survey sought to examine the extent or measure to which transformational leadership principles employed in the health facilities in Dammam. This assessed based on six (6) parameters, which include leaders as role models, inspirational leadership, the encouragement of creativity, the care and concern of leaders, as well as open communication. It is noteworthy to mention that the participants distributed equally between public and private healthcare establishments in Dammam.

With respect to leaders as role models, as shown in figure 8, which assess the extent to which leaders in the health facilities were role models for other employees within the facilities, 37% of respondents agree while 19% are indifferent. A total of 44% of the respondents disagree, including 19% of the respondents who strongly disagree. This shows that more respondents disagree about the leaders in the health facilities in Dammam being role models, as opposed to those who agree. On the provision of inspirational leadership by leaders in Dammam, 31% agree while 31% are indifferent about this. As shown in figure 9, a larger percentage (comprising 38%) disagree, with 13% of this number strongly disagreeing about leaders in healthcare facilities in Dammam proving inspirational leadership. In assessing the provision of transformational leadership based on the encouragement of creativity, 25% of respondents agree with the existence and practice of transformational leadership in Healthcare Facilities in Dammam, based

on the encouragement of creativity. In figure 11, it can be seen that based on care and concern shown by leaders (as a trait of transformational leadership), more respondents disagree than those that agree, with 32% of the respondents agreeing, and 31% disagreeing while 6% strongly disagreeing, and 31% remained indifferent on this. With respect to vision communication by leaders of healthcare facilities in Dammam, an equal number of respondents have agreed and disagreed, with a total of 31% each agreeing and disagreeing. While 25% each agreed and disagreed, 6% each strongly agreed and strongly disagreed, with 38% of respondents being indifferent.

