Relationship between Leadership Style and Job Satisfaction Among Physicians Working in Greater Malé Hospitals

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Abstract

Leadership has a significant impact on the job satisfaction of health practitioners and it plays a key role in improving health care workers' work performance, work environment and outcomes for patients in their care. This quantitative study identifies physicians' perceptions of their supervisors' leadership styles and examines the relationship between supervisors' leadership styles and job satisfaction of physicians. Two-Hundred-and-Twenty-Six doctors participated in the study. Descriptive statistics, correlation, and regression analysis were conducted as part of the data analysis. The results showed that almost half of the physicians were dissatisfied with their jobs on the measures used in this study. The results also revealed that the democratic leadership style and the transformational leadership style had a significant positive impact on the job satisfaction of physicians, whereas the autocratic leadership style, laissez-faire leadership style, and the transactional leadership style had a significant negative impact on the job satisfaction of physicians. This study contributes to the existing literature on the impact of different leadership styles on the job satisfaction of physicians, enabling healthcare supervisors and managers to self-identify areas to work on to improve their leadership and to set targets to effectively lead their teams, which eventually improves achievement of organizational objectives.

Keywords: Autocratic leadership style; democratic leadership style; laissez-faire leadership style; transformational leadership style; transactional leadership style; job satisfaction; physicians.

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Introduction

Healthcare System in the Maldives

The healthcare system of the Maldives is based on a four-tier referral system consisting of island, atoll/regional, and tertiary level services (Crabb, 2020; World Health Organization, 2018). The first-tier is the health centres located in each of the inhabited 185 islands across the 26 atolls of the Maldives, as well as private clinics in resorts and in inhabited islands. The second and third tier consists of fourteen atoll hospitals and six regional hospitals which are spread across different atolls. The fourth tier are the central level hospitals, located in Malé and Hulhumalé, which provide most of the tertiary health care in the Maldives. Malé, the capital of the Maldives, is also home to more than 30 percent of its population of 540,000 (National Bureau of Statistics, 2019). Currently, there are 8 hospitals located in the Greater Malé region.

The Maldives is heavily dependent upon expatriate health workers and it faces the issue of high turnover along with several challenges in maintaining the quality of healthcare services (Asian Development Bank, 2020; World Health Organization, 2018). The government of the Maldives spends 9 percent of its Gross Domestic Product on healthcare, which is the highest in South Asia (World Health Organization, 2018). It is important to have a satisfied workforce in order to maintain and improve the quality of service.

Leadership and Job Satisfaction in Healthcare Sector

Job dissatisfaction is considered a major cause of high staff turnover in the healthcare sector (Asegid, Belachew, & Yimam, 2014). Failures in leadership and management, staffing issues, high workload, and poor remuneration schemes are some of the primary causes of job dissatisfaction among health practitioners (Senek et al., 2020; Mousazadeh et al., 2019).

Leadership plays an important role in influencing the level of job satisfaction. Studies reveal that certain leadership styles are more effective in influencing the level of job satisfaction compared to other leadership styles (Asiri, Rohrer, Al-Surimi, Da'ar, & Ahmed, 2016). Effective leadership is also essential for the management and provision of high-quality healthcare services as increased job satisfaction would raise productivity and reduce errors (Sfantou et al., 2017).

Research on leadership-styles in the context of health care practitioners is mostly on leadership among nurses (Specchia, et al., 2021), and a few studies on leadership among other health practitioners. Research in the South Asian context is scarce (Swaminathan et al., 2017). The study presented in this paper contributes to filling this research gap.

Literature Review

Leadership

Some authors define leadership as a process, while others have described it as an act of influence or a combination of distinctive traits or characteristics that a person possesses, which enables him or her to influence others to complete tasks and to contribute towards the overall success of his or her organization (Bass, 1990). Leadership is practiced when an individual mobilizes psychological, institutional, political, and other resources in order to inspire, and engage colleagues, subordinates or other people to achieve an envisioned goal and effective leaders continuously strive for good leadership (Burns, 1978). It is a process in which one or more individuals inspire and encourage others to achieve shared objectives, which may be changed based on challenges and motives (Malik & Azmat, 2019); different ideas are conveyed, organizational visions are shared and met; and subordinates are urged and expected to support and apply the leaders' ideas (Achua & Lussier, 2013). Almost all of these definitions have one thing in common, which is the ability of an individual to influence others for achieving certain objectives, by influencing their attitudes, beliefs, behaviours, feelings, and motivations (Nidadhavolu, 2018).

Lewin, Lippit and White's study of 1939 on relationship between leadership style and behaviour of those who were led, was influential in leadership theory. They introduced the three leadership styles – autocratic (authoritarian or directive), democratic (participative), and laissez-faire (delegative), on to which Burns (1978) added two more leadership styles, that of transactional and transformational leadership styles.

Lewin, Lippit and White (1939) described laissez fair leadership style as the least effective. When the children in their study were not given any guidance and were left to make decisions on their own, they were unable to work independently, and blamed each other for mistakes. Laissez-faire leadership style is considered the most passive form of leadership style where employees are given complete freedom to make decisions in the absence of the leader. Laissez-fair leadership style is seen in health care settings where the team has

highly qualified experts and decision making is delegated to group members. However, this type of leadership where the leader avoids making decisions can lead to lack of cooperation, motivation and poorly defined roles among the group members.

