

## Exploring the Impact of Leadership and Organisational Culture on Job Satisfaction in the Healthcare Sector: A Case Study of King Faisal Specialist Hospital & Research Centre (KFSHRC), Saudi Arabia

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### Abstract

**Introduction:** The study explores the research impact of leadership styles and organisational culture on employee job satisfaction at King Faisal Specialist Hospital & Research Centre (KFSHRC), Saudi Arabia.

**Method:** Using qualitative methods employees' perceptions and experiences were analysed to assess leadership effectiveness and organisational culture influence.

**Findings:** The findings reveal that leadership style, its effect on employee satisfaction, and organisational culture are critical determinants of workplace morale. Key challenges include limited leadership training, excessive working hours, and generational discrimination. The study recommends targeted leadership development, balanced workload policies, and stronger cultural initiatives to foster equity, enhance job satisfaction, and improve organisational performance.

**Keywords:** Leadership, Employee, Job Satisfaction, Organisational Culture, KFSHRC- SA

### 1. Introduction

Tertiary healthcare institutions operate within highly complex, multidisciplinary, and high-pressure environments where leadership effectiveness is critical to workforce stability and service quality. Evidence consistently identifies leadership style and organizational culture as key predictors of job satisfaction, engagement, and retention among healthcare professionals [1,2]. Leadership, as a process of influencing behavior through trust, vision, and accountability, is commonly expressed through transformational, democratic, and transactional approaches, each shaping organizational outcomes differently [3,4]. Organizational culture, grounded in shared values, norms, and professional practices, plays a central role in shaping employee behavior, inter-professional collaboration, and quality of care delivery [5,6]. In tertiary referral centers such as King Faisal Specialist Hospital & Research Centre (KFSHRC), alignment between leadership

practices and organizational culture is particularly critical due to the specialized nature of care and workforce diversity. Prior research demonstrates that such alignment enhances employee satisfaction, organizational commitment, and operational [7]. However, empirical evidence examining this relationship within Saudi tertiary healthcare settings remains limited, supporting the need for the present case study.

#### 1.1. Leadership Styles

Leadership styles represent behavioral patterns through which leaders influence teams and shape organizational outcomes in complex healthcare environments [8]. Effective leadership styles enhance employee satisfaction and organizational performance, whereas ineffective approaches undermine morale and care quality [9]. In high-pressure healthcare settings, leaders must adapt their style to situational demands, making flexibility a critical

leadership competency [10,11]. At KFSHRC, multiple leadership styles coexist, each offering context-dependent strengths and limitations. Transactional leadership supports quality control and compliance but may constrain innovation in evolving clinical environments [3,12]. Transformational and democratic leadership foster engagement, innovation, and interdisciplinary collaboration, though their effectiveness may decline in urgent or high-stress contexts requiring directive clarity [13-15]. Consequently, adaptive and situational leadership remains essential for sustaining performance, staff satisfaction, and patient safety in tertiary healthcare institutions [16-18]. Autocratic leadership can enhance patient safety in emergencies through rapid, directive decision-making, though sustained use may undermine staff morale and trust. Conversely, laissez-faire leadership supports autonomy and innovation, which may benefit research-driven institutions such as KFSHRC, but limited oversight risks inconsistent care standards [19,20]. These perspectives indicate that no single leadership style is universally effective in healthcare settings. Accordingly, adaptive leadership that balances directive authority with collaboration is essential for aligning workforce needs, organizational priorities, and patient outcomes within the Saudi healthcare context [21].

## 1.2. Factors Influencing Job Satisfaction in Healthcare

Job satisfaction among healthcare professionals is shaped by a combination of organizational and psychological factors. Insufficient management support, weak communication, and lack of recognition are persistent sources of dissatisfaction, while leadership feedback and recognition significantly enhance engagement and satisfaction [22-25]. Peer appreciation strengthens teamwork and patient-centered care, both of which are associated with higher job satisfaction [26-28]. Professional autonomy further contributes to empowerment and satisfaction, although its effects vary across healthcare roles and contexts [26,29,30]. Within tertiary institutions such as KFSHRC, effective leadership and organizational culture are central to integrating these factors, improving staff retention, and enhancing quality of

care. The aim of this study was exploring the impact of leadership on job satisfaction within the healthcare sector, using KFSHRC in SA as a case study. Specifically, it examined how leadership affects organisational culture, and in turn, how organisational culture influences the job satisfaction of healthcare employees at KFSHRC.