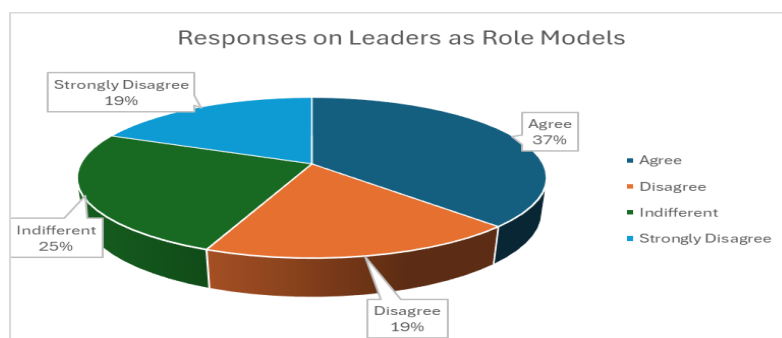


Figure 7: Leaders as Role Models

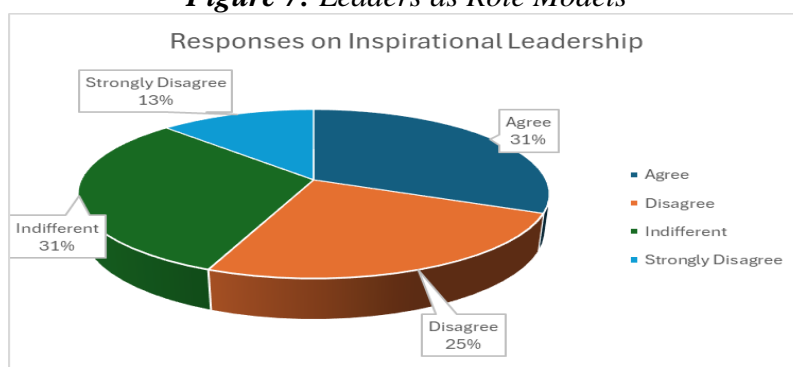


Figure 8: Inspirational Leadership in Dammam Healthcare Facilities

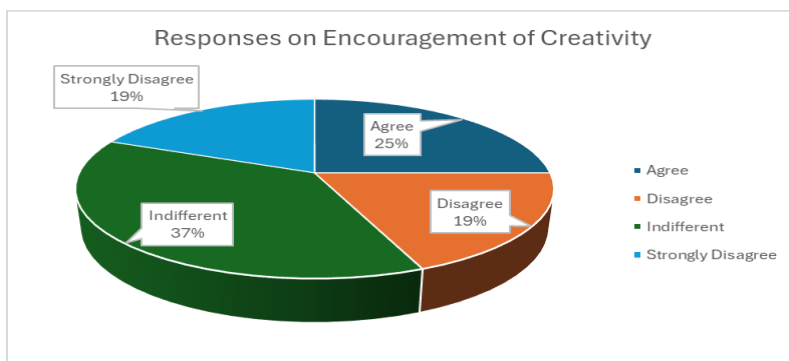


Figure 9: Encouragement of Creativity in Dammam Healthcare Facilities

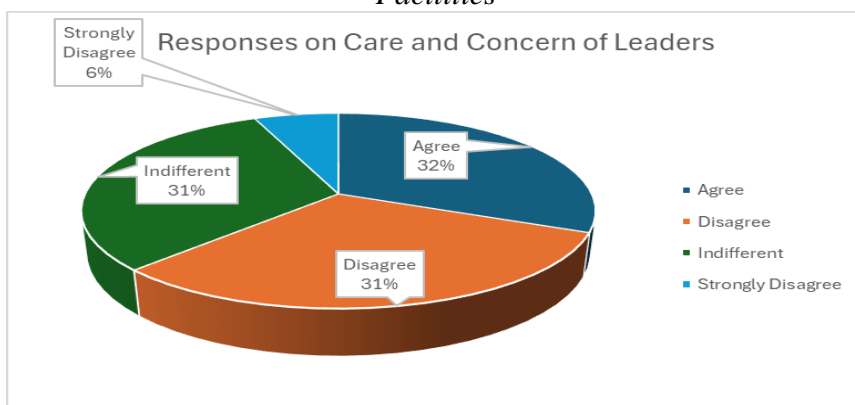


Figure 10: Care and Concern of Leaders in Dammam Healthcare Facilities

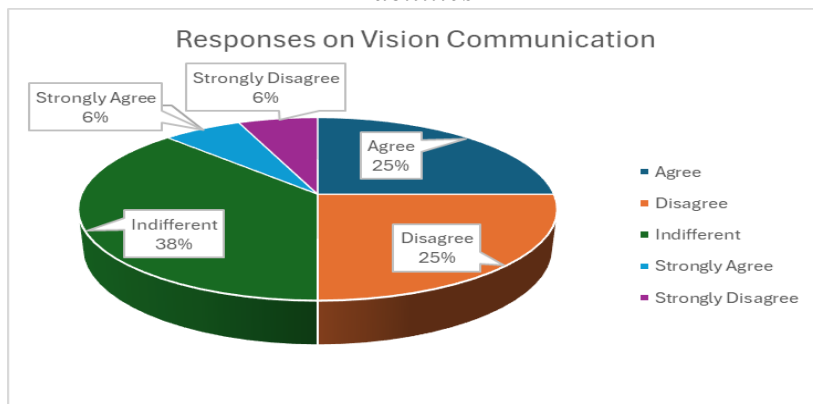


Figure 11: Vision Communication of Leaders in Dammam Healthcare Facilities

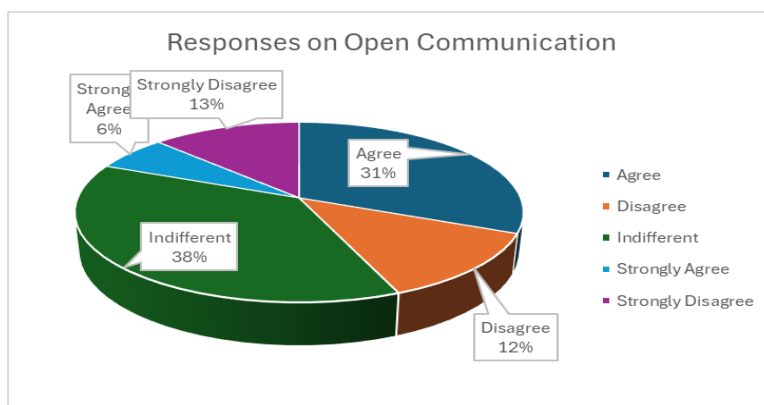


Figure 12: Open Communication of Leaders in Dammam Healthcare Facilities

With respect to promotion of open communication as a trait of transformational leadership among leaders of healthcare facilities in Dammam, the survey responses revealed that 37% of respondents agree on the fact that leaders in the healthcare facilities promote open communication, with 6% strongly agreeing. 12% disagree while 13% strongly disagree, while 38% are indifferent.

From the analysis, it can be seen that the most popular measure of transformational leadership is the promotion of open communication. However, a significant number of respondents are indifferent. In order to assess how these measures differ between public and private healthcare facilities in Dammam, the T-Test and the Mann Whitney U-Test are used. The T-Test is used in this analysis, as opposed to the ANOVA test, because the T-Test is ideal for comparison between two samples (in this case, respondents and/or responses from Public Healthcare Facilities in Dammam, and respondents and/or responses from Private Healthcare Facilities in Dammam). Because it is a suitable non-parametric test for data collected using likert-scale responses, the Mann Whitney U-Test employed. The T-Test results displayed in Table 1 below.

Test	Levene's Test for Equality of Variances	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference - Lower	95% Confidence Interval of the Difference - Upper
Leader as Role Model	Equal variances assumed	8.357	0.005	1.486	78	0.141	0.375	0.252	-0.127	0.877
Leader as Role Model	Equal variances not assumed			1.486	75.144	0.142	0.375	0.252	-0.128	0.878