An autocratic leader practices absolute authority with little or no input from colleagues or subordinates in the decision-making, with little discussion or debate. They provide clear expectations of what needs to be done, how and when it should be done. Authoritarian or directive leadership is practised in health care settings, in situations of urgency where quick decisions are needed or when rapid change is occurring. In these instances, a colleague who has the most knowledge or experience takes the lead and gives clear directions, with low tolerance for failure to deliver. Abuse of autocratic leadership can be perceived by subordinates or colleagues as excessively overbearing, bullying, controlling and dictatorial (Lewin, Lippit & White, 1939).

Lewin et al. (1939) described that it is not easy to transition from an autocratic leadership style to a democratic leadership style in which subordinates are involved in the decision-making process. This type of leadership is described as participative, where the leader works in the group, listens to what the team has to say, and makes the final decision based on what the team suggests. Participative leadership works when there is sufficient trust, to allow for tough, demanding discussion, close scrutiny and feedback by colleagues and subordinates and acceptance of challenge by all involved. Participative leadership works when there is time to develop trust and understanding that everyone is competent, and is committed to the same goals and have shared passion and intensity to achieve the goals. Quality of work and commitment of the team to the work improves with democratic or participative leadership while the amount of work may be less than in an autocratic style leadership.

Burns (1978) stated that transactional leadership is based on “an exchange or transaction of anything of value that the leader owns/controls in exchange for the follower’s services”. Thus, transactional leaders are managers that identify objectives, control and manage resources, information and data, and monitor performance. Transactional leaders link objectives to rewards, meaning that they provide required resources to their subordinates, and rewards them based on the extent to which they have achieved the set objectives. ‘Management-by-exception’ preserves the status quo, and the leader intervenes when subordinates fail to perform to acceptable levels and takes corrective action to enhance performance (Hackman & Craig, 2009). While transactional leadership style can be effective in hospital settings when executed properly,

it has the disadvantage of lack of motivation by staff to produce more than what is specified and not to report errors due to fear of punishment (Morsiani, Bagnasco, & Sasso, 2017).

According to Bass and Riggio (2006), transformational leaders motivate and inspire their subordinates to achieve exceptional results and during the process, advance their own leadership capacity. Four distinct elements of transformational leadership, (1) idealized influence, (2) inspirational motivation, (3) intellectual stimulation, and (4) individualized consideration (Bass & Avolio, 1994), are summarized below.

Table 1 – Elements of transformational leadership

Idealized Influence	Inspirational Motivation	Intellectual Stimulation	Individual Consideration
Cultivates trust and respect, subordinates his/her own interests to those of the group, demonstrates emotional intelligence, arouses pride, talks about values and beliefs, specifies aims, considers ethical and moral consequences and stresses the mission	Demonstrates optimism, and enthusiasm to achieve goals, communicates high expectations, has a vision of the future and encourages colleagues to achieve objectives	Critically re-examines the way things are done, seeks different perspectives, identifies new approaches, suggests new ways of achieving goals,	Treats colleagues and subordinates as individuals, listens, spends time teaching and coaching; considers individuals' needs, skills and aspirations; helps others to realise their potential

Numerous studies demonstrate the importance of leadership to employee job satisfaction, that favourable attitudes towards supervisors is related to work performance and productivity of employees, their intention not to quit, and to more prosocial work environments (for example, Becker, Billings, et al., 1996). Involvement in the decision making process, feeling respected, appreciated, cared for, and provided with the professional development needed are favourable leadership attributes which contribute to job satisfaction among health care practitioners (Morsiani, Bagnasco, & Sasso, 2017).

Job Satisfaction

According to Locke (1976), job satisfaction is defined as a pleasant or enjoyable positive reaction to one's job, job success, or job experiences. Lofquist and Dawis (1991) described job satisfaction as "an employee's positive emotional reaction to the job environment as a result of the employee's judgment of the degree to which the environment meets his/her requirements (needs)". According to Shim (2006), job satisfaction can be defined as an attitude that displays how pleased or delighted an employee is with his or her employment. Despite the minor differences in the definitions given by authors, job satisfaction can be considered as the feeling employees have about their job.

Some of the popular theories of job satisfaction include; (1) Maslow's Hierarchy of Needs, and (2) Herzberg's Two Factor Theory (Ganta, 2014).

Maslow's (1954) 'Hierarchy of Needs' theory, classifies basic human needs into five groups/levels; (1) Physiological Needs, (2) Security Needs, (3) Belongingness Needs, (4) Esteem Needs, and (5) Self-Actualization Needs. This theory is based on the idea that individuals are driven by a variety of needs that are arranged in a hierarchical order. Maslow claims that once a need at the bottom of the hierarchy is met, it no longer serves as a motivator; it is then superseded with higher-level needs such as feeling of accomplishment, prestige, and self-actualization to achieve one's full potential and be creative (Dartey-Baah & Harlley, 2010).

Herzberg's Two Factor Theory asserts that job satisfaction and job dissatisfaction are two separate concepts, and they are not two opposite ends of the same continuum. As stated by Herzberg (2003), the opposite of job dissatisfaction is not job satisfaction but, rather, no dissatisfaction; and the opposite of job satisfaction is not job dissatisfaction but no satisfaction. This theory is based on the idea that there are two distinct sets of elements or factors that influence employee behaviour at work. Herzberg (2003) states that the characteristics associated with job dissatisfaction which he called hygiene factors, consist of achievement, recognition, responsibility, the work itself, advancement and personal growth whereas the characteristics associated with job satisfaction are called motivators, which consist of working conditions, co-worker relations, policies and rules, supervisor quality, basic wages and salaries. Hygiene factors are influenced by motivator factors and vice-versa. This results in either job satisfaction or job dissatisfaction.

