

Project Title

“The Relationship Between Leadership Styles and Employee Retention Among Healthcare Professionals in Saudi Healthcare Organizations: A Comparative Study of the Public and Private Sectors”

**العلاقة بين أنماط القيادة والاحتفاظ بالموظفين في المؤسسات الصحية السعودية:
دراسة مقارنة بين الكوادر الصحية في القطاعين الحكومي والخاص**

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List of Abbreviations

ANOVA	Analysis of Variance
B	Unstandardized Regression Coefficient
β (Beta)	Standardized Regression Coefficient
CI	Confidence Interval
Cronbach's α	Cronbach's Alpha
Df	Degrees of Freedom
EE	Employee Engagement
F	F-statistic
HR	Human Resources
HRM	Human Resource Management
KSA	Kingdom of Saudi Arabia
LS	Leadership Style
MLQ	Multifactor Leadership Questionnaire
MOH	Ministry of Health
N	Sample Size
OCQ	Organizational Commitment Questionnaire
P	Probability Value
R	Correlation Coefficient
R²	Coefficient of Determination
RN	Registered Nurse
SD	Standard Deviation
SPSS	Statistical Package for the Social Sciences
T	t-test Statistic
TI	Turnover Intention
TL	Transformational Leadership
UWES	Utrecht Work Engagement Scale
VIF	Variance Inflation Factor
WHO	World Health Organization

English Abstract

BACKGROUND: Employee retention has become a strategic priority for Saudi healthcare organizations due to workforce shortages and ongoing healthcare transformation under Saudi Vision 2030. Leadership style plays a key role in shaping employees' organizational commitment and their intention to remain with their organizations.

OBJECTIVE: To examine the relationship between leadership styles and employee retention among healthcare professionals in Saudi healthcare organizations.

METHODS: A quantitative cross-sectional design was employed. A random sample of 103 healthcare professionals from public, private, and mixed healthcare organizations in Saudi Arabia completed a validated questionnaire assessing leadership style, organizational commitment, employee retention, organizational environment, and workplace perceptions. Data were analyzed using SPSS version 29. Descriptive statistics, Cronbach's alpha, Pearson's correlation, and hierarchical multiple regression analyses were performed.

RESULTS: Participants reported moderate perceptions of leadership style (mean = 3.39, 67.87%), moderate organizational commitment and retention (mean = 3.23, 64.63%), and high satisfaction with the organizational environment (mean = 3.51, 70.23%). Leadership style significantly predicted organizational commitment and retention after controlling for demographic variables ($\beta = 0.535$, $p < 0.001$), increasing the explained variance from 3.4% to 29.8%. Transformational leadership was also a significant positive predictor of employee retention ($\beta = 0.529$, $p < 0.001$; $R^2 = 0.280$).

CONCLUSION: Leadership style, particularly transformational leadership, is strongly associated with employee retention and organizational commitment in Saudi healthcare organizations. Strengthening leadership competencies and fostering supportive work environments may improve workforce stability and healthcare service quality.

Keywords: Transformational Leadership, Employee Retention, Organizational Commitment, Healthcare Sector, Saudi Arabia.

Arabic Abstract

الخلفية: أصبح الاحتفاظ بالموظفين أولوية استراتيجية للمؤسسات الصحية في المملكة العربية السعودية في ظل النقص المتزايد في القوى العاملة والتحول المستمر في القطاع الصحي ضمن مستهدفات رؤية المملكة 2030. ويُعد نمط القيادة من العوامل الرئيسة المؤثرة في تشكيل الالتزام التنظيمي للعاملين وتعزيز رغبتهم في الاستمرار داخل مؤسساتهم.

الهدف: هدفت الدراسة إلى فحص العلاقة بين أنماط القيادة والاحتفاظ بالموظفين لدى العاملين في المؤسسات الصحية السعودية.