Inspirational Leadership	Equal variances assumed	1.147	0.287	2.862	78	0.005	0.625	0.218	0.19	1.06
Inspirational Leadership	Equal variances not assumed			2.862	75.919	0.005	0.625	0.218	0.19	1.06
Encouragement of Creativity	Equal variances assumed	0	1	-0.53	78	0.598	-0.125	0.236	-0.595	0.345
Encouragement of Creativity	Equal variances not assumed			-0.53	77.324	0.598	-0.125	0.236	-0.595	0.345
Leader's Care and Concern	Equal variances assumed	2.854	0.095	0	78	1	0	0.21	-0.418	0.418
Leader's Care and Concern	Equal variances not assumed			0	78	1	0	0.21	-0.418	0.418
Vision Communication	Equal variances assumed	0	1	1	78	1	0	0.226	-0.451	0.451
Vision Communication	Equal variances not assumed			1	73.412	1	0	0.226	-0.451	0.451
Open Communication	Equal variances assumed	21.364	0	1.545	78	0.126	0.375	0.243	-0.108	0.861
Open Communication	Equal variances not assumed			1.545	56.39	0.128	0.375	0.243	-0.111	0.861

Table 1: Figure 11: T-Test Results for Responses on Transformational Leadership Measures

From the above, it can be seen that the test comprised both the Levene's Test for Equality of Variances and the T-Test for Equality of Means. With respect to Leaders as role models, the significance level of 0.005, which is less than 0.05 shows that the variances for this measure in the Public Healthcare Facilities and the Private Healthcare facilities are not equal, and therefore making the Levene's test of this measure significant. The fact that the p-value of 0.142 is higher than 0.05 indicates that the mean values of the two groups do not differ statistically significantly. That suggests that leaders in Dammams public and private healthcare systems serve as role models to the same extent. A similarity can be seen in the case of open communication, where the significance level of 0.000 is less than 0.05 shows that the variances for this measure in the Public Healthcare Facilities and the Private Healthcare facilities are not equal, and therefore making the Levene's test of this measure significant. With the p-value of 0.128

being greater than 0.05, it can be seen that there is no statistically significant difference between the support of open communication (as a measure of transformational leadership) between the public and the private healthcare facilities in Dammam.