Methodology

A quantitative survey was conducted to identify different leadership styles used by the supervisors of physicians as perceived by physicians working in the hospitals located in the Greater Malé region and to study the relationship between perceived leadership styles (independent variable) on physicians' job satisfaction (dependent variable). The five leadership styles explored were autocratic, democratic, laissez-faire, transactional, and transformational leadership styles.

Research Hypothesis

The following hypotheses were tested in this study;

1) *$H_0$1: Autocratic leadership style has no significant impact on job satisfaction of physicians working in the hospitals located in the Greater Malé Area.*

   H_a1: Autocratic leadership style has a significant impact on job satisfaction of physicians working in the hospitals located in the Greater Malé Area.

2) *$H_0$2: Democratic leadership style has no significant impact on job satisfaction of physicians working in the hospitals located in the Greater Malé Area.*

   H_a2: Democratic leadership style has a significant impact on job satisfaction of physicians working in the hospitals located in the Greater Malé Area.

3) *$H_0$3: Laissez-Faire leadership style has no significant impact on job satisfaction of physicians working in the hospitals located in the Greater Malé Area.*

   H_a3: Laissez-faire leadership style has a significant impact on job satisfaction of physicians working in the hospitals located in the Greater Malé Area.

4) *$H_0$4: Transformational leadership style has no significant impact on job satisfaction of physicians working in the hospitals located in the Greater Malé Area.*

H_a4: Transformational leadership style has a significant impact on job satisfaction of physicians working in hospitals located in the Greater Malé Area.

5) *$H_0$5: Transactional leadership style has no significant impact on job satisfaction of physicians working in hospitals located in the Greater Malé Area.*

H_a5: Transactional leadership style has a significant impact on job satisfaction of physicians working in hospitals located in the Greater Malé Area.

Instrumentation

The survey questionnaire was divided into four sections. The first section included a brief overview of the research, followed by a statement for consent to participate. The second section consisted of six demographic questions.

The third section of the questionnaire included 39 items regarding different leadership style characteristics adopted by the supervisors of the participants (physicians). The scales and items (statements) included in the third section were adopted from the questionnaire used by Inderyas et al. (2015), who had tested and declared the reliability and validity of the scales. Each item was based on a 5-point Likert-scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, and 5=strongly agree).

The fourth section of the questionnaire consisted of 10 Likert-scale items regarding the satisfaction of participants (physicians) toward the leadership style adopted by their supervisors/managers. Two scales, which relates to leadership and supervision, were adopted from the Long-Form Minnesota Satisfaction Questionnaire (MSQ). The two scales were (1) 'Supervision – Human Relations' and (2) 'Supervision – Technical'. Each item was based on a 5-point Likert-scale (1=very dissatisfied, 2=dissatisfied, 3=neutral, 4=satisfied, and 5=very satisfied).

The researcher checked the validity, clarity, and fitness for Maldivian healthcare context by receiving feedback on the questionnaire from 3 Maldivian physicians who had knowledge about human resource management in the Maldivian health sector. Minor amendments were made to the questionnaire based on their feedback. Although the reliability of the scales adopted in this survey was already tested and considered highly reliable, the Cronbach's alpha for each scale was calculated. The results showed that the scales have high reliability scores since all values were above 0.80.

Data Collection Technique and Procedure

Google Forms were used as a survey tool to collect data since it enabled the researcher to save time and expenses. Google Forms link was shared with the physicians with the help of each hospital's human resource department. Data was collected between 23rd December 2021 and 10th January 2022.

Sampling

Convenience sampling was used to identify the population. The target population was the 519 physicians working in the 8 hospitals located in the Greater Malé Area (Ministry of Health, 2021). Out of the eight hospitals, six gave permission to collect data from their physicians. The study population of this study was thus, approximately 475 physicians. The appropriate sample size of this study was 213, which was calculated using Raosoft's Sample Size Calculator at 95% confidence level and 5% margin of error. Simple random sampling technique was used to select the sample from the study population. 226 anonymised data sets were collected and all of them were used in the final analysis.

Data Analysis

IBM SPSS 26 and Microsoft Excel were used to analyse the data obtained from the survey. As part of the descriptive statistics, measures of frequency, of central tendency, and of dispersion were analysed. Spearman correlation was computed to identify the relationship between each independent variable and the dependent variable. In addition, multiple regression analysis was computed in order to identify how one variable affects another.

Ethical Considerations

Permission from the Research Ethics Committee of the National Healthcare Academy was obtained in order to conduct research, followed by written permission from the participating hospitals. Physicians' participation was voluntary.

Results

Demographic Analysis

146 respondent physicians were male compared to 80 respondents who were female. 91 participants were 31 – 37 years old. No participant was older than 55 years of age. 198 out of a total of 226 participants were married. All of the participants had an education at Bachelor's Degree or higher, with 95 participants who had obtained a higher degree at Master's Degree and doctorate level, which indicates that the participants were highly educated.

Descriptive Statistics

Table 1 below gives a summary of statistics on questions asked about supervisors' leadership style, as perceived by the physicians and on measures of physician's job satisfaction. Table 2 has a summary of the aggregated data. Interpretation of this data is followed by data from the regression analysis. The regression analysis highlights the leadership styles which positively and negatively affects the physicians' job satisfaction. Data was also analysed by physicians' education level and gender to identify influences of demographic variables on job satisfaction and perceptions of leadership styles.