## 2. Method

A qualitative research design was adopted to explore the perceptions and experiences of staff at KFSHRC.

### 2.1. Sample

Purposive, stratified, and convenience sampling techniques were combined to ensure diversity and relevance of participants [31,32]. The final sample included 7 senior leaders and 34 healthcare employees with substantial tenure at KFSHRC. To ensure depth and reliability, managers and employees with less than two years of experience were excluded, as were participants from the same department, to minimize bias and broaden perspectives.

### 2.2. Data Collection

Ethical approval was obtained from Glasgow Caledonian University (UK) and KFSHRC. Participants were recruited through direct invitations, internal announcements, noticeboards, emails, and hospital communication platforms. Informed consent and study details were provided in advance. Data were collected via semi-structured interviews with seven leaders and four focus groups involving 34 staff members (9 of Allied Health, 8 of Team Supervisors, 9 of Nursing, and 8 of Human Resources). In total, 41 participants contributed to the study. Each leader interview lasted approximately one hour, while focus groups averaged ninety minutes. All sessions were audio-recorded, transcribed, and systematically analyzed to capture key insights into leadership, organizational culture, and job satisfaction. The demographic and professional characteristics of this sample are presented in the tables 1, 2, 3, 4, and 5.

Name	Sex	Current Position	Years of Experience in Current Position
SM1	Male	Clinical Services Manager	> 5 years
SM2	Female	Clinical Affairs Manager	2-5 years
SM3	Male	Clinical Services Manager	3-5 years
SM4	Male	Clinical Services Manager	10-14 years
SM5	Male	Program Director	3- 5 years
SM6	Male	Clinical Informatics Manager	15-20 years
SM7	Male	Clinical Services Manager	6-10 years

**Table 1: Senior Leaders Characteristics**

Name	Sex	Current Position	Years of Experience in Current Position
(SNU1)	Female	Senior Nutritionist	> 12 years
(SUNU)	Female	Supervisor Nutritionist	4-5 years
(CD)	Female	Clinical Dietitian	> 3 years
(OPT)	Male	Orthotics/ Prosthetics Technician	3-4 years

(SNP1)	Male	Senior Neurophysiology Specialist	10-15 years
(SPT)	Male	Senior Physical Therapist	10- 12 years
(SOP)	Male	Senior Orthotics/Prosthetics	3-6 years
(SOT)	Female	Senior Occupational Therapist	2-3 years
(SNP2)	Female	Senior Audiologist	< 5 years

**Table 2: Focus Group Characteristics: First Group of Nine- Allied Health**

Name	Sex	Current Position	Years of Experience in Current Position
(SID)	Female	Senior Investigation Pharmacist	> 12 years
(CRC)	Male	Clinical Research Coordinator	3-4 years
(OPL)	Male	Orthotics Prosthetics Leader	5-6 years
(OTL)	Male	Occupational therapy Leader	10-15 years
(CN)	Female	Consultant Neurology	> 5 years
(NL)	Male	Neurophysiology Leader	3-4 years
(PTL)	Male	Physical therapy Leader	>15 years
(RL)	Male	Radiologist Leader	15-20 years

**Table 3: Focus Group Characteristics: Second Group of Eight – Team Leaders/ Supervisors**

Name	Sex	Current Position	Years of Experience in Current Position
HN	Male	Head Nurse	8-10 years
N1	Female	Staff Nurse	> 7 years
CN1	Female	Charge Nurse	14- 18 years
(CIHOC)	Male	Clinical Instructor Hematology Oncology	20 years
SN1	Female	Senior Nurse	14-16 years
N2	Female	Staff Nurse	> 5 years
N3	Female	Staff Nurse	3-4 years
SN2	Female	Senior Nurse	7-10 years
N4	Female	Staff Nurse	5-10 years