With respect to inspirational leadership, the significance level of 0.287 in the Levene's test is greater than 0.05, and shows that the variances for this measure in the Public Healthcare Facilities and the Private Healthcare facilities are equal, and therefore making the Levene's test of this measure is insignificant. With the p-value of the T-test being 0.005 (which is less than 0.05), there is a statistically significant difference between inspirational leadership in the public and private sector healthcare facilities. This points to the fact that one group demonstrates more inspirational leadership than the other. As it relates to the encouragement of creativity, the significance level of 1.000 in the Levene's test is greater than 0.05 and shows that the variances for this measure in the Public Healthcare Facilities and the Private Healthcare facilities are equal, and therefore making the Levene's test of this measure insignificant. With the p-value of the T-test being 0.598 (which is greater than 0.05), there is a statistically insignificant difference between encouragement of creativity in the public and private sector healthcare facilities. A similar pattern can be seen in the case of a leader's care and concern, as well as open communication, as measures of transformational leadership. The significance level of 0.095 and 1.000 for leader's care and concern and open communication, respectively, are greater than 0.005, implying equal variances between public and private healthcare facilities for these variables. Based on these, the T-test for both variables show that the p-value for both are 1.000, which shows no difference between the mean of the two groups as far as these variables are concerned. With respect to open communication, the Levene's test shows a significance level of 0.000, which is less than 0.05, and which shows that variances between public and private healthcare facilities, as far as this variable is concerned, are not equal. With the T-test for this variable having a p-value of 0.128, which is greater than 0.05, it can be seen that there is no statistically significant difference in the mean as far as private and public healthcare facilities are concerned.

The results of the T-Test for Equality of Means and Levenes Test for Equality of Variances indicate that there is a difference in the level of inspirational leadership between public and private healthcare

facilities with one of these facilities exhibiting a higher level than the other. On the other hand, as it relates to Leader as Role Model, Encouragement of Creativity, Leader's Care and Concern, Vision Communication, and Open Communication, there is no significant difference in these measures of transformational leadership between the public and the private healthcare facilities in Dammam, Saudi Arabia. These results are corroborated by the Man Whitney's U Test, which shows that of the six variables, the test on inspirational leadership was the only one with a significance level below 0.05, resulting in a reject null hypothesis decision which implies that the distribution of inspirational leadership is not the same across the public healthcare facilities and the private healthcare facilities.

The implication of these results is that across both public and private healthcare facilities in Dammam, the perception of the demonstration of these measure of transformational leadership by healthcare leaders is the same, except when it comes to inspirational leadership.

Null Hypothesis	Test	Sig.	Decision
The distribution of Leader as Role Models is the same across categories of Types of Healthcare Facilities.	Independent-Samples Mann-Whitney U Test	0.209	Retain the null hypothesis.
The distribution of Inspirational Leadership is the same across categories of Types of Healthcare Facilities.	Independent-Samples Mann-Whitney U Test	0.003	Reject the null hypothesis.
The distribution of Encouragement of Creativity is the same across categories of Types of Healthcare Facilities.	Independent-Samples Mann-Whitney U Test	0.451	Retain the null hypothesis.
The distribution of Leader's Care and Concern is the same across categories of Types of Healthcare Facilities.	Independent-Samples Mann-Whitney U Test	0.801	Retain the null hypothesis.
The distribution of Vision Communication is the same across categories of Types of Healthcare Facilities.	Independent-Samples Mann-Whitney U Test	1	Retain the null hypothesis.
The distribution of Open Communication is the same across categories of Types of Healthcare Facilities.	Independent-Samples Mann-Whitney U Test	0.257	Retain the null hypothesis.

Table 2: Mann-Whitney U Test Results for Responses on Transformational Leadership Measures

4.2.3 Assessment of Transformation Leadership Characteristics in Public & Private Healthcare Facilities

In assessing the traits of transformational leadership within the leadership (teams) of healthcare facilities in Dammam, as well as how transformational leadership contributes to the growth and satisfaction of employees in these facilities, the survey collected responses on several parameters and characteristics associated with transformational leadership. One of these is in relation to job satisfaction. According to the survey, as reflected in figure 14, leaders within the public healthcare facilities fared better in the creation of an environment that enhanced job satisfaction, compared to the leaders in the private healthcare facilities, with 31% agreement and 6% disagreement in the public healthcare facilities, as opposed to 13% agreement and 26% disagreement in the private healthcare facilities. This points to the fact that transformational leadership, when assessed based on the commitment of the leader to create an environment that enhances job satisfaction, resulted in a higher level of employee growth and job satisfaction in the public healthcare facilities, than it did in the private healthcare facilities. With respect to the commitment of the leaders to the personal growth and development of the employees in the healthcare facilities, the public healthcare facilities showed a higher level of commitment from the leaders, with 25% each of respondents from both public and private healthcare facilities showing agreement on this, while respondents from the private healthcare facilities had a higher level of disagreements on this with 19% as opposed to 12% in the public healthcare facilities. The equality in agreement, with the difference being in the level of indifference and disagreement, suggests that the difference in the commitment of the leaders to personal growth of the employees is not significant.