Table 2 - Frequency Distribution - Items

#	Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
		1	2	3	4	5	
Transactional Leadership Style (TS)							
TS1	My supervisor usually makes clear expectation.	107 47.35%	64 28.32%	12 5.31%	3 1.33%	40 17.70%	226
TS2	My supervisor usually takes action before problems are chronic.	99 43.81%	78 34.51%	7 3.10%	20 8.85%	22 9.73%	226
TS3	My supervisor usually tells his subordinates the standards to carry out work.	52 23.01%	121 53.54%	11 4.87%	24 10.62%	18 7.96%	226

TS4	My supervisor usually works out agreements with his subordinates.	65 28.76%	101 44.69%	18 7.96%	23 10.18%	19 8.41%	226
TS5	My supervisor usually monitors the subordinate's performance and keeps track of mistakes.	67 29.65%	100 44.25%	17 7.52%	22 9.73%	20 8.85%	226
TSA	Transactional Leadership Style Aggregated Figures	34.51%	41.06%	5.75%	8.14%	10.53%	100%
Transformational Leadership Style (TF)							
TF1	My supervisor usually instils pride in his subordinates.	80 35.40%	70 30.97%	21 9.29%	25 11.06%	30 13.27%	226
TF2	My supervisor usually spends time in teaching and coaching.	77 34.07%	82 36.28%	12 5.31%	29 12.83%	26 11.50%	226
TF3	My supervisor considers moral and ethical consequences.	72 31.86%	85 37.61%	15 6.64%	25 11.06%	29 12.83%	226
TF4	My supervisor views his subordinates as having different needs, abilities, and aspirations.	67 29.65%	82 36.28%	21 9.29%	23 10.18%	33 14.60%	226
TF5	My supervisor usually listens to the subordinates' concerns.	60 26.55%	98 43.36%	11 4.87%	22 9.73%	35 15.49%	226
TF6	My supervisor usually encourages the subordinates to perform.	70 30.97%	86 38.05%	17 7.52%	18 7.96%	35 15.49%	226
TF7	My supervisor usually increases the subordinates' motivation.	78 34.51%	71 31.42%	23 10.18%	22 9.73%	32 14.16%	226

TF8	My supervisor usually encourages the subordinates to think more creatively.	73 32.30%	81 35.84%	18 7.96%	23 10.18%	31 13.72%	226
TF9	My supervisor usually set challenging standards for the subordinates.	71 31.42%	80 35.40%	19 8.41%	23 10.18%	33 14.60%	226
TF10	My supervisor makes himself to rethink never-questioned ideas.	71 31.42%	83 36.73%	18 7.96%	27 11.95%	27 11.95%	226
TFA	Transformational Leadership Style Aggregated Figures	31.81%	36.19%	7.74%	10.49%	13.76%	100%
Autocratic Leadership Style (AC)							
AC1	My supervisor always retains the final decision-making authority within the department or team.	67 29.65%	76 33.63%	8 3.54%	12 5.31%	63 27.88%	226
AC2	My supervisor does not consider suggestions made by the employees as he does not have the time for them.	73 32.30%	81 35.84%	11 4.87%	35 15.49%	26 11.50%	226
AC3	My supervisor tells the employees what has to be done and how to do it.	57 25.22%	93 41.15%	15 6.64%	38 16.81%	23 10.18%	226
AC4	When someone makes a mistake, my supervisor tells them not to ever do that again and make a note of it.	60 26.55%	91 40.27%	14 6.19%	38 16.81%	23 10.18%	226

AC5	New hires are not allowed to make any decisions unless it is approved by the supervisor.	69 30.53%	85 37.61%	11 4.87%	26 11.50%	35 15.49%	226
AC6	When something goes wrong, my supervisor tells the employees that a procedure is not working correctly and he establishes a new one.	82 36.28%	65 28.76%	18 7.96%	36 15.93%	25 11.06%	226
AC7	My supervisor closely monitors the employees to ensure they are performing correctly.	76 33.63%	80 35.40%	9 3.98%	38 16.81%	23 10.18%	226
AC8	My supervisor likes the power that his leadership position holds over subordinates.	90 39.82%	63 27.88%	13 5.75%	37 16.37%	23 10.18%	226
AC9	My supervisor believes that employees must be directed or threatened with punishment in order to get them to achieve the organizational objectives.	80 35.40%	78 34.51%	8 3.54%	32 14.16%	28 12.39%	226
AC10	My supervisor believes that employees seek mainly security.	90 39.82%	69 30.53%	7 3.10%	34 15.04%	26 11.50%	226
ACA	Autocratic Leadership Style Aggregated Figures	32.92%	34.56%	5.04%	14.42%	13.05%	100%
Democratic Leadership Style (DC)							

DC1	My supervisor always tries to include one or more employees in determining what to do and how to do it. However, my supervisor maintains the final decision-making authority.	109 48.23%	45 19.91%	11 4.87%	1 0.44%	60 26.55%	226
DC2	My supervisor asks for employee ideas and input on upcoming plans and projects.	82 36.28%	75 33.19%	8 3.54%	14 6.19%	47 20.80%	226
DC3	When things go wrong and my supervisor needs to create a strategy to keep projects or a process running on schedule, my supervisor calls a meeting to get the employee's advice.	67 29.65%	85 37.61%	14 6.19%	33 14.60%	27 11.95%	226
DC4	My supervisor wants to create an environment where the employees take ownership of the project. My supervisor allows them to participate in the decision-making process.	67 29.65%	82 36.28%	17 7.52%	19 8.41%	41 18.14%	226
DC5	My supervisor asks employees for their vision of where they see their jobs going and then use their vision where appropriate.	70 30.97%	72 31.86%	24 10.62%	22 9.73%	38 16.81%	226
DC6	My supervisor allows employees to set priorities with his guidance.	82 36.28%	75 33.19%	9 3.98%	30 13.27%	30 13.27%	226