**Table 4: Focus Group Characteristics: Third Group of Nine – Nurses**

Name	Sex	Current position	Years of Experience in Current Position
(HS)	Male	Head Section	5-10 years
(SPA)	Male	Senior Personal Analysis	3-5 years
(SER)	Male	Senior Employee Relation	10-15 years
(HCA)	Male	Human Capital Assistant	2-4 years
(SHCS)	Female	Senior Human Capital Specialist	> 2 years
(SHCA)	Female	Senior Human Capital Analyst	12-15 years
(SHA)	Female	Senior Hospital Assistant	> 2 years
(LEB)	Female	Leader of Employee on Boarding	2-5 years

**Table 5: Focus Group Characteristics: Fourth Group of Eight – Human Resource**

The individual interview was specifically designed for leaders and focus group to answer the research questions in table 6:

## 2.3. Data Analysis

Leaders	Focus Group
<ul style="list-style-type: none"> <li>• So, let start our discussion with first question, can you tell me about your position and talk a bit about your experience at KFSHRC?</li> <li>• What job satisfaction means to you?</li> <li>• How would you describe your leadership style? Can you give an example of a situation that you used this style successfully and how it aligns or match with the hospital's core values?</li> <li>• Can you tell an example of a time when you had to change your leadership approach to fit the needs of a diverse team?</li> <li>• How do you deal with the conflicts and challenges that come up with your team? Can you give an example to illustrate?</li> <li>• How do you make sure that your team feels motivated and empowered to reach their goals?</li> <li>• How do you measure and evaluate job satisfaction levels within your team?</li> <li>• What you do to support any employees who might be feeling burnt out or stressed?</li> <li>• Do you think that employee involvement in decision-making would enhances their job satisfaction? Can you provide an example?</li> <li>• In your opinion, what makes a great leader?</li> <li>• Do you have any advice for people who want to become leaders in the healthcare sector at Saudi Arabia?</li> <li>• Is there anything else you want to add it that we might have missed it in our interview?</li> </ul>	<ul style="list-style-type: none"> <li>• I would like from each one tells me what your job is? and take a bit about your personal experience at KFSHRC briefly like 2 minutes?</li> <li>• Can you explain to me guys what job satisfaction means to you? Could you tell me what time truly you felt satisfied at your job?</li> <li>• How do you think guys that the different leadership styles at KFSHRC impact or how much happy you are in your job?</li> <li>• From your point of view, what do you think guys leadership style work best here at KFSHRC?</li> <li>• Lastly, I would ask you guys how your contribution or actions affect your leader and organizational culture at KFSHRC?</li> <li>• Is there anything more you would like to add to our interview to address any critical topics we might have overlooked?</li> </ul>

**Table 6: Leaders and Focus Group Interview Questions**

Interpretative Phenomenological Analysis (IPA) was employed to explore participants' lived experiences [33]. Semi-structured interviews with seven leaders and four focus groups were transcribed in English by the researcher, who engaged repeatedly with the data to ensure immersion and accuracy. Initial coding involved documenting emergent themes, which were clustered and organized hierarchically to build a comprehensive master list [33,34]. To enhance rigor, themes were compared across transcripts to identify both consistent and divergent perspectives. Reliability and validity were reinforced through member checking, where participants reviewed the researcher's interpretations for accuracy, and triangulation, which strengthened credibility and transferability [35]. This systematic process ensured that the findings reflected participants' authentic perceptions while maintaining analytical depth.

## 3. Results

The sample consisted of 41 participants (23 males and 18 females), primarily aged between 30 and 50 years. Most respondents held a bachelor's degree, followed by master's degrees, with work experience ranging from 2 to 20 years at KFSHRC. From the leaders' interviews, five major themes emerged: (a) dominant leadership style at KFSHRC, (b) leadership methods for evaluating employee satisfaction, (c) Burnout and stressed employees, and the role of leadership, (d) the impact of organizational culture on leadership, and (e) The leadership vision of the great leader. Similarly, analysis of focus groups revealed four themes: (a) dominant leadership style at KFSHRC, (b) perceived effects of leadership styles on employee development, goal achievement, and job satisfaction, (c) employees' perspectives on their satisfaction, and (d) the influence of organizational culture on the employee's satisfaction. These findings are summarized in Tables 7 and 8.