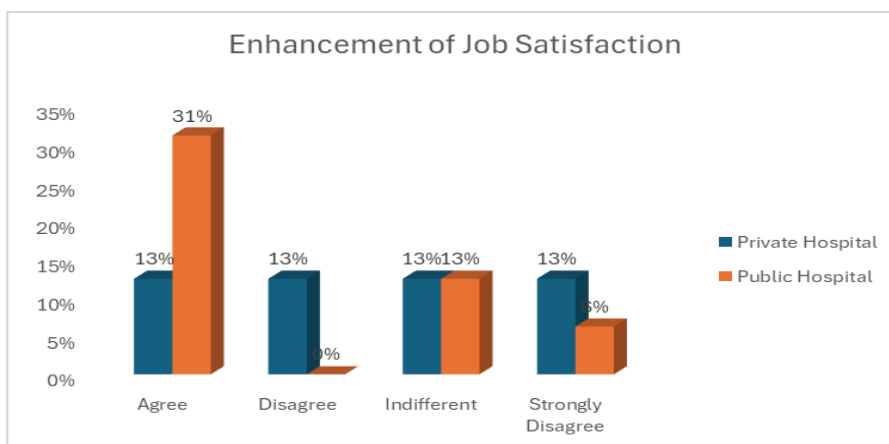


Figure 13: Enhancement of Job Satisfaction

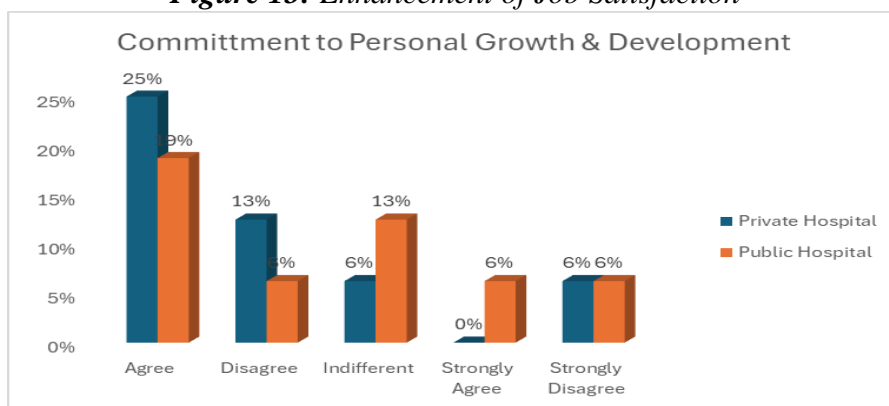


Figure 14: Commitment to Personal Growth & Development

With respect to the motivation for peak performance given by the leaders to the employees, public healthcare facility respondents had a higher level of agreement, accounting for 31% as opposed to the private healthcare facilities which accounted for 13%. This implies a higher level of commitment by leaders of healthcare facilities to motivate their employees, compared to those in the private healthcare facilities. A similar situation can be seen with respect to the commitment of the leaders at the public healthcare facilities to fostering a sense of engagement and commitment at work. With 31% of respondents from the public healthcare facilities agreeing to this, as opposed to a total of 25% from the private healthcare facilities, it can be deduced the leaders in the public healthcare facilities demonstrate a higher level of commitment to fostering engagement and commitment among the employees. This points to the fact that transformational

leadership, when assessed based on the inspiration and motivation for peak performance among employees as well as their engagement with and commitment to their work, resulted in a higher level of employee growth and job satisfaction in the public healthcare facilities, than it did in the private healthcare facilities.

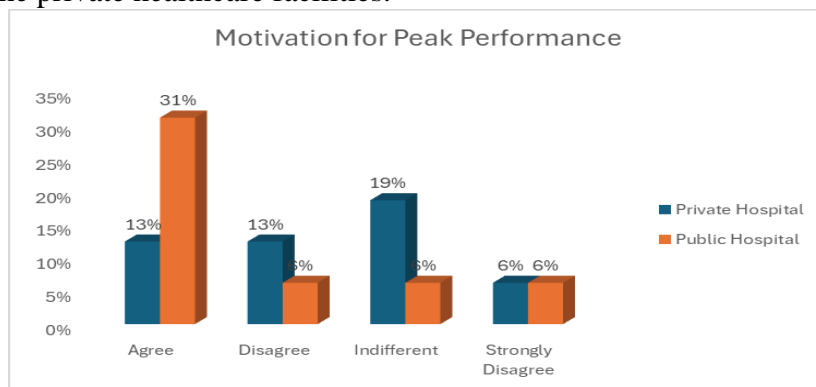


Figure 15: Motivation for Peak Performance

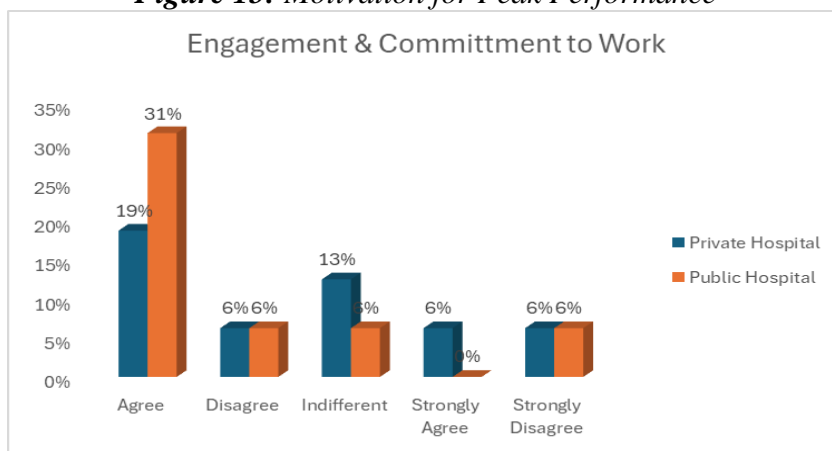


Figure 16: Engagement & Commitment to Work

Concerning the commitment of leaders to workload management and work-life management, the survey results reveal that leaders in the public healthcare facilities demonstrated more commitment to ensuring that the employees maintained a healthy work-life balance, with 25% of the public healthcare facilities employees agreeing to this as opposed to 12% (comprising those who agree and strongly agree) from the private healthcare facility respondents, as seen in figure 18. As it relates to recognition and appreciation at work, figure 18 shows an equal level of agreement within the public and

