

Investigating the Role of Leadership on Job Satisfaction and Work Engagement of Healthcare Professionals in the Khomas Region, Namibia

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Abstract

Leadership remains to be a critical factor in organisational success, employee job attitudes and productivity. The role that leaders execute is influenced by the type of followers but also by the situation in which the leader functions. Considering the increased pressure on the Namibian healthcare system, effective leadership is needed to direct and energise healthcare professions to deliver excellent quality services. This study made use of a quantitative research design, utilising a questionnaire (survey research) to assess leadership, job satisfaction and work engagement amongst healthcare professionals in the Khomas region, Namibia. Transformational leadership improved job satisfaction and work engagement. Laisses-faire leadership reported a positive relationship with job satisfaction and a negative relationship with work engagement. This study recommends the implementation of transformational leadership training, integrated leadership and self-leadership amongst healthcare professionals. Future studies may consider making use of a qualitative research design or longitudinal design. This study adds to the understanding of leadership and contributes to the literature within Namibia and the healthcare industry.

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1. Introduction

1.1. Background

Leadership has been shown to have a significant impact on job satisfaction and work engagement of the most important resource within the healthcare sector: its employees (Ghadi et al., 2013; Mosadeghrad & Ferdosi, 2013). Additionally, effective leadership can result in employees with higher levels of energy, increased levels of dedication and employees who are more absorbed in their jobs (Ghadi et al., 2013).

Defining leadership has been an ongoing and contentious endeavour with many attempts to articulate the phenomena clearly and accurately (Stogdill, 1974). As early as 1948, Stogdill and Shartle (1948) defined leadership as the procedure of interactions between individuals who participate in shared goal orientated pursuits. Similarly, Burns (1978) asserts that leadership occurs when individuals with specific motives and intentions attempt to activate arousal, engagement, or satisfaction within followers. Leadership can be divided into transformational leadership and transactional leadership (Burns, 1978).

Pieters (2018) states that job satisfaction is employees' general appraisal of their jobs which is typified by how gratified and optimistic they are about their respective jobs. Various factors can determine job satisfaction such as benefits and remuneration, career enhancement and management, supervision and relationship with colleagues and level of participation in the workplace (Ali et al., 2015).

De Simone et al. (2018) found a positive relationship between work engagement and job satisfaction amongst nurses. Implying that work engagement can enhance the levels of job satisfaction experienced by employees. Bakker and Schaufeli (2015) define work engagement as a continuing, prevailing and motivated cognitive state which is characterised by high levels of vigour, dedication and absorption. Bakker et al. (2011) state the importance of the connection that employees have with their work on a psychological level. From this viewpoint it is apparent that highly competent employees may not be sufficient to enhance the competitiveness of organisations, but also require that employees be enabled and inspired to harness their competencies and skills effectively within the workplace.

1.2. Problem Statement

The healthcare sector is dependent on how efficiently healthcare workers perform and this impacts patient performance directly (Soilkki et al., 2014). Furthermore, healthcare professionals provide the necessary skills and competencies that the healthcare sector depends on, which requires that they receive suitable training to provide the optimum level of service to patients and clients (Awases et al., 2013). Improved leadership enhances job satisfaction and work engagement. Work engagement is

linked to performance and service delivery. Namibia has experienced an increase in integrating healthcare delivery systems, this has been seen necessary due to the rise of novel diseases and growing city populations, whilst placing added pressures on professionals within the healthcare sector (Akweenda et al., 2016).

Within the Namibian setting few, if any, studies have been conducted that incorporate the dimensions of leadership styles, job satisfaction and work engagement within a sample population that consists out of healthcare professionals. This provides a novel area of research within the specified dimensions. The researcher could not find any studies within the Namibian context that covers these dimensions within the sample population.

1.3. Research objectives

This study aims to identify the relationship between leadership styles, job satisfaction and work engagement of healthcare professionals. The objective is to assess the relationship between leadership and job satisfaction. This study also aims to assess the relationship between leadership and work engagement.

2. Literature Review

Leadership and job satisfaction

In his seminal work *Leadership*, Burns (1978) identifies that both transactional leadership and transformational leadership types have distinct ways of influencing the attitudes and motives of employees. Transformational leadership consists out of four distinct dimensions, *idealised influence*, *inspirational motivation*, *intellectual stimulation* and *individualised consideration* (Kanat-Maymon et al., 2020). *Idealised influence* ensues when leaders behave admirably and exemplifies morals and standards that allows for followers to identify with them. *Inspirational motivation* allows for an articulated conceptualisation of the future that appeals to and inspires followers. *Intellectual stimulation* occurs when followers are encouraged to be introspective, questioning and reframing hypotheses, and find novel ways to deal with existing problems. *Individualised consideration* occurs when leaders are specifically attentive to the needs of followers and assist them in achieving their capabilities (Kanat-Maymon et al., 2020).