Categories	Subcategories
1. Dominant Leadership Style at KFSHRC	Transformation and Democratic Combination of Different Leadership styles
2. Leadership Methods to Evaluate Employee Satisfaction	Survey Open Discussion
3. Burnout and Stressed Employees and the Role of Leadership	Listen Analyze Solve
4. Impact of organizational culture on Leaders	Open Communication Decision Making
5. The leadership vision of the great leader	Departmental Objectives, vision, and mission Adaptability Capability Training Effectiveness Communicator Empowering Supported Unique Ideas Invest in the Employees' Future Role Model Equity and Fairness

**Table 7: The Issues around the Different Styles of Leadership at KFSHRC and their Roles on Employee Job Satisfaction at KFSHRC (Leaders Perspective)**

Categories	Subcategories
1. Dominant Leadership Style at KFSHRC	Transformation and Democratic Combination of Different Leadership Styles Autocratic and Servant
2. Perceived Impacts of Different Leadership Styles on Employee's Development, Growth, Achieving Goals, and Job Satisfaction	Supportive Empowering Budget Restricted Policy Discrimination
3. The Employee's View on their Satisfaction.	Time-Consuming (Work-Life Balance), No Bias, Equity, Opportunity, Recognized Fair Compensation Job Security Patients Positive Feedback/Outcome
4. Impact of Organizational Culture on Healthcare Employees	Disappointed Decision Making Open Communication

**Table 8: The Issues Impacting Employee's Job Satisfaction at KFSHRC (Focus Groups Perspective)**

### 3.1. Leaders Interview Main Categories

#### 3.1.1. Theme 1: Dominant Leadership Styles at KFSHRC

Through direct questioning of the participants about their feedback, a set of subcategories became apparent within this category became apparent. These were transformational and democratic, a combination of different leadership styles depending on the situation.

- **Transformational and Democratic**

Findings revealed that leadership at KFSHRC is primarily shaped by a blend of transformational and democratic styles. Leaders emphasized aligning goals with the organizational

vision while actively engaging employees in decision-making. As one participant noted, "Our leader sets goals that match the organizational vision, but also listens to the ideas of the team members and allows them to have a say in decisions" (SM1). Another leader reinforced this by stating, "My employees' feedback is highly considered because I value them" (SM1). Similarly, SM6 highlighted the culture of open communication: "Our manager encourages all employees to speak up in team meetings and share their ideas." Transformational leadership was further evident in the use of emotional intelligence to foster trust and motivation. As HS reflected, "Our leader sometimes shares his personal experience to guide us in developing strategies such as deep breathing exercises,

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taking breaks, or reframing negative thoughts.” This relational approach cultivated transparency, positivity, and commitment, ultimately enriching the organizational environment and creating a culture of engagement and support.

- **Combination of Different Leadership Styles Depends on the Situation**

Participants also stressed the importance of situational adaptability, noting that leaders at KFSHRC often draw from multiple leadership styles to meet organizational demands. *As one leader explained, “A leader selects different styles to achieve the organizational objectives” (SM7).* Examples included coaching leaders who provide guidance and feedback, laissez-faire leaders who grant autonomy, transactional leaders who incentivize performance, servant leaders who prioritize team wellbeing, and visionary leaders who inspire innovation and long-term growth. *As SM2 concluded, “A good leader always helps the organization grow and achieve its goals.”*

Overall, these insights illustrate that leadership at KFSHRC is not defined by a single model but by the flexible integration of diverse approaches, enabling motivation, collaboration, and organizational success.

### 3.1.2. Theme 2: Leadership Methods to Evaluate Employee Satisfaction

Most of the senior leaders who participated in this study said that the employee satisfaction survey is the most commonly used tool to measure employee satisfaction. However, the two leaders did not believe in it. They said, “It is just telling numbers”. They prefer to use other tools, which are explained in detail below:

- **Employees Satisfaction Survey**

Most leaders reported using surveys to assess satisfaction. As SM1 explained, “We have used anonymous questionnaires to gather feedback about our overall satisfaction in the workplace.” Yet, some leaders questioned their validity. SM7 noted, *“Sometimes we found a high score of absence and sick leaves,”* while SM6 added, *“Dissatisfied employees tend to delay their work.”* Others linked surveys with performance outcomes, with SM2 stating, *“Decreasing the number of leaves means the satisfaction of employees is high.”*

- **Open Discussion**

Several leaders preferred open dialogue, arguing it provides deeper insights than surveys. SM3 described surveys as “just filling numbers,” while highlighting that “genuine conversations” better reflect employees’ feelings. SM7 added, *“Interpersonal relationships with co-workers and management significantly enhance workplace satisfaction.”* Leaders also emphasized that informal gatherings promote openness, trust, and higher morale.