private healthcare facilities in Dammam, with both having 19% (each) of respondents agreeing to the fact that leaders provided recognition and appreciation for work done, while there is a stronger level of disagreement in the private healthcare facilities at 31% as opposed to 13% in the public healthcare facilities. Figure 19 demonstrates that there is a high level of encouragement for effective collaboration within the team to achieve common goals with 31% of public healthcare facilities agreeing compared to 19% of private healthcare facilities regarding such collaboration. This suggests that leaders in the public healthcare facilities are more adept at encouraging collaboration aimed at achieving team goals. Clearly, figures 18, 19, and 20 point to the fact that transformational leadership, when assessed based on the commitment of the leader to work life balance, recognition and appreciation, as well as team collaboration, resulted in a higher level of employee growth and job satisfaction in the public healthcare facilities, than it did in the private healthcare facilities.

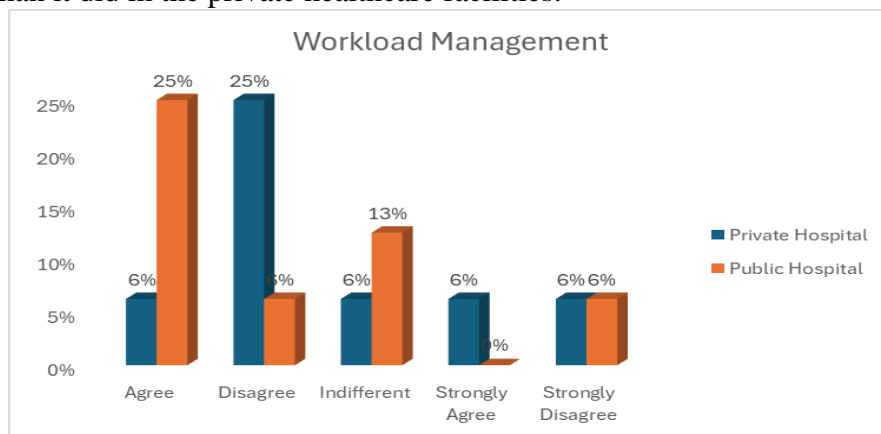


Figure 17: Engagement and Commitment to Work

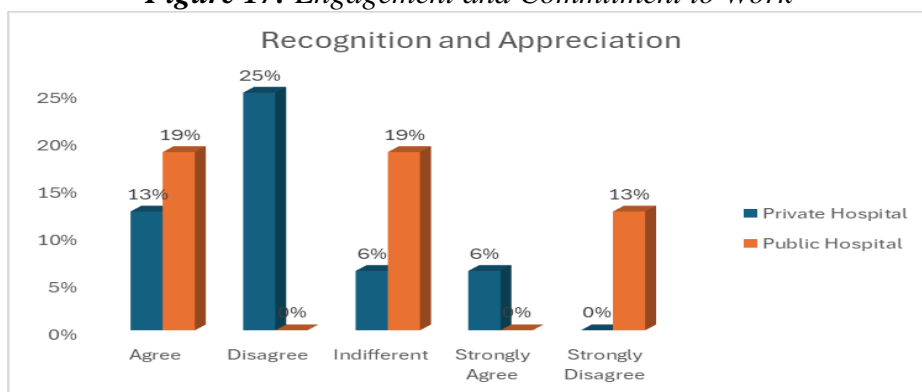


Figure 18: Recognition & Appreciation

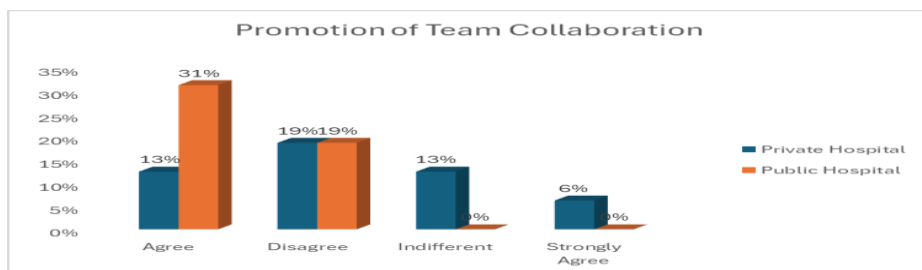


Figure 19: Promotion of Team Collaboration

With respect to the promotion of a sense of companionship, more respondents in the public healthcare facilities agree to the fact that their leaders promote a sense of companionship and mutual support in teams, with 25% of the respondents indicating an agreement, as opposed to 19% for the private healthcare facilities, as shown in figure 20. A similar pattern can be seen in the case of leaders having a positive influence on team morale, with 25% of respondents agreeing to this in the case of public healthcare facilities, as opposed to 13% in the case of private healthcare facilities, as shown in figure 20. Figure 22 shows the response in relation to guidance provided by leaders in overcoming challenges, with 31% of the respondents agreeing to this for public healthcare facilities, as opposed to 13% in the private healthcare facilities. In relation to the creation of an environment in which employees feel comfortable with sharing their ideas and concert, the responses from the survey show an equality in the propensity of the leaders in both public and private healthcare facilities to create an environment in which employees feel comfortable with sharing their ideas and their concerns, with 25% of respondents indicating agreement to this in both public and private healthcare facilities, as reflected in figure 24. With respect to the promotion of diversity and ensuring that all perspectives within the team are respected, figure 25 shows that there is a higher level of agreement to this among respondents from the public healthcare facilities, compared to the respondents from the private healthcare facilities. 31% of respondents agreed to this for the public healthcare facilities, as opposed to 21% in the Private healthcare facilities. Clearly, figures 21, 22, 23 and 24 point to the fact that transformational leadership, when assessed based on the commitment of the leader to team companionship, morale, problem solving, and diversity, resulted in a higher level of employee growth and job

satisfaction in the public healthcare facilities, than it did in the private healthcare facilities. However, when assessing transformational leadership based on the encouragement of idea sharing, the impact on employee growth and job satisfaction in the public and private healthcare facilities can be said to be even.

In summary the descriptive analysis of the responses regarding the manifestation of traits associated with transformational leadership reveals that in comparison to leaders in private healthcare facilities leaders in public healthcare facilities exhibit more traits associated with transformational leadership and also make greater contributions to the development and contentment of their workforce.