DC7	When there are differences in role expectations, my supervisor work with them to resolve the differences.	70 30.97%	80 35.40%	16 7.08%	21 9.29%	39 17.26%	226
DC8	My supervisor likes to use his leadership power to help subordinates grow.	67 29.65%	84 37.17%	15 6.64%	31 13.72%	29 12.83%	226
DC9	My supervisor believes that employees will exercise self-direction if they are committed to the objectives.	73 32.30%	79 34.96%	13 5.75%	25 11.06%	36 15.93%	226
DC10	My supervisor believes that employees know how to use creativity and ingenuity to solve organizational problems.	84 37.17%	66 29.20%	16 7.08%	24 10.62%	36 15.93%	226
DCA	Democratic Leadership Style Aggregated Figures	34.12%	32.88%	6.33%	9.73%	16.95%	100%
Laissez-Faire Leadership Style (LF)							
LF1	My supervisor avoids getting involved when important issues arise.	129 57.08%	76 33.63%	12 5.31%	1 0.44%	8 3.54%	226
LF2	My supervisor is usually absent when needed.	122 53.98%	89 39.38%	6 2.65%	5 2.21%	4 1.77%	226
LF3	My supervisor usually avoids making decisions.	96 42.48%	113 50.00%	8 3.54%	5 2.21%	4 1.77%	226
LF4	My supervisor usually delays responding to urgent questions.	133 58.85%	73 32.30%	11 4.87%	6 2.65%	3 1.33%	226
LFA	Laissez-Faire Leadership Style Aggregated Figures	53.10%	38.83%	4.09%	1.88%	2.10%	100%

#	Statements	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
		1	2	3	4	5	
Job Satisfaction (JS)							
JS1	The way my supervisor and I understand each other.	53 23.45%	58 25.66%	0 0.00%	12 5.31%	103 45.58%	226
JS2	The way my supervisor handles his/her employees.	53 23.45%	57 25.22%	2 0.88%	19 8.41%	95 42.04%	226
JS3	The way my supervisor backs up his/her employees (with top management).	53 23.45%	56 24.78%	3 1.33%	33 14.60%	81 35.84%	226
JS4	The way my supervisor takes care of the complaints of his/her employees.	48 21.24%	62 27.43%	2 0.88%	41 18.14%	73 32.30%	226
JS5	The personal relationship between my supervisor and his/her employees.	57 25.22%	53 23.45%	1 0.44%	42 18.58%	73 32.30%	226
JS6	The technical "know-how" of my supervisor.	66 29.20%	43 19.03%	3 1.33%	37 16.37%	77 34.07%	226
JS7	The competence of my supervisor in making decisions.	62 27.43%	48 21.24%	2 0.88%	39 17.26%	75 33.19%	226
JS8	The way my supervisor delegates work to others.	59 26.11%	51 22.57%	3 1.33%	48 21.24%	65 28.76%	226
JS9	The way my supervisor provides help on hard problems.	60 26.55%	51 22.57%	1 0.44%	45 19.91%	69 30.53%	226
JS10	The way my supervisor trains his/her employees.	63 27.88%	47 20.80%	2 0.88%	31 13.72%	83 36.73%	226
JSA	Job Satisfaction Aggregate Figures	25.40%	23.27%	0.84%	15.35%	35.13%	100%

Table 3 - Summary of Aggregated Figures

Leadership Style – Aggregate Figures	Strongly Disagree and Disagree (Disagreement Level)	Neutral	Agree and Strongly Agree (Agreement Level)	Total
Transactional Leadership Style	75.58%	5.75%	18.67%	100.00%
Transformational Leadership Style	68.01%	7.74%	24.25%	100.00%
Autocratic Leadership Style	67.48%	5.04%	27.48%	100.00%
Democratic Leadership Style	66.99%	6.33%	26.68%	100.00%
Laissez-Faire Leadership Style	91.92%	4.09%	3.98%	100.00%
Job Satisfaction – Aggregate Figures	**Very Dissatisfied and Dissatisfied (Dissatisfaction Level)**	**Neutral**	**Satisfied and Very Satisfied (Satisfaction Level)**	**Total**
Job Satisfaction	48.67%	0.84%	50.49%	100.00%

Data above shows that most of the physicians consider their supervisor as someone who possess autocratic leadership style (27% agreement level) whereas only very few supervisors possessed the laissez-faire leadership style (4% agreement level). In order of popularity, the leadership styles adopted by supervisors were (1) autocratic leadership style, (2) democratic leadership style, (3) transformational leadership style, (4) transactional leadership style, and (5) laissez-faire leadership style. Moreover, table 2 indicates that almost half of the participants were not satisfied with the leadership style adopted by their supervisor. This might be due to the equivalence/equality in the practice between negative leadership style(s) and positive leadership style(s).

Correlation and Regression Analysis

Before conducting regression analysis, the researcher has checked the correlation coefficients and the significance level (2-tailed) using Spearman's Rho Correlation in order to identify the strength and direction of association between each independent variable and the dependent variable. Table 4 shows the correlation coefficients along with the P-values between each independent variable and the dependent variable.