### 3.1.3. Theme 3: Burnout and Stressed Employees and the Role of Leadership

Leaders at KFSHRC recognized their role in reducing burnout by offering support, resources, and flexibility. As SM4 stated, *“The role of the manager is to provide help and support to stressed employees... and give them time off to rest.”* SM2 added,

*“Breaking down overwhelming tasks into smaller parts helps employees feel more in control,”* while SM6 recalled, *“I knew they were too stressed and needed to take leave, so I called them to my office and helped them to take a rest.”* Such practices show how attentive leadership fosters well-being and prevents burnout.

### 3.1.4. Theme 4: Impact of Organisational Culture on the Leaders

- **Open Communication**

Leaders noted that organizational culture at KFSHRC shapes trust, communication, and daily practice. As SM2 explained, *“Trust is necessary to create the right, trusting environment.”* Safety and well-being were also emphasized, with SM1 stating, *“My organization always enhances environmental safety by ensuring our environment is free from hazards, maintaining a clean workplace, and teaching us how to act in emergencies.”* This culture fosters a supportive and productive workplace.

- **Sharing Decision Making**

Leaders stressed that involving employees in decisions boosts morale and efficiency. As SM1 stated, *“When employees feel they have a voice, this policy can lead to both improved efficiency and a sense of value.”* Supportive leadership reinforced this, with SM1 noting, *“My leadership style can be described as supportive and empowering,”* and SM7 adding, *“Help my staff with the required tools... and share decisions with them that will allow them to grow.”* Such participatory approaches foster inclusivity, innovation, and shared accountability.

### 3.1.5. Theme 5: The Leadership Vision of the Great Leader

All the leaders affirmed that leadership is a process of self-development, educational courses, and the ability to learn how to lead. The leader will adopt a leadership style based on the experiences and challenges that he/she experiences.

- **Connect Departmental Objectives with Hospital Vision and Mission**

Leaders stressed that aligning departmental goals with the hospital’s vision is essential for success. As SM7 noted, *“A greater leader should understand the organization’s vision and ‘big picture’ and set strategic departmental goals based on that.”* Involving employees in this process fosters collaboration, communication, and empowerment, leading to stronger acceptance of decisions and improved performance.

- **Adaptability and Capability**

Flexibility and openness to change were identified as crucial. SM4 explained, *“A good leader can go across the aisle... listen and take lessons from everybody,”* while SM7 highlighted that *“a capable leader brings the ability to organize people to the table.”*

- **Leader Training**

Leaders stressed the need for evidence-based decision-making and skill development in listening, conflict resolution, and time management. As SM2 observed, *“A new leader must cultivate skills such as listening, conflict resolution, and time management to transition successfully.”*

- **Approachable and Effective Communicator**

A culture of trust was seen as central to effective leadership. SM2 remarked, *“Listening to your opinion, requesting your opinion...”*

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believing in your ability to complete the task that is all my vision about a great leader.” Similarly, SM6 warned, “If the leader is away and closing his or her door... this is a failure in leadership.”

- **Empowering**

Leaders emphasized empowerment, compassion, and shared responsibility. As SM1 stated, “A great leader also empowers their team, encourages growth, and leads with empathy and compassion.” SM3 reinforced this view: “A great leader is someone who brings out the best in the staff and does not rely on just one person.”

- **Support the Unique Ideas**

Great leaders support staff development and creativity. SM1 explained, “I support the team members in their career growth and achieving goals,” while SMS added, “I adopted any research idea from my staff and tried to find all the resources that help the team to accomplish their research.”

- **Invest in Employee Future**

Leaders emphasized that employee well-being drives organizational success. As SM2 stated, “Take care of your employees, and they will take care of your business.” Supporting growth through clear expectations, feedback, and training fosters satisfaction, commitment, and efficiency.

- **Led by Role Model and Availability of Resources**

Leaders highlighted the need to inspire by example. As SM7 noted, “Our job is to act as a role model to inspire employees,” while SM2 added, “A role model will inspire the team by demonstrating integrity, perseverance, positivity, and confidence.” Providing resources alongside this example fosters trust and a supportive, productive culture.