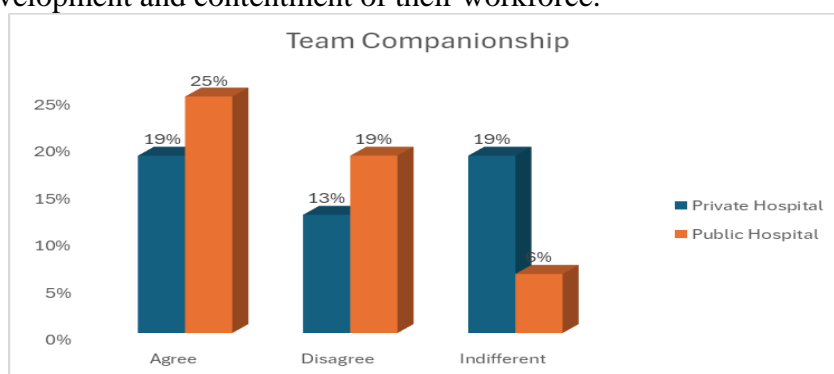


Figure 20: Promotion of Team Companionship

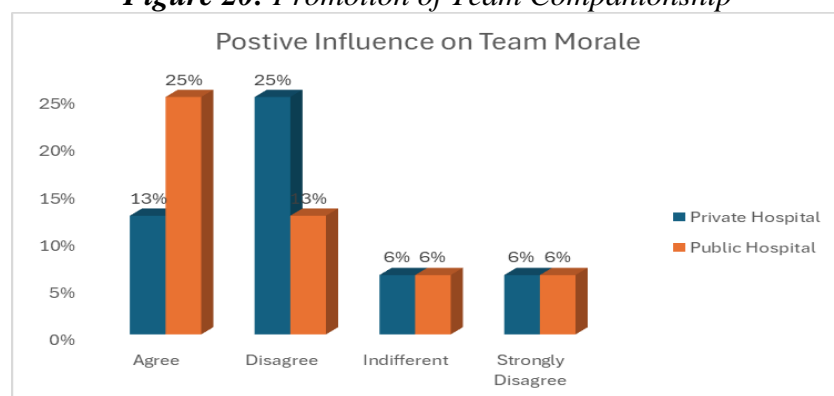


Figure 21: Positive Influence on Team Morale

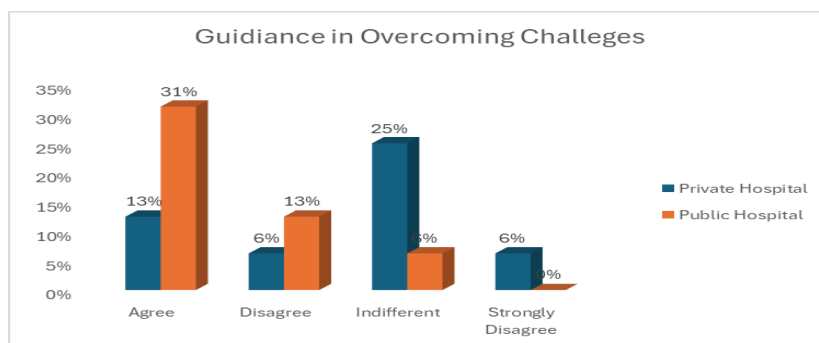


Figure 22: Guidance in Overcoming Challenges

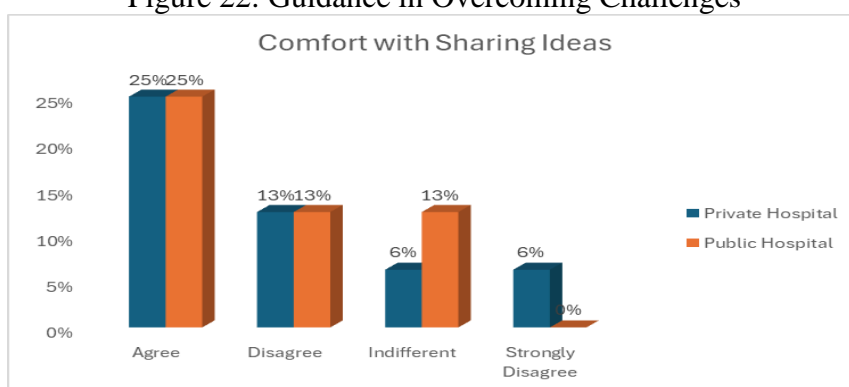


Figure 23: Responses on Comfort with Sharing Ideas

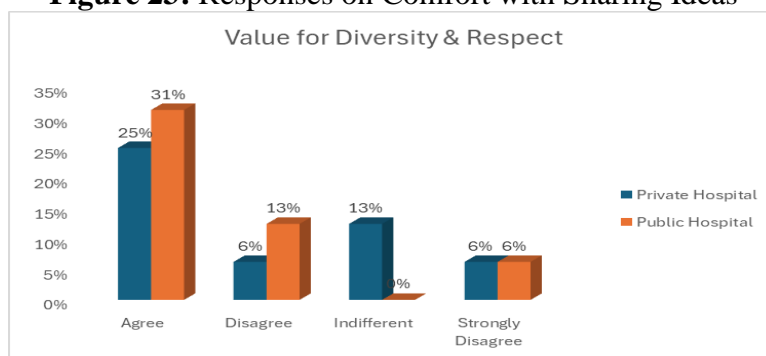


Figure 24: Responses on Comfort with Sharing Ideas

In assessing the responses with the use of inferential statistics, the Chi-Square test and the non-parametric test are used in assessing the responses. Table 3 & 4 below shows the results of the Chi-Square test on the responses relating to leadership in the public and private healthcare facilities and their promotion of job satisfaction and growth, while Figure 24 shows the results from the non-parametric test conducted.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	18.095 ^a	3	.000
Likelihood Ratio	22.203	3	.000
Linear-by-Linear Association	11.555	1	.001
N of Valid Cases	80		

Note: 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.00.

Table 3: Chi-Square Test of Responses on Enhancement of Job Satisfaction

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.048 ^a	4	.060
Likelihood Ratio	11.046	4	.026
Linear-by-Linear Association	.908	1	.341
N of Valid Cases	80		

Note: 2 cells (20.0%) have expected count less than 5. The minimum expected count is 2.50.

Table 4: Chi-Square Test of Responses on Promotion of Opportunities for Growth & Personal Development

Null Hypothesis	Test	Sig.	Decision
The distribution of Job Satisfaction is the same across categories of Type of Healthcare Facility.	Independent-Samples Mann-Whitney U Test	0	Reject the null hypothesis.
The distribution of Opportunities for Growth is the same across categories of Type of Healthcare Facility.	Independent-Samples Mann-Whitney U Test	0.375	Retain the null hypothesis.
The distribution of Motivation to Perform is the same across categories of Type of Healthcare Facility.	Independent-Samples Mann-Whitney U Test	0.011	Reject the null hypothesis.
The distribution of Work Engagement is the same across categories of Type of Healthcare Facility.	Independent-Samples Mann-Whitney U Test	0.897	Retain the null hypothesis.
The distribution of Workload Management is the same across categories of Type of Healthcare Facility.	Independent-Samples Mann-Whitney U Test	0.034	Reject the null hypothesis.
The distribution of Recognition and Appreciation is the same across categories of Type of Healthcare Facility.	Independent-Samples Mann-Whitney U Test	0.901	Retain the null hypothesis.
The distribution of Team Collaboration is the same across categories of Type of Healthcare Facility.	Independent-Samples Mann-Whitney U Test	0.517	Retain the null hypothesis.
The distribution of Team Companionship is the same across categories of Type of Healthcare Facility.	Independent-Samples Mann-Whitney U Test	0.897	Retain the null hypothesis.
The distribution of Team Morale is the same across categories of Type of Healthcare Facility.	Independent-Samples Mann-Whitney U Test	0.041	Reject the null hypothesis.
The distribution of Teamwork in Challenges is the same across categories of Type of Healthcare Facility.	Independent-Samples Mann-Whitney U Test	0.01	Reject the null hypothesis.
The distribution of Comfort in Sharing Ideas is the same across categories of Type of Healthcare Facility.	Independent-Samples Mann-Whitney U Test	0.434	Retain the null hypothesis.
The distribution of Team's Value for Diversity and Respect is the same across categories of Type of Healthcare Facility.	Independent-Samples Mann-Whitney U Test	0.689	Retain the null hypothesis.

Table 5: Mann-Whitney U Test Results for Responses on Transformation Leadership Characteristics in Public & Private Healthcare Facilities

As can be seen from Table 3s results there is no statistically significant difference between the impact of transformational leadership on job satisfaction in public and private healthcare facilities. The p-value is 0.000 which is less than 0.05. This is consistent with the findings of the Mann-Whitney U Test (figure 25) which displays a p-value of 0 points000 for the distribution of job satisfaction between public and private healthcare facilities. On the other hand, the results from table 4 show a p-value of 0.060, which is greater than 0.05 and which suggests a significance in the disparity between the promotion of growth and develop, via transformational leadership, in both sectors. This correlates with the Mann-Whitney U Test in table 5, which shows a p-value of 0.375 and which suggests that the distribution of the opportunities for growth across both private and public healthcare facilities is the same.

The Mann-Whitney U Test on transformational leadership and the promotion of workload management (work-life balance), team morale, and problem resolution shows that these parameters of transformational leadership vary significantly across the public and private healthcare facilities, while transformational leadership and the impact on work engagement, recognition and appreciation, team collaboration and companionship, sharing of ideas, and value for diversity do not vary significantly across the public and private healthcare facilities.