المنهجية: استخدم تصميم بحثي كمي مقطعي. وشملت الدراسة عينة عشوائية مكونة من 103 من الممارسين الصحيين العاملين في مؤسسات صحية حكومية وخاصة وذات نموذج مختلط في المملكة العربية السعودية، حيث استكمل المشاركون استبانة مُحكَّمة لقياس نمط القيادة، والالتزام التنظيمي، والاحتفاظ بالموظفين، والبيئة التنظيمية، وتصوراتهم عن بيئة العمل. وُحُللت البيانات باستخدام برنامج SPSS الإصدار 29.

النتائج: أظهرت النتائج أن تقييم المشاركين لنمط القيادة كان متوسطاً (المتوسط = 3.39، 67.87%)، كما كان مستوى الالتزام التنظيمي والاحتفاظ بالموظفين متوسطاً (المتوسط = 3.23، 64.63%)، في حين سجلت الرضا عن البيئة التنظيمية مستوى مرتفعاً (المتوسط = 3.51، 70.23%). وتبين أن نمط القيادة يُعد متنبأً إيجابياً ودالاً إحصائياً بالالتزام التنظيمي والاحتفاظ بالموظفين بعد ضبط المتغيرات الديموغرافية ($\beta = 0.535$ ، $p < 0.001$)، مع زيادة نسبة التباين المفسر من 3.4% إلى 29.8%. كما أظهر نمط القيادة التحويلية ارتباطاً إيجابياً ودالاً إحصائياً بالاحتفاظ بالموظفين ($\beta = 0.529$ ، $p < 0.001$)، $R^2 = 0.280$.

الاستنتاج: يرتبط نمط القيادة، ولا سيما القيادة التحويلية، ارتباطاً إيجابياً قوياً بالاحتفاظ بالموظفين والالتزام التنظيمي في المؤسسات الصحية السعودية. وقد يسهم تعزيز الكفاءات القيادية وتوفير بيئات عمل تنظيمية داعمة في تحسين استقرار القوى العاملة والارتقاء بجودة الخدمات الصحية.

الكلمات المفتاحية: القيادة التحويلية، الاحتفاظ بالموظفين، الالتزام التنظيمي، القطاع الصحي، المملكة العربية السعودية.

Chapter One

Introduction

Chapter One

Introduction

Introduction and Background:

In the contemporary global healthcare landscape, the retention of skilled healthcare professionals has emerged as a critical challenge for organizational stability and the delivery of high-quality patient care. Within the Kingdom of Saudi Arabia (KSA), this challenge is particularly acute as the nation undergoes a profound transformation of its healthcare sector. The efficiency and sustainability of the Saudi healthcare system are increasingly dependent on the ability of organizations to retain their workforce, particularly nurses and other frontline professionals, who constitute the backbone of clinical operations (*Alasiry et al., 2024; Alsaleh et al., 2025*). High turnover rates not only escalate operational costs through recruitment and training but also disrupt the continuity of care, adversely affecting patient outcomes and organizational morale (*Alilyyani, 2022; Poljanskij, 2022*). Consequently, identifying modifiable organizational factors that influence an employee's decision to remain within an organization has become a priority for healthcare administrators and policymakers across the Kingdom.

Leadership is consistently identified as a primary determinant of employee retention and turnover intention in Saudi Arabian healthcare settings (*Alasiry et al., 2024; Al-Qahtani et al., 2025*). Leadership styles, which encompass the various approaches and behaviors adopted by managers to guide and motivate their staff, serve as a critical link between organizational goals and individual employee satisfaction. Recent scholarship suggests that the way leadership is exercised within Saudi hospitals significantly shapes the psychological contract and work environment, thereby influencing professional engagement and retention (*Al-Qahtani et al., 2025; Martins et al., 2023*). While several leadership frameworks have been explored in the literature, including transformational, transactional, authentic, and passive-avoidant styles, their specific impact on retention within the unique cultural and structural context of KSA healthcare requires rigorous investigation.