- **Equity & Fairness**

Leaders stressed that fairness builds trust and credibility. As SM4 noted, “A great leader should be fair across the board... consistency and fairness should be the watchword of a leader.” Transparency and unbiased decisions foster respect, security, and an inclusive culture.

### 3.2. Focus Groups Main Categories

Analysis showed mixed perceptions of leadership at KFSHRC. While some employees felt “our leader values our feedback,” others noted that “decisions feel distant from daily challenges,” reflecting leadership’s nuanced impact on job satisfaction.

#### 3.2.1. Theme 1: Dominant Leadership Style at KFSHRC

- **Transformational and Democratic**

Transformational and democratic styles were seen as most effective. N4 noted, “They mobilize employees, inspire them, and boost morale.” HIN stressed shared governance: “I need to discuss with you as a team member to find effective ways of addressing burnout.” NI added, “I love to give my feedback... my manager will hear it and consider it.” While these styles foster trust and collaboration, participants cautioned that consultation may slow urgent decisions.

- **Combination of Different Leadership Styles Depends on the Situation**

Flexibility was viewed as essential. NPS1 stated, “All leadership styles... are used together at KFSHRC; the reason depends on the

situation.” RL emphasized adaptability: “The organization should try different styles from time to time.” Autocratic leadership was useful in crises, while democratic and transformational styles promoted collaboration and vision. Yet, over-shifting risked inconsistency, requiring balance.

- **Autocratic and Servant**

Servant leadership supported well-being, with SOT noting, “My manager always focuses on the well-being of employees.” In contrast, autocratic leadership gave “absolute control and authority” (SUNU), often evident in promotions. Some raised concerns about favoritism, stating, “Most of the time the leader nominates himself.” Servant leadership boosted morale, while autocratic approaches risked eroding trust.

#### 3.2.2. Theme 2: Perceived Impact of Leadership Style on Employee Development, Growth, Achieving Goals, and Job Satisfaction

Participants viewed leadership as supportive of skill development and inclusive, with “equal opportunities for all staff to grow and learn new skills.” This fostered job satisfaction and goal achievement, though inconsistencies in leadership were seen to limit growth.

##### 1. Positive Factors

- **Supportive:** Recognition and linking goals to the hospital’s vision enhanced morale. SNI stated, “Being acknowledged... motivates us to bring our best.”
- **Empowering:** Supportive leadership-built trust and motivation through training and coaching. As N4 noted, “Our leaders are truly interested in helping us reach our full potential.”
- **Special Budget for Research/ Education:** Leaders allocated budgets for research and education, encouraging equal opportunities. N4 affirmed, “The hospital will support the initiative employee.”

##### 2. Negative Factors

- **Restricted Policy:** Employees pursuing higher degrees felt limited by policies restricting career advancement. As SPT noted, “I studied abroad... but when I came back, there was no career plan for me.”
- **New Generation versus Old Generation:** Training opportunities favored younger staff, creating tension. SPT stated, “Younger people were given the chance to be trained... more than me.”

#### 3.2.3. Theme 3: The Employee’s View on their Satisfaction

Employee’s satisfaction was seen to boost productivity and retention, supported by recognition, engagement, and job security, while hindered by work-life imbalance, inequity, and low compensation.

##### 1. Positive Factors

- **Recognized, Appreciation Letter:** Recognition was viewed as essential for motivation and alignment with organizational goals. As one participant stated, “When employees go above and beyond... it is essential for them to feel valued.”

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Suggested methods included letters, time off, or bonuses, with personalized acknowledgment seen as most impactful.

- **Job Security, Loyalty, and Commitment:** Job security fostered loyalty and reduced anxiety, with CN noting, *“Feeling secure in the job... makes me more loyal.”* Organizational support was seen as vital for sustaining commitment.
- **Patients Positive Feedback/Outcome:** Patient appreciation was a strong motivator, as N2 stated, *“By being appreciated by my patients, I will be satisfied.”* Such feedback reinforced purpose and job satisfaction.