- Discussion of Findings:

The analysis of the data has been conducted with the use of descriptive analysis and inferential analysis. The descriptive analysis has largely relied on percentages, which are a relative assessment and which show the general trend in the data. This general trend in the data reflects the fact that respondents in the public healthcare facilities agree more to the demonstration of transformational leadership in the public healthcare facilities, as well as the positive impact that it has on their multiple variables related to the job satisfaction and the growth and development of the employees, than the respondents in the private healthcare facilities. The inferential analysis, on the other hand, shows that although the impact of transformational leadership on employee growth and job satisfaction is more in the public facilities than it is in the private facilities, based on all measures and characteristics of transformational leadership that is being assessed, the difference is significant for some characteristics and measures, and insignificant for other characteristics and measures. When it comes to the effects of transformational leadership on work-life balance morale team problem-solving and job satisfaction there are notable differences between public and private healthcare facilities. However there are no notable differences when it comes to opportunities for growth work engagement recognition and appreciation collaboration team companionship idea-sharing diversity and respect.

The findings from this study aligns with the findings from some other studies, while also contrasting with some studies. The study conducted by Choi and colleagues is among the studies that it supports. (2016) which emphasizes the part transformational leadership plays in work satisfaction especially in companies with hierarchical organizational structures. With public organisations being reputed for being hierarchical in nature as pointed out by Christensen et al (2007),

it can be seen that the findings from this study which shows a higher level of impact of transformational leadership on job satisfaction in the public healthcare facilities than in the private healthcare facilities directly corroborate findings of Choi et al. (2016). The study conducted by Friere and Azevedo (2023) compares the intention of nurses to leave their jobs as public servants versus private employees and its findings are consistent with the findings of this research. Based on the study it was found that transformation leadership has a greater effect on employee growth and satisfaction in public healthcare settings than it does in private healthcare settings. Some of the reasons cited by Friere & Azevedo (2023) are high level of organisational commitment which draws from a stronger sense of identification with the organisation, the higher level of job security and stability that public organisations tend to offer compared to the private organisations, and a higher level of intrinsic motivation among employees in the public healthcare organisations (often centred on a drive to serve their community or country). The findings from this study corroborates the findings from the study by Friere & Azevedo (2023) by reflecting a more positive response from respondents in the public healthcare facilities for questions relating to the impact of the leadership on their commitment, which correlates positively with satisfaction and growth of employees.

The finding from this study also corroborates with some of the assertions from Alqahtani et al (2021), which highlight the fact that transformational leadership tends to have a higher impact on job satisfaction and organisational commitment in public healthcare facilities largely due to mission driven nature of public work and the intrinsic motivation it provides. However, in addition to the assertions made, Alqahtani et al (2021) highlighted the fact that resource constraints will have little or no impact on the impact that transformational leadership will have on the growth of employees and their satisfaction, unlike the case of private healthcare facilities. This is based on the intrinsic nature of the motivation in the public healthcare facilities.

A study that contrasts the findings from this research is the study conducted by Chen et al (2021), which focused on assessing the impact of transformational leadership on job satisfaction in private and public settings. Chen et al (2021) contend that transformational leadership significantly affects and improves job satisfaction through the creation of a positive environment for employee relations in

contrast to the study's findings which showed a greater impact in public healthcare facilities than in private healthcare facilities. Similarly, Chen et al (2021) argues that the close connection that private settings have, and the flexibility that they offer, make them a more effective environment within which transformational leadership can lead to job satisfaction, compared to public settings. As pointed out, the ability and the capacity of leaders in the private healthcare facilities and settings to quickly make changes and adaptations in their leadership approach in order to meet needs of employees result in higher levels of satisfaction and commitment in the private healthcare settings. This assertion by Chen et al (2021) also contradicts the assertion by Choi *et al.* (2016), who argue that the hierarchical nature of public settings make them a more conducive environment for transformational leadership to be used as a means of driving job satisfaction.

Another study which the findings from this research contrasts with is Specchia *et al.* (2021), who assert the fact that private settings (such as the private healthcare facilities) tend to provide leaders with a higher level of autonomy and the resources that are required to effectively implement transformational leadership, which can result in higher level of satisfaction among employees in the private settings and their growth. The research results support the idea that transformational leadership is more effective in public healthcare facilities than in private healthcare facilities when it comes to employee growth and satisfaction. This assertion runs counter to those findings.

One of the conclusions drawn from the examination of the survey data is that public healthcare facilities have better work-life balance workload management and a higher degree of job satisfaction than private healthcare facilities. This result suggests that a leadership style such as the transformational leadership style, which is people oriented, may be more effective in the public sector settings. However, this contrasts with the assertion of Garg & Jain (2018) whose research showed that while leadership style employed in the private sector may be more authoritarian and task oriented, such leadership style may be more effective in driving and achieving a higher level of performance as well as satisfaction. In other words, while Garg & Jain (2018) admit the tendency for the leadership style employed in the public settings to be more people centred and aligned with a transformational style of leadership, they argue that employee satisfaction and growth may not necessarily be better achieved through such people oriented leadership

approaches and may be better achieved using a task oriented style of leadership. In comparing the findings from this study to that of Dantic (2020), it can be seen that while the findings from Dantic (2020) align with the findings from this research in relation to the positive impact that transformational leadership has on job satisfaction in the public settings, they contrast and/or question the validity of some other findings from this research by emphasising the fact that other factors (other than leadership style) drive employee satisfaction in the public sector environment. In this event that factors other than the leadership style have a more significant impact on employee growth and satisfaction, the reliability of the findings of this study on transformational leadership being more effective in driving employee satisfaction and growth in the public healthcare facilities than in the private healthcare facilities will be weakened. This points to a potential limitation in this study, which will be discussed in the next chapter.

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