Transformational leadership has received extensive attention in the Saudi context due to its emphasis on inspiring vision, intellectual stimulation, and individualized consideration. Evidence

from various regions, including Makkah and Aseer, indicates that nurse managers who exhibit transformational behaviors foster a more supportive work environment, which is negatively correlated with nurses' intention to leave (*Alasmari et al., 2024; Alsaleh et al., 2025*). By promoting job satisfaction and organizational commitment, transformational leaders can mitigate the pervasive issue of nursing shortages in Saudi governmental and private hospitals (*Alasmari et al., 2024; Alhusban et al., 2022*). This leadership style is strategically significant for healthcare policy in the Kingdom, as it aligns with the broader objectives of enhancing service quality and workforce sustainability (*Alasmari et al., 2024; Alqarni et al., 2023*).

Conversely, other leadership styles present a more complex or even detrimental relationship with employee retention. Transactional leadership, characterized by reward-based exchanges and monitoring, is frequently observed among nurse managers in Saudi hospitals but often shows a weaker or inconsistent association with retention compared to transformational styles (*Alasiry et al., 2024; Alamri et al., 2021*). More concerning is the prevalence of passive-avoidant and laissez-faire leadership, where managers fail to intervene until problems become serious or avoid decision-making altogether. Research in tertiary hospitals in Makkah province has demonstrated a significant positive relationship between passive-avoidant leadership and predicted nurse turnover, with a high percentage of participants expressing strong intentions to quit when faced with such leadership behaviors (*Alsaleh et al., 2025*). These findings underscore the necessity of discouraging passive leadership styles and promoting more active, engaging approaches to stabilize the healthcare workforce (*Magbity et al., 2020*).

Authentic leadership has also emerged as a vital construct in the KSA healthcare retention literature. This style, which focuses on transparency, ethical behavior, and self-awareness, has been linked to increased psychological safety and reduced burnout among healthcare professionals in the Kingdom (*Aldhmadi et al., 2024; Poljanskij, 2022*). In environments characterized by high pressure and rapid change, authentic leaders create a sense of trust and engagement that can significantly lower turnover intentions (*Alilyyani, 2022; Poljanskij, 2022*). By prioritizing employee well-being and fostering a healthy workplace culture, authentic leadership addresses some of the fundamental psychological needs of healthcare workers, thereby enhancing their commitment to their organizations (*Aldhmadi et al., 2024; Pattali et al., 2024*).

Despite the growing body of evidence, several important research gaps remain in understanding the relationship between leadership styles and employee retention in Saudi healthcare organizations. Most existing studies have adopted cross-sectional designs and have focused predominantly on nurses working within specific hospitals or geographic regions, limiting the generalizability of their findings (*Alasiry et al., 2024; Alsaleh et al., 2025*). In addition, relatively few studies have included a broader range of healthcare professionals, such as physicians and allied health practitioners, despite their essential contributions to healthcare delivery (*Aburub et al., 2025; Alothiri, 2022*). Another notable limitation is the lack of direct comparisons between public and private healthcare sectors, although these sectors differ considerably in organizational structure, leadership practices, employment policies, and workforce expectations. Furthermore, previous research has largely emphasized transformational leadership, while the comparative influence of multiple leadership styles on employee retention across different healthcare settings remains insufficiently explored.

This study investigates the relationship between leadership styles and employee retention among healthcare professionals in Saudi healthcare organizations, with a comparative focus on the public and private sectors. Specifically, it aims to examine how different leadership styles are associated with employee retention and to determine whether these relationships differ between healthcare professionals employed in public and private healthcare organizations. By addressing the identified research gaps, this study seeks to generate evidence that will support healthcare leaders and policymakers in developing leadership strategies that strengthen workforce retention, improve organizational commitment, and promote the long-term sustainability of the Saudi healthcare workforce in alignment with the objectives of Saudi Vision 2030.

Study Problem:

Employee