Table 4 - Summary and interpretation of the correlation between variables

Correlated Variables		Correlation Coefficient	Sig. Level (2-tailed) [p value]	Interpretation
Independent Variables	Dependent Variable			
TS	JS	-0.439	0.000	Moderate negative correlation. Statistically significant relationship between transactional leadership style and job satisfaction since ***p value*** is below 0.05.
TF	JS	+0.187	0.005	Very weak positive correlation. Statistically significant relationship between transformational leadership style and job satisfaction since ***p value*** is below 0.05.
AC	JS	-0.262	0.000	Weak negative correlation. Statistically significant relationship between autocratic leadership style and job satisfaction since ***p value*** is below 0.05.
DC	JS	+0.388	0.000	Weak positive correlation. Statistically significant relationship between democratic leadership style and job satisfaction since ***p value*** is below 0.05.
LF	JS	-0.205	0.002	Weak negative correlation. Statistically significant relationship between laissez-faire leadership style and job satisfaction since ***p value*** is below 0.05.

Multiple regression was conducted to identify the impact of each independent variable on the dependent variable. The results and interpretations of the regression analysis are detailed below.

Table 5 - Regression Model - Summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.977[a]	.954	.953	.35030
a. Predictors: (Constant), LF, TF, AC, TS, DC				

The R, R Square, and Adjusted R Square help to determine the quality of the regression model or in simple terms, how well the model predicts the dependent variable.

The correlation between the independent and dependent variable is known as R while R Square is the square of R and it represents the proportion of total variance explained by the regression model (Babyak, 2004). Adding more independent (predictor) variables to a regression model raises the R Square

value, encouraging many researchers to add even more independent (predictor) variables, which is known as 'overfitting', and it might result in an R Square value that is unjustifiably high (Babyak, 2004). The Adjusted R Square is used in order to penalize this effect. According to Zygmont and Smith (2014), any regression model with an Adjusted R Square value above 0.60 can be considered as an acceptable model. Table 5 shows that the Adjusted R Square value of this study's regression model is 0.953 and therefore, this model is acceptable for further analysis.

Table 6 - Regression Model - ANOVA Table

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	559.040	5	111.808	911.169	.000[b]
	Residual	26.996	220	.123		
	Total	586.036	225			
a. Dependent Variable: JS						
b. Predictors: (Constant), LF, TF, AC, TS, DC						

The F value shown in Table 6 tests whether the overall model is a good fit for the data. The table indicates that the independent (predictor) variables statistically significantly predicts the dependent (response) variable, F (5, 220) = 911.169, p < 0.05, R2 = 0.954.

Table 7 - Regression Analysis - Coefficients Table

Coefficients[a]						
Model B		Unstandardized Coefficients		Standardized Coefficients	t	Sig. (P-Value)
		Std. Error	Beta			
1	(Constant)	1.859	.291		6.392	.000
	TS	-.350	.033	-.255	-10.699	.000
	TF	.778	.029	.606	26.728	.000
	AC	-.401	.028	-.318	-14.110	.000
	DC	.657	.033	.552	19.648	.000
	LF	-.286	.039	-.121	-7.387	.000
a. Dependent Variable: JS						

Table 8 - Interpretation of Regression Results and Tested Hypothesis

IV	DV	B	Sig. (P-value)	Interpretation
TS	JS	-.350	.000	There is a statistically significant impact of transactional leadership style on job satisfaction since the p-value is less than 0.05. Thus, the null hypothesis ($H_0$5) is rejected. The unstandardized beta **(B)** indicates that one unit increase in transactional leadership style (TS) leads to a decrease in job satisfaction (JS) of 0.350.
TF	JS	.778	.000	There is a statistically significant impact of transformational leadership style on job satisfaction since the p-value is less than 0.05. Thus, the null hypothesis ($H_0$4) is rejected. The unstandardized beta **(B)** indicates that one unit increase in transformational leadership style (TF) leads to an increase in job satisfaction (JS) of 0.778.
AC	JS	-.401	.000	There is a statistically significant impact of autocratic leadership style on job satisfaction since the p-value is less than 0.05. Thus, the null hypothesis ($H_0$1) is rejected. The unstandardized beta **(B)** indicates that one unit increase in autocratic leadership style (AC) leads to a decrease in job satisfaction (JS) of 0.401.
DC	JS	.657	.000	There is a statistically significant impact of democratic leadership style on job satisfaction since the p-value is less than 0.05. Thus, the null hypothesis ($H_0$2) is rejected. The unstandardized beta **(B)** indicates that one unit increase in democratic leadership style (DC) leads to an increase in job satisfaction (JS) of 0.657.
LF	JS	-.286	.000	There is a statistically significant impact of laissez-faire leadership style on job satisfaction since the p-value is less than 0.05. Thus, the null hypothesis ($H_0$3) is rejected. The unstandardized beta **(B)** indicates that one unit increase in laissez-faire leadership style (LF) leads to a decrease in job satisfaction (JS) of 0.286.

Table 8 shows that the transformational leadership style has the most significant positive impact on job satisfaction since the unstandardized beta (B) value between transformational leadership style (TF) and job satisfaction (JS) is the highest positive value, followed by democratic leadership style (DC). The negative unstandardized beta (B) values indicate that those leadership styles have a negative impact on job satisfaction. The unstandardized beta (B) value between autocratic leadership style (AC) and job satisfaction (JS) is the highest negative value, which indicates that the autocratic leadership style has the most

negative impact on job satisfaction. As mentioned earlier, autocratic leadership style is the most popular among physicians' supervisors and Table 2 shows that almost half of the physicians were not satisfied, which explains the negativity toward autocratic leadership style.

Regression Analysis Results by Education Level of Physicians

Table 9 - Regression Analysis Results by Education Level of Physicians

Each Leadership Style and Job Satisfaction	Physicians with Bachelor's Degree		Physicians with Master's Degree	
	Unstandardized Beta	Sig Value (P-Value)	Unstandardized Beta	Sig Value (P-Value)
Transactional Leadership Style (TS) and Job Satisfaction (JS)	-0.836	0.000	-0.356	0.041
Transformational Leadership Style (TF) and Job Satisfaction (JS)	+0.548	0.000	+0.849	0.000
Autocratic Leadership Style (AC) and Job Satisfaction (JS)	-0.632	0.000	-0.842	0.000
Democratic Leadership Style (DC) and Job Satisfaction (JS)	+0.757	0.000	+0.540	0.001
Laissez-Faire Leadership Style (LF) and Job Satisfaction (JS)	-0.814	0.019	-0.651	0.003

Table 9 shows that transformational and democratic leadership styles are preferred over the other three styles irrespective of education level, while job satisfaction of physicians with higher education increases significantly with transformational leadership style.

Regression Analysis Results Summary by Gender

Table 10 - Regression Analysis Results Summary by Gender

Leadership Style and Job Satisfaction	Male Physicians		Female Physicians	
	Unstandardized Beta	Sig Value (P-Value)	Unstandardized Beta	Sig Value (P-Value)
Transactional Leadership Style (TS) and Job Satisfaction (JS)	-0.629	0.000	-0.871	0.000
Transformational Leadership Style (TF) and Job Satisfaction (JS)	+0.668	0.000	+0.584	0.000
Autocratic Leadership Style (AC) and Job Satisfaction (JS)	-0.590	0.000	-0.902	0.000

Democratic Leadership Style (DC) and Job Satisfaction (JS)	+0.780	0.000	+0.471	0.000
Laissez-Faire Leadership Style (LF) and Job Satisfaction (JS)	-0.600	0.009	-0.733	0.000

Table 10 shows that autocratic leadership style is highly unpopular among female physicians. The unstandardized beta (B) indicates that one unit increase in autocratic leadership style (AC) leads to a decrease in job satisfaction (JS) of 0.902. The data indicates that while transformational and democratic leadership styles are valued by both male and female physicians, the unit increase in job satisfaction is higher for male physicians.

Descriptive Statistical Analysis for Job Satisfaction by Gender

Table 11 - Descriptive Statistical Analysis for Job Satisfaction by Gender

		Male Physicians	Female Physicians
Number of participants	Valid	146	80
	Missing	0	0
Mean		2.9075	3.4950
Median		1.8000	4.6000
Mode		1.50	4.70
Std. Deviation		1.62328	1.53490
Skewness		.233	-.530
Std. Error of Skewness		.201	.269

The average level of job satisfaction of male physicians is 2.91 out of 5.00, while the average level of job satisfaction of female physicians is 3.50 out of 5.00. Also, both median and mode are significantly higher for female physicians indicating that they are more satisfied than male physicians.

Discussion

Autocratic Leadership Style and Job Satisfaction

The findings of this study reveal that the autocratic leadership style has an adverse impact on the job satisfaction of physicians working in the hospitals located in the Greater Malé Area since the regression analysis shows that one unit increase in autocratic leadership style (AC) leads to a decrease in job satisfaction (JS) of 0.401. When analysed by gender, this value doubles for women physicians, indicating that autocratic leadership style is very unpopular

among female physicians. Also, the study results show that the most common leadership style among physicians' managers/supervisors was the autocratic leadership style (27% agreement level). Thus, it can be deduced that the high levels of autocratic leadership style along with other negative leadership styles, may be one of the factors causing high levels of dissatisfaction by the physicians. Approximately one in two physicians was not satisfied in their jobs based on administrative and technical measures used in this study (49% dissatisfaction level).

The findings of this study are in line with the research conducted by Maboko (2011) and Davis (2018), who examined the impact of administrators' leadership style on nurses. The results of their studies showed that the autocratic leadership style could increase the possibility of negative impacts on the role of nurses, that nurses were unhappy and dissatisfied due to the autocratic behaviour of superiors.

Research conducted by Chilcutt (2009) in the settings of dental clinics also revealed that the combination of hierarchical perspectives and authoritarian decision-making procedures was detrimental to the subordinates, resulting in a higher degree of employee dissatisfaction and a higher percentage of staff turn-over.

Democratic Leadership Style and Job Satisfaction

The findings of this study reveal that the democratic leadership style has a positive impact on the job satisfaction of physicians working in Greater Malé hospitals since the regression analysis shows that one unit increase in democratic leadership style (DC) leads to an increase in job satisfaction (JS) of 0.657. Additionally, this study shows that the second most common leadership style among physicians' managers/supervisors was the democratic leadership style (27% agreement level).

The results of this study are in line with the systematic review conducted by Khoshhal and Guraya (2016), who reviewed research articles with the aim of identifying the required skills and competencies for developing effective leaders among physicians. The review showed that the democratic leadership style is more superior to other leadership styles in terms of improving job satisfaction and finalizing better decisions among physicians.

Maereg (2019) found that the democratic leadership style decreases the likelihood of high turnover among nurses since democratic leaders are more committed, involved, and dedicated to their subordinates (junior nurses) leading to high motivation and satisfaction. Chilcutt (2009) also recommended dentists to encourage and promote democratic decision-making in order to empower and satisfy their subordinates.

Mosadeghrad and Ferdosi (2013) found that the democratic leadership style is the most popular style among Iranian hospital administrators and that the health workers were satisfied with this leadership style.

Laissez-Faire Leadership Style and Job Satisfaction

This study showed that the least practised leadership style by managers and supervisors as perceived by physicians was the laissez-faire leadership style (4% agreement level). The findings reveal that the laissez-faire leadership style has a negative impact on the job satisfaction of physicians working in the hospitals located in the Greater Malé region since the regression analysis shows that one unit increase in laissez-faire leadership style (LF) leads to a decrease in job satisfaction (JS) of 0.286.

These findings are in line with the empirical research undertaken by DeLay and Clark (2020), who studied the relationship between different leadership styles and job satisfaction of MRI technologists which showed that the laissez-faire leadership style had a significant negative correlation with the job satisfaction of MR technologists working in various health facilities. Musinguzi et al. (2018) also found that the laissez-faire leadership style adversely affects job satisfaction, staff motivation, and teamwork of health workers in outpatient and maternity departments in rural Uganda. This indicates that the laissez-faire leadership style not only decreases the job satisfaction of physicians but also decreases the job satisfaction of other health care practitioners.

Furthermore, the healthcare-related studies included in the systematic review conducted by Specchia et al. (2021) also concludes that the laissez-faire and passive-avoidant leadership style(s) had a negative relationship or association with job satisfaction of nurses.

Transformational Leadership Style and Job Satisfaction

The findings of this study showed that the third most popular leadership style

among physicians' managers/supervisors was the transformational leadership style (24% agreement level). Also, the results reveal that the transformational leadership style has a positive impact on the job satisfaction of physicians working in the hospitals located in the Greater Malé region since the regression analysis shows that one unit increase in transformational leadership style (TF) leads to an increase in job satisfaction (JS) of 0.778 (Beta value). Transformational leadership style had the most significant positive impact on job satisfaction, compared to other leadership styles, irrespective of education level or gender of physicians.

Similar results are evident in empirical research undertaken in healthcare contexts/settings. Top, Akdere, and Tarcan (2015) suggest that the Turkish medical industry requires more transformative leaders since organizational commitment and job satisfaction have been shown to be positively correlated with transformational leadership style in both public and private sector hospitals.

According to Khanzada, Naeem and Butt (2018), hospitals should emphasize and encourage the practice of transformational leadership behaviour among nurse managers to create a work environment which motivates the staff, since their research results showed that there is an increase in empowerment and engagement among junior nurses due to transformational leadership style of their supervisors. The authors assert that the transformational leadership style improves job satisfaction and, lowers the frequency of unfavourable incidents and detrimental outcomes.

Transactional Leadership Style and Job Satisfaction

The findings of this study reveal that the second least common leadership style among physicians' managers/supervisors was the transactional leadership style (19% agreement level). Also, the results reveal that the transactional leadership style has a negative impact on the job satisfaction of physicians working in the hospitals located in the Greater Malé region since the regression analysis shows that one unit increase in transactional leadership style leads to a decrease in job satisfaction of 0.350.

In the context of healthcare, few studies support this result. Alshahrani and Baig (2016) assert that the transactional leadership style causes job dissatisfaction among Saudi Arabian nurses, despite the fact that the majority of head nurses use it. Also, the study suggested emphasizing and encouraging transformational

leadership style over transactional leadership style. According to Negussie and Demissie (2013), only one characteristic of transactional leadership style, that is, contingent rewards have a significant relationship with intrinsic and extrinsic job satisfaction. Additionally, their study also showed that nurses prefer transformational leadership style over transactional leadership style.

Conclusion

In order of popularity, the leadership styles adopted by managers/supervisors were; (1) autocratic leadership style, (2) democratic leadership style, (3) transformational leadership style, (4) transactional leadership style, and (5) laissez-faire leadership style.

The current study also identified the impact of different leadership styles on the job satisfaction of physicians working in the hospitals located in the Greater Malé Area. This study recommends hospital managers to encourage and promote transformational leadership style and democratic leadership style over autocratic leadership style, laissez-faire leadership style, and transactional leadership style since they have an adverse impact on job satisfaction of physicians.

Although the findings of this study are generalized to the physicians working in the hospitals located in the Greater Malé Area, the findings can be used and referred in future research that relates to healthcare context and leadership management skills, since there are many similar studies in other health care contexts that support the findings of this study.

This study and other studies show that favourable leadership styles improve job satisfaction of health professionals. Increasing the motivation, commitment and job satisfaction of physicians is essential to maintain the quality of the healthcare services (Sibbald, Bojke and Gravelle, 2003; Leigh et al., 2002).

Limitations

This study focused on the hospitals located in the Greater Malé Area, which differ from the atoll/regional hospitals and health centres located in the rural islands, in terms of size, culture, administration, services, etc. Hence, the findings cannot be generalized across the Maldives. A similar study can be conducted focusing on the physicians working in all atoll hospitals or health centres for comparison.

A quantitative research method was used to conduct this study and the collected data might not reflect certain aspects of every leadership style since the questionnaire contained close-ended questions only. In order to understand the underlying facets of different leadership styles and their impact on job satisfaction, a multi-methods approach can provide more comprehensive data. Results also showed that female physicians working in Greater Malé were more satisfied in their work than male physicians. Therefore, other factors contributing to physicians' job satisfaction need investigating.

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