## 2. Negative Factors

- **Time Consuming (Work-Life Balance):** Participants emphasized the need for flexibility, linking it to satisfaction and well-being. As SNU1 stated, *“I was satisfied when I was working flexi-time, but after 3 years, they stopped this program.”* The loss of flexible schedules was seen as harmful to work-life balance.
- **No Bias, Equity, and Opportunity:** Concerns were raised about favoritism in appraisals and promotions. Allied health participants noted, *“Favoritism toward certain people has been observed in our department,”* while HCA stressed, *“Employee satisfaction is fairness in promotions and workload distribution.”* Fairness and equal opportunity were viewed as essential for career growth and morale.
- **Fair Compensation (Performance Bonus, Monthly Salary):** Lack of performance bonuses created dissatisfaction. RI stated, *“Staff who reached the ceiling of their salary should be compensated by performance bonus.”*

### 3.2.4. Theme 4: Impact of Organisational Culture on Healthcare Employees' Job Satisfaction

Focus group participants agreed that a clear vision and recognition foster motivation and engagement. As one noted, *“Celebrating team accomplishments makes us feel valued.”*

1. **Disappointed:** Unmet expectations reduced motivation, with PTL stating, *“The employee's personality can be affected by the leader's actions.”* Others described task dumping “I feel like my manager is just dumping tasks on me” NL and ignored feedback *“They just take our answers and throw them in the trash”* SPT, highlighting disengagement.
2. **Open Discussion and Decision-Making:** Employees valued inclusive dialogue, noting shifts from autocratic to adaptable leadership. SUNU described a former leader as *“90% autocratic”* who later became more receptive. N4 added, *“My contributions have significantly impacted the leadership and culture.”*
3. **Effective Communication:** Open communication reduced uncertainty and built trust. CD explained, *“If the leader explains what is happening, you feel satisfied,”* while HN noted, *“My manager asked my opinion before making a decision.”* HS concluded, *“The communication channel is always open.”*
4. **Shared Categories between Leaders and Focus Groups:** Analyzing the relationship between leaders and the focus group revealed categories between two entities. The significant

shared category is the dominant leadership style at KFSHRC, and another key shared category is the impact of organisational culture on healthcare employees.

5. **Dominant Leadership Style at KFSHRC:** The leaders and the employees from the focus groups almost confirmed the same beliefs. Additionally, the focus group confirmed a third type of leadership used at KFSHRC; servant and autocratic, as explained previously in detail.
6. **Impact of Organizational Culture on Leaders/ Employees:** The focus group added one more sub-theme, which discussed workplace disappointment, while at the leaders' interview, none of them mentioned this point. The leaders may be more satisfied because they hold higher positions.

## 4. Discussion

This study highlights the link between leadership styles, organizational culture, and employee job satisfaction at KFSHRC. Findings emphasize the prominence of transformational and democratic leadership, while recognizing the role of combining multiple styles including servant and autocratic leadership in addressing complex healthcare demands.

### 4.1. Dominant Leadership Style at KFSHRC

Transformational and democratic leadership at KFSHRC were most associated with higher job satisfaction, as they promote collaboration, trust, and shared vision [36-38]. Employees valued being engaged in decisions, though misalignment in vision may reduce these benefits [39]. Leaders also adapted by combining multiple styles depending on context, reflecting evidence that flexible leadership better addresses diverse employee needs [40]. This adaptability reinforced that leadership is not “one-size-fits-all.” Servant and autocratic leadership were likewise important: servant leadership aligned with patient-centered care by supporting staff, while autocratic leadership enabled rapid, centralized decision-making in crises [9,41]. Together, they created a balanced framework that enhanced efficiency and safeguarded both staff and patients [42].

### 4.2. Methods of Leadership to Evaluate Employee Satisfaction

KFSHRC leaders used surveys to measure job satisfaction, offering anonymity but limited depth [43]. Direct communication in meetings provided richer, real-time insights, though combining both methods sometimes produced conflicting interpretations [44,45]. Continuous reassessment was deemed essential to keep evaluation tools effective.

### 4.3. Burned-out and Stressed Employees and the Role of Leadership

Effective leadership at KFSHRC is central to preventing burnout by fostering supportive cultures, promoting work-life balance, and providing professional development opportunities [46]. Leaders who invest in employees' well-being and growth create motivated teams capable of advancing the hospital's mission.

### 4.4. Leadership Vision of the Greater Leader

The study highlights the need for adaptive and situational

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leadership, linking departmental goals with the hospital's vision while fostering inclusivity, collaboration, and ethical integrity [47,48]. Effective leaders combine innovation, authenticity, and global perspective to address challenges and maintain organizational success.