Transactional leadership is defined by *contingent reward*; *management-by-exception (active or passive)* and the absence of leadership known as *laissez-faire* leadership. Transactional leadership either reward good work performance or punish poor performance within the exchange-model (Bodla & Nawaz, 2010; Lai, 2011; Odumeru & Ogbonna, 2013). *Contingent reward* consists out of clarifying the goals needed to be achieved to receive recompenses, with the inclusion of incentivising employee behaviour in task motivation. *Management-by-exception (passive)* involves the use of actions or punishments to correct deviant workplace behaviour. *Management-by-exception (active)* is defined as

the identification of mistakes for the purpose of imposing of regulations to prevent mistakes. *Laissez-faire* is the lack of involved leadership regarding tasks and/or followers, including ignoring of problems that followers face or the needs they have (Yukl, 2013).

Job satisfaction describes the amount of happiness the individual experiences in their job (Ahmad et al., 2010). Furthermore, job satisfaction is viewed as the general evaluations of employees in reference to their job, with specific focus on the positive perceptions about their respective jobs (Pieters, 2018).

Luthans (1992) identified the dimensions of job satisfaction. (1) Job satisfaction can be viewed as emotional responses to a specific job situation. This implies factors which are not tangible. Employees job satisfaction can be inferred via their specific behaviours (Luthans, 1992). (2) Determining job satisfaction can be achieved by assessing how well specific outcomes achieve or exceed expectations of employees. This implies that hard working employees who receive lesser rewards than their colleagues who work less hard, will likely be dissatisfied with their work, peers, and their leaders (Luthans, 1992). (3) Job satisfaction can be representative of various interrelated views about job characteristics for example remuneration, promotional opportunities, nature of work, management and perception of peers (Luthans, 1992).

Judge et al. (2010) did a meta-analysis on the available literature related to remuneration and job satisfaction. The results indicate that there is a positive relationship between pay and job satisfaction, albeit a modest one. In Pakistan (South Asia), aspects such as policies that promote advancement and job promotion, consideration for the opinions of employees and equal promotional opportunities may enhance job satisfaction of employees (Noor et al., 2015). Interestingly, Lup (2018) conducted a longitudinal study in Britain on the effect of promotion to managerial positions amongst men and women. Specifically, women promoted to higher level management positions experience decreased job satisfaction, which could be as a result of the 'glass-ceiling' effect and impediments related to gender (Lup, 2018).

Charoensukmongkol et al. (2016) found that supportive co-workers result in employees experiencing reduced emotional fatigue and depersonalisation. Furthermore, these findings could be due to the requirement that employees coordinate amongst themselves, which necessitates mutual co-worker support (Charoensukmongkol et al., 2016). The study also highlights that the sample consisted mostly out of a Hispanic population, where strong relationships are valued. Furthermore, this may point to the specific characteristics of a culture within an organisation that aid employees and buffer against stress (Charoensukmongkol et al., 2016).

Halbesleben et al. (2014) identified that the relationship between the subordinate and superior plays a significant role in employee absenteeism. Thus, the decision of the employee to attend work may be influenced by their relationship they have with their manager (Halbesleben et al., 2014). Supervisory

communication has been shown to influence the extent of absenteeism amongst employees (Dasgupta et al., 2013). This implies that employee satisfaction with the communication between them and their supervisors' fosters commitment and perceived supervisory support (Dasgupta et al., 2013). Job satisfaction has been shown to be a major influence in the attendance of employees at work, the results of the study show that there is a negative relationship between job satisfaction and intention to leave.

Mwesigwa et al. (2020) conducted a study in Uganda (Africa) amongst university staff. They found a positive correlation between transactional leadership and job satisfaction. However, in Pakistan (South Asia) transactional leadership correlated negatively with job satisfaction (Saleem, 2015). Mwesigwa et al. (2020), Saleem (2015) found that transformational leadership correlated positively with job satisfaction. Ali et al. (2013) in Mogadishu found positive correlations between transactional leadership and transactional leadership with job satisfaction. According to the researcher's knowledge, the relationship between transactional, transformational leadership and job satisfaction has not been assessed in Namibia.

Leadership and work engagement

In essence, work engagement captures how employees experience their work: as stimulating and energetic and something to which they really want to devote time and effort (the vigour component); as a significant and meaningful pursuit (dedication); and as engrossing and something on which they are fully concentrated (absorption; Bakker et al., 2008).

Work engagement encapsulates the experiences employees have in their jobs. Additionally, work engagement is defined by vigour (devotion of time and efforts), absorption (being engrossed and fully immersed in work activity) and dedication (significance and meaning in a work activity) (Bakker et al., 2008). Hassan and Ahmed (2011) found a direct relationship between the dimensions of leadership and work engagement and that employees exhibited more energy, dedication and absorption in their work due to having transformational leaders. Furthermore, their findings support the supposition that transformational leaders provide meaning for the work that employees do, and that meaningful work predicts levels of engagement of employees.

Quiñones et al. (2013) in Chile (South America) found that psychological empowerment mediated the influence of task autonomy, skill utilisation and social support from leaders on work engagement. Jobs which are deemed to be autonomous allow followers with opportunities to utilise their skills and allow supervisors to be more supportive, this in turn fosters psychological empowerment amongst employees (Quiñones et al., 2013). When employees are more empowered psychologically, they present with higher levels of work engagement. Additionally, Quiñones et al. (2013) state that the combination of job resources and psychological empowerment create a passage which allow for employees to accumulate resources and thus mobilise personal resources. This process, which

provides for the harnessing of job and personal resources, feeds into the process of motivation, as per the JD-R model and increases work engagement (Quiñones et al., 2013).

Christian et al. (2011) confirmed that autonomy is directly correlated to the levels of work engagement experienced by employees. Furthermore, Taipale et al., (2011) investigated the effect of autonomy on work engagement across eight European countries and found similar results regarding autonomy and work engagement. These results are supported by the study done by Gözükara and Simsek (2016) in Turkey (Western Asia). Due to the mediating effect of autonomy between leadership and work engagement. Autonomy satisfies a basic need of employees and is an important aspect for optimising employee performance and personal growth (Gözükara & Simsek, 2016).

Organisations which provide social support are viewed as caring for the well-being of their employees and are perceived as reducing the complications that arise because of work duties in Malaysia (South-eastern Asia) (Nasurdin et al., 2018). Furthermore, Nasurdin et al., (2018) found that support from peers allows employees to attain work goals easier and with the addition of emotional support during stressful times also assists in motivating employees. These studies support the positive correlation between the various job resources and work engagement.

Nurses may find it difficult to develop close and intimate relationships with their co-workers, patients and other healthcare professionals because they act as intermediaries across the organisation. Additionally, as stated in Othman and Nasurdin (2013), due to their time-restricted schedules they may not be able to provide support to co-workers for nurses in Malaysia (South-eastern Asia). Christian et al. (2011) found three prominent antecedents of work engagement i.e., job characteristics; leadership and dispositional characteristics. Work engagement was also shown to have a consequential effect on task and contextual performance. A survey conducted by Shantz et al. (2013) in the United Kingdom found that autonomy, task variety, task significance and feedback result in increased engagement and consequently increased performance evaluation ratings.

Hough et al. (2021) found positive relationship between transformational and laissez-faire leadership and work engagement among employees in Namibia. A negative relationship was found between transformational leadership and work engagement (Hough et al. 2021). The relationship between leadership and work engagement has been investigated within the Namibian context however not within the healthcare industry.

Job satisfaction and work engagement

Rayton and Yalabik (2014) investigated the relationship between work engagement and job satisfaction amongst employees in the United Kingdom. The results indicated that a positive correlation exists between the variables. Similarly, Yeh (2013) also found a positive relationship between work engagement and job satisfaction amongst employees in Taiwan. This indicates that

employees who are more engaged will also be more satisfied with their jobs. Furthermore, actions like training initiatives can inform leaders of the resources available to employees. Increased employee work engagement results in increased experiences of positive emotions, which in turn increases the satisfaction of employees (Yeh, 2013).

Orgambídez-Ramos and de Almeida (2017) found that work engagement significantly predicted job satisfaction amongst a Portuguese nursing sample. The results indicate that support and work engagement from leaders and colleagues are significant in the promotion of activities that nurture job satisfaction amongst nurses. Karanika-Murray et al. (2014) investigated the relationship between work engagement and job satisfaction amongst employees within the United Kingdom. Positive correlations were found between vigour and job satisfaction, absorption and job satisfaction, and dedication and job satisfaction. A study done amongst 194 nurses and 181 patients in Italy, investigated the relationship between job satisfaction and work engagement and the subsequent influence of the mentioned variables on patient satisfaction (De Simone et al., 2018). The study found a positive correlation between work engagement and job satisfaction. Furthermore, the study found that the higher the job satisfaction and work engagement, the higher the satisfaction of patients (De Simone et al., 2018).

Pieters (2017) reported a positive correlation between job satisfaction and work engagement of banking employees in Namibia. Pieters (2018) found a positive relationship between job satisfaction and engagement amongst university and bank employees in Namibia. Kazimbu and Pieters (2020) found a positive relationship between job satisfaction and work engagement amongst waiters in Namibia. The relationship between job satisfaction and work engagement has been explored but not within the healthcare industry in Namibia.

3. Research Methodology

Correlation research within the quantitative design was used for the collection of data. Data on the biographical details of employees, leadership styles, job satisfaction and work engagement were collected. The researchers approached medical practitioners (enrolled nurses, registered nurses, physiotherapists, occupational therapists and medical practitioners) in various healthcare institutions which approved of the research to be done. Research was randomised and only done at institutions where approval and permissions were granted. Data was collected from different public and private healthcare facilities within the Khomas region.

Measuring instruments

The biographical information was collected via a questionnaire developed by the researchers which collected information regarding the participants' sex, age, qualifications, tenure, marital status and occupation. Avolio and Bass (2004) developed the *Multifactor Leadership Questionnaire*. The

measuring instrument consists out of 28 items. Transformational leadership consists out of inspirational motivation (The Person I Am Rating... “Talks optimistically about the future”), intellectual stimulation (“Seeks differing perspectives when solving problems”); and individual consideration, (“Spends time teaching and coaching”). Transactional leadership consist of contingent rewards (“Provides me with assistance in exchange for my efforts”), management by exception-active (“Keeps track of all mistakes”), management by exception- passive (“fails to interfere until problems become serious”), and laissez-faire, (“Fails to interfere until problems become serious”). Hough et al. (2021) (Transformational leadership $\alpha = .92$; transactional leadership $\alpha = .76$) found the MLQ a valid and reliable measurement within the Namibian context.

Job satisfaction was measured by using the revised *Job Satisfaction Survey* (JSS) (20 items) by Spector (1994). This study focused only on pay, promotion, supervision, co-workers and nature of work. The questionnaire is scaled from 1 (disagree very much) to 6 (agree very much), with the aim of assessing the job satisfaction of individuals across the various facets. This study focused only on pay (*I feel I am being paid a fair amount for the work I do*), promotion (*There is really too little chance for promotion on my job*), supervision (*My supervisor is quite competent in doing his/her job*), co-workers (*I like the people I work with*), and nature of work (*I sometimes feel my job is meaningless*). A Cronbach alpha of 0.88 was found for a study conducted within Southern African countries (Maleka et al., 2019).

Work engagement was assessed by using the *Utrecht Work Engagement Scale* (UWES-9) developed by Schaufeli et al., (2006), focusing on vigour, dedication, and absorption. The initial scale (UWES-24) was reduced to nine items (UWES-9) after three items for each subdimension were validated (Schaufeli et al., 2006). The UWES-9 is a self-report questionnaire which assess the dimensions of vigour, absorption and dedication. The responses of each of the 9 items are recorded on a 6-point Likert scale ranging from never to every day. Focusing on vigour (*At my work, I feel bursting with energy*), dedication (*When I get up in the morning, I feel like going to work*) and absorption (*I am immersed in my work*). A study by Pieters et al. (2019) found the Cronbach alpha values for vigour (0.81), dedication (0.81) and absorption (0.82).

3.1. Hypotheses

Based on the literature discussed, the following hypotheses were developed:

Hypothesis 1: There is a positive relationship between transformational leadership and job satisfaction.

Hypothesis 2: There is a negative relationship between laissez-faire leadership and job satisfaction.

Hypothesis 3: There is a positive relationship between transformational leadership and work engagement.

Hypothesis 4: There is a negative relationship between laissez-faire leadership and work engagement.

Hypothesis 5: There is a positive relationship between transactional leadership and job satisfaction.

Hypothesis 6: There is a positive relationship between transactional leadership and work engagement.

3.2. Ethics

Ethical clearance was obtained from the University of Namibia. Permission to conduct the study was obtained from the Ministry of Health and Social Services and the respective healthcare facilities. All participants were approached individually to obtain their permission to participate in the study. A consent form with an information sheet was provided and informed consent was then obtained from each individual. No participants were harmed and all participant information was kept anonymous and confidential. Participants who decided not to participate or withdraw were not disadvantaged in any way. All questionnaires are kept in a safe and secure place.

4. Results and Findings

Participants

Making use of availability sampling, data was collected. A total of 179 healthcare professionals from various hospitals within the Khomas region of Namibia participated in the study. In total 250 questionnaires were distributed and 179 returned, resulting in a 72% response rate. The total population size could not be determined to due lack of data.

The distribution between male and female respondents was 20.7% male (n=37) and 79.3% female (n=142). The largest group response in terms of age is the 25- and 30-years age range (n=54, 30.2%), with the smallest response in the 20- and 24-years age range (n=5, 2.8%). Respondents had worked for approximately 16 and more years (n=38, 21.2%) and 5 worked for 1 year or less (2.8%). Qualifications indicated that 56 of the respondents obtained a degree (31.3%), with 2 obtaining a PhD (1.1%). For number of dependents the highest response rate was between 1 and 2 dependents (n=76, 42.5%) with the lowest response between 7 and 9 dependents (n=1, 0.6%). Regarding marital status, 85 were single (47.5%), widowed was the lowest response with 1 (0.6%). For position the highest response was from registered nurses (n=97, 54.2%), and the lowest occupational therapists (n=9, 5.0%).

Table 1: Biographical Details of Sample

Category	Item	Frequency	Percentage
Gender	Male	37	20.7
	Female	142	79.3
Age	20-24	5	2.8
	25-30	54	30.2
	31-35	40	22.3

	36-40	37	20.7
	41-45	17	9.5
	51 and older	42	14.0
Tenure	Less than 1 year	5	2.8
	1-2	24	13.4
	3-4	30	16.8
	5-6	23	12.8
	7-8	26	14.5
	9-10	15	8.4
	11-15	18	10.1
	16 and more	38	21.2
Qualifications	Certificate	29	16.2
	Diploma	35	19.6
	Degree	56	31.3
	Honours Degree	51	28.5
	Master's Degree	6	3.4
	PHD	2	1.1
Number of dependants	None	43	24.0
	3-4	46	25.7
	5-6	9	5.0
	7-9	1	.6
	10 and more	4	2.2
Marital Status	Single	85	47.5
	Married	81	45.3
	Divorced	12	6.7
Highest Qualification	Certificate	29	16.2
Position	Enrolled nurse	41	22.9
	Registered nurse	97	54.2
	Occupational therapist	9	5.0
	Physiotherapist	15	8.4
	Medical practitioner /	17	9.5
TOTAL		179	100

Descriptive statistics and correlations

The means, standard deviation, Cronbach's alpha and correlations for the variables were analysed and recorded in Table 2 and Table 3.

The combined transactional leadership scale was found to be unreliable including the subscales of contingent rewards, management-by-exception (passive), and management-by-exception (active). Transactional leadership will not be included in the data analysis. Within the transformational leadership scale, intellectual stimulation reported a mean of 13.50, SD of 3.74 and Cronbach alpha of 0.78. Individual consideration reported a mean of 10.03, SD of 3.01 and Cronbach alpha of 0.73. The combined transformational leadership provided a mean of 27.34, SD of 7.07 and Cronbach alpha of 0.87. Individual motivation was found to be unreliable.

For job satisfaction, advancement and promotion reported a mean of 16.08, SD of 21.62 and Cronbach alpha of 0.87. The subscale co-workers reported a mean of 8.91, SD of 2.50 and Cronbach alpha of 0.72. The combined scale for job satisfaction reported a mean of 63.68, SD of 24.94 and Cronbach alpha of 0.72. Subscales pay, supervision and nature of work were unreliable.

For work engagement, the subscale vigour reported a mean of 10.43, SD of 2.89 and Cronbach alpha of 0.65. Alphas of 0.60 and above are supported for use (Resi & Judd, 2000). The subscale dedication reported a mean of 11.57, SD of 2.35 and Cronbach alpha of 0.69. The subscale absorption reported a mean of 16.15, SD of 3.60 and Cronbach alpha of 0.67. The total scale for work engagement reported a mean of 43.52, SD of 8.32 and Cronbach alpha of 0.84.

Table 2: Descriptive statistics and Pearson rank order correlation

Items	Mean	SD	α	1	2	3	4	5	6	7
1. TRF_IS	13.50	3.73	.78	-						
2. TRF_LF	7.59	3.23	.73	-.23*	-					
3. TRF_IC	10.03	3.09	.70	.76 ⁺⁺	-.17*	-				
4. TRF_COM	27.34	7.07	.87	.94 ⁺⁺	-.23*	.91 ⁺⁺	-			
5. JS_ADV_PRO	5.84	2.28	.68	.17*	-.28*	.16*	.09*	-		
6. JS_CWORK	11.53	4.134	.81	-.37 ⁺⁺	.29*	-.18*	-.31 ⁺⁺	.17*	-	
7. JS_COMBINED	23.03	5.07	.80	.15*	.29*	-.06*	.03	-.38 ⁺⁺	.08*	-

*Statistically significant: $p \leq 0.05$

+ Practically significant correlation (medium effect): $0.30 \leq r \leq 0.49$

⁺⁺ Practically significant correlation (large effect): $r \geq 0.50$

1. TRF_IS = Transformational leadership (Intellectual stimulation)
2. TRF_LF = Laissez-faire
3. TRF_IC = Transformational leadership (Individual consideration)
4. TRF_COM = Transformational leadership (Combined)
5. JS_ADV_PRO = Job satisfaction (advancement / promotion)
6. JS_CWORK = Job satisfaction (co-workers)
7. JS_COMBINED = Job satisfaction (combined)

From the data it was found that Intellectual stimulation (transformational leadership) reported a negative relationship with laissez-faire ($r = -.23, p < 0.05$; small effect); a positive relationship with individualised consideration ($r = .76, p < 0.05$; large effect); a positive relationship with transformational leadership combined ($r = .94, p < 0.05$; large effect). Intellectual stimulation reported a positive relationship with the sub-dimension of job satisfaction (advancement and promotion) ($r = .17, p < 0.05$; small effect); a negative relationship with the sub-dimension co-workers ($r = -.37, p <$

0.05; medium effect) and a positive relationship with job satisfaction (combined) ($r = .15, p < 0.05$; small effect).

Laissez-faire reported negative relationship with individual consideration ($r = -.17, p < 0.05$; small effect); a negative relationship with transformational leadership combined ($r = -.23, p < 0.05$; small effect). Laissez-faire reported a negative relationship with advancement and promotion ($r = -.28, p < 0.05$; small effect); a positive relationship with co-workers ($r = .29, p < 0.05$; small effect) and a positive relationship with job satisfaction (combined) ($r = .29, p < 0.05$; small effect).

Individual consideration (transformational leadership) reported a positive relationship with transformational leadership combined ($r = .91, p < 0.05$; large effect). Individual consideration reported a positive relationship with advancement and promotion ($r = .16, p < 0.05$; small effect); a negative relationship with co-workers ($r = -.18, p < 0.05$; small effect) and a negative relationship with job satisfaction (combined) ($r = .06, p < 0.05$; small effect).

Transformational leadership combined reported a positive relationship with advancement and promotion ($r = .09, p < 0.05$; small effect); a negative relationship with co-workers ($r = -.31, p < 0.05$; medium effect) and a positive relationship with job satisfaction (combined) ($r = .03, p < 0.05$; almost no effect).

Advancement and promotion (job satisfaction) reported a positive relationship with co-workers ($r = .17, p < 0.05$; small effect) and a negative relationship with job satisfaction (combined) ($r = -.38, p < 0.05$; medium effect). Co-workers (job satisfaction) reported a positive relationship with job satisfaction (combined) ($r = .08, p < 0.05$; small effect).

Table 3: Descriptive statistics and Pearson rank order correlation*Statistically significant: $p \leq 0.05$ + Practically significant correlation (medium effect): $0.30 \leq r \leq 0.49$ ++ Practically significant correlation (large effect): $r \geq 0.50$

Items	Mean	SD	α	1	2	3	4	5	6	7	8
1. TRF_IS	13.50	3.73	.78	-							
2. TRF_LF	7.59	3.23	.73	-.23*	-						
3. TRF_IC	10.03	3.09	.70	.76++	-.17*	-					
4. TRF_COM	27.34	7.07	.87	.94++	-.23*	.91++	-				
5. WE_VIG	5.84	2.28	.68	-.02	-.29*	.03	.02	-			
6. WE_DED	11.53	4.13	.81	-.01	-.31*+	.03	.05*	.61++	-		
7. WE_ABS	23.03	5.07	.80	.06*	-.17*	.12*	.11*	.38*+	.59++	-	
8. WE_COM	43.56	7.55	.72	.03	-.30*+	.09*	.09*	.75++	.85++	.85++	-

1. TRF_IS = Transformational leadership (Intellectual stimulation)
2. TRF_LF = Laissez-faire
3. TRF_IC = Transformational leadership (Individual consideration)
4. TRF_COM = Transformational leadership (Combined)
5. WE_VIG = Work engagement (vigour)
6. WE_DED = Work engagement (dedication)
7. WE_ABS = Work engagement (absorption)
8. WE_COM = Work engagement (combined)

Intellectual stimulation reported a negative relationship with vigour ($r = -.02, p < 0.05$; almost no effect); a negative relationship with dedication ($r = -.01, p < 0.05$; almost no effect); a positive relationship with absorption ($r = .06, p < 0.05$; small effect) and a positive relationship with work engagement (combined) ($r = .03, p < 0.05$; almost no effect).

Laissez-faire reported a negative relationship with vigour ($r = -.29, p < 0.05$; small effect); a negative relationship with dedication ($r = -.31, p < 0.05$; medium effect); a negative relationship with absorption ($r = -.17, p < 0.05$; small effect) and a negative relationship with work engagement (combined) ($r = -.30, p < 0.05$; medium effect).

Individual consideration reported a positive relationship with vigour ($r = .03, p < 0.05$; almost no effect); a positive relationship with dedication ($r = .03, p < 0.05$; almost no effect); a positive relationship with absorption ($r = .12, p < 0.05$; small effect) and a positive relationship work engagement (combined) ($r = .09, p < 0.05$; small effect).

Transformational leadership combined reported a positive relationship with vigour ($r = .02, p < 0.05$; almost no effect); a positive relationship with dedication ($r = .05, p < 0.05$; small effect); a positive

relationship with absorption ($r = .11, p < 0.05$; small effect) and a positive relationship with work engagement combined ($r = .09, p < 0.05$; small effect).

Vigour reported a positive relationship with dedication ($r = .61, p < 0.05$; large effect); a positive relationship with absorption ($r = .38, p < 0.05$; medium effect) and a positive relationship with work engagement combined ($r = .75, p < 0.05$; large effect).

Dedication reported a positive relationship with absorption ($r = .59, p < 0.05$; large effect) and a positive relationship with work engagement combined ($r = .85, p < 0.05$; large effect). Absorption reported a positive relationship with work engagement combined ($r = .85, p < 0.05$; large effect).

5. Managerial Implications

Leadership and job satisfaction

From the analysis it was found that a positive correlation exists between intellectual stimulation and promotion, co-workers and job satisfaction. This supports *Hypothesis 1* of the study focusing on the positive association between intellectual stimulation and job satisfaction. Leaders who facilitate critical thinking on individual and collective levels allow for employees to collaborate more intimately and increases their perceptions of one another. Literature indicates that intellectual stimulation has a positive influence on job satisfaction of employees (Hanaysha et al., 2012). Leaders who challenge the beliefs of employees and encourages independent thinking mat enhance the job satisfaction of employees. Intellectual stimulation has been shown to have a positive relationship with co-worker satisfaction (Shurbagi, 2014). The encouragement of thinking between employees can enhance collegiality and foster the alignment of thought-patterns within groups. This can indicate that leaders who encourage critical thinking, may also encourage that required results for promotion purposes be clarified.

Individualised consideration correlated negatively with job satisfaction combined, results which are different from previous studies (Munir et al., 2012). Leaders who show empathy and support to subordinates enhances the job satisfaction of employees by overt expressions of care. The sample population experienced a negative relationship.

Combined transformational leadership was shown to correlate positively with co-workers. Previous studies have been shown to support the findings (Ali et al., 2013; Bateh & Heylinger, 2014).

Laissez-faire leadership was shown to correlate positively with job satisfaction combined. This is contradictory to the results recorded in the available literature (Barnett, 2017; Skogstad et al., 2014). The results of this study fail to support *Hypothesis 2* of this study focusing on the negative relationship between laisses-faire and job satisfaction. It is hypothesised that because of the high level of qualification and extensive years of service, the sampled employees prefer self-leadership which

influence their levels of job satisfaction positively. Laissez-faire leadership, the more absent or withdrawn type of leadership, can be negative but seems to be beneficial amongst the sampled population.

The scale measuring transactional leadership were unreliable thus *Hypothesis 5* could not be tested.

Leadership and work engagement

A positive relationship was found between intellectual stimulation and absorption. A positive correlation was found between individualised consideration, absorption and work engagement. A positive correlation was found between transformational leadership, dedication, absorption and work engagement. These findings are supported by previous studies, which found the direct influence of transformational leadership on work engagement (Ghadi et al., 2013). These findings support *Hypothesis 3* of this study, focusing on the positive relationship between leadership and work engagement.

In this study a negative correlation was found between laissez-faire leadership, vigour, dedication and absorption. This is supported by the study of Gigaba (2015) who found that laissez-faire leadership has a negative impact on the level of engagement of employees. This may be as a result of leaders who refrain from motivating employees and subpar leadership-employee relationships. Furthermore, employees will invest less resources when vigour and dedication is lacking. The limited investment of resources is due to absent leadership, which leaves limited resources to facilitate work engagement. The findings of this study support *Hypothesis 4* of this study, focusing on the negative association between laissez-faire leadership and work engagement.

Transactional leadership did not report acceptable reliability scores. This study is unable to test *Hypothesis 6* of this study.

Practical implications

As per Aydin et al. (2013), it may be beneficial for leaders within organisations to become aware of what transformational leadership entails. This can have a positive influence on the job satisfaction of employees. Furthermore, by incorporating collaborative efforts between hospitals, ministries and staff, information regarding transformational leadership, and its benefits, can be used more inclusively. Furthermore, it is imperative that transformational leadership be incorporated at various levels of the organisation. This means supervisors should attempt to facilitate transformational leadership at an individual and group level within the organisation (Braun et al., 2013). Additionally, organisations should attempt to provide training to supervisors in order to gain the necessary competencies and skills which can promote transformational leadership behaviours within the organisation. Organisations should aim to have senior management hold regular sessions whereby employees can

air any concerns that they might have. In this way organisations can mobilise resources that can aid in supporting employees.

Personal achievement within the job context may also be a noteworthy way of enhancing job satisfaction of employees. This means that enriching jobs can be motivational by providing the opportunity to employees to achieve their personal goals, challenges and receiving the needed recognition (Mosadeghrad & Ferdosi, 2013). Again, it may be beneficial to leaders within the healthcare setting to gain extra knowledge on when and how to apply leadership styles within their organisation, and the subsequent consequences of the respective leadership style. Interestingly, Breevaart et al. (2016) postulate that leadership training should not only be availed to leaders within the organisation, but also to followers so that they can practice self-leadership. This will challenge employees to act proactively and be motivated within different work environments. Furthermore, hospitals should be encouraged to identify the prevalent leadership styles within the organisation. This would allow the organisations to identify what influence, if any, the specific leadership styles have on the treatment of patients and the operational aspects of the facility and the influence exerted on followers.

Timing the use of leadership styles could also be important. This implies that transformational leadership may be more impactful when employees are starting with a new task or project or when time constraints are in play. When employees feel that they have mastered aspects of the new job and have received feedback on their performance, employees may use self-leadership to maintain engagement with their work (Breevaart et al., 2016).

6. Conclusions, Limitations and Future Research

This study concluded that leadership had a positive relationship with job satisfaction. Transformational leadership improves job satisfaction of the sampled healthcare employees. Laisses-faire leadership reported a positive relationship with job satisfaction which is novel in the field of Industrial/Organisational psychology. The sampled employees experience higher job satisfaction with a lesser involved leader (laisses-faire leadership). The study also found a positive relationship between leadership and work engagement. Laisses-faire leadership reported a negative relationship with work engagement for the sampled employees.

Due to shift work, it was difficult to identify individuals who participated in the study. Additionally, nurses were not always certain who they should rate because of the different lines of reporting. This is primarily due to nurses following the instructions of not only head matrons and unit managers, but also medical practitioners such as medical doctors, occupational therapists and physiotherapists. This could be a contributing factor to the unreliability of the *Multifactor Leadership Questionnaire*. Also, it is noteworthy that many of the professionals' proficiency of the English language is at a second language level.

It is recommended that further studies be conducted within the targeted sample population. This may provide further insights into the reliability, or lack thereof, for some of the scales. Additionally, the scales could be reviewed to identify aspects which respondents find confusing or unclear. Future standardisation of the used instrument is highly recommended. Separation between private and government healthcare institutions can be conducted to identify which aspects the respective organisations are competent in, and which are lacking. This can facilitate public and private partnerships to share knowledge between the respective sectors. Future studies could apply a longitudinal approach or make use of qualitative research approaches.

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