#### 4.5. Positive Impact on the Employee's Job Satisfaction

- **Promotion Opportunities:** Promotion and professional development significantly enhance job satisfaction and commitment among healthcare employees [49]. However, mixed evidence suggests the relationship between advancement and satisfaction is complex, requiring further research to guide strategies for retention and productivity [50,51].
- **Work Environment:** HR staff expressed strong satisfaction with their workplace, noting "I feel secure and supported in my workplace" [52]. However, research shows mixed experiences, with dissatisfaction reported among physiotherapists and nurses [53]. This suggests that satisfaction levels may vary depending on professional roles.
- **Citizenship Status Discrimination:** Participants emphasized equal treatment of Saudi and non-Saudi staff, with one stating, "Leaders here support us equally, regardless of nationality." This inclusive perception contrasts with studies showing discrimination harms job satisfaction and retention [54]. Local research indicates non-Saudi nurses may report higher satisfaction due to leadership support and career opportunities [2].
- **Direct Patient Care:** Patient interaction strongly boosts employee commitment and satisfaction, though negative feedback can reduce morale. Supportive leadership and meaningful work create a cycle where satisfied staff provide better patient care [55,56].
- **Appreciation / Reward:** Recognition through thank-you letters, respect, or fair rewards was reported as a key driver of morale and commitment. Lack of recognition, especially among junior doctors, reduced satisfaction, while fair and equitable systems improved motivation and performance [57,58].

#### 4.6. Negative Impact on the Employee's Job Satisfaction

- **Long Working Hours:** Extended working hours and fixed shifts were strongly linked to stress, burnout, and turnover, particularly among nurses. Evidence shows that exceeding 40 hours per week leads to chronic fatigue and poor recovery, underscoring the need for healthier scheduling practice [59,60].
- **Workload Distribution:** Uneven caseloads increase stress and reduce job satisfaction, while fair workload balance and adequate support enhance staff well-being and patient care quality [54].
- **Career Pathway:** Limited career development opportunities in Saudi allied health reduce job satisfaction and retention. Unclear pathways and inconsistent roles exacerbate dissatisfaction [61,62]. Supportive policies and workforce planning are essential for sustainability and care quality

[63,64].

- **Promotion Opportunity:** Focus groups revealed that favoritism in promotions undermines fairness and demoralizes qualified staff, reflecting systemic flaws. Similar findings in South Africa link favoritism to toxic environments and inequality. Such practices erode trust in leadership and organizational values [65]. Merit-based promotion is essential to restore motivation, fairness, and integrity.

#### 4.7. Relationship between Leadership Styles and Employees' Job Satisfaction

Leadership styles are pivotal in shaping job satisfaction, with transformational and democratic approaches enhancing engagement through effective communication [66,67]. In healthcare, transformational and servant leadership foster commitment, clarity, and psychological safety, strengthening organizational loyalty [53,63]. Conversely, autocratic leadership may silence employees and prioritize efficiency over well-being, undermining collaboration [68]. Thus, adaptive and ethical leadership that ensures fairness and teamwork is essential for sustaining satisfaction and organizational success [37].

#### 4.8. Relationship between Organizational Culture and Healthcare Employees

Effective leadership enhances job satisfaction by fostering development, motivation, and belonging, while neglecting human aspects reduces employees to tools [69,70]. Transformational and democratic styles strengthen performance through participation and innovation [71-74]. Recognition and transparent culture boost morale and commitment, sustaining organizational success [75-77].

#### 5. Conclusion

Leadership plays a pivotal role in shaping employee satisfaction and organizational performance in healthcare. A recent study at KFSHRC, Riyadh, highlights how flexible use of transformational, democratic, servant, and autocratic styles enhances staff engagement. While transformational and democratic leadership promote vision and participation, servant leadership strengthens loyalty, and autocratic leadership proves useful in urgent decisions. Beyond leadership, factors such as fair compensation, career development, and balanced workload significantly impact job satisfaction. KFSHRC's supportive culture emphasizing professional growth, collaboration, and open communication further reinforces staff well-being. Aligning leadership strategies with employee needs fosters higher satisfaction, commitment, and improved healthcare outcomes [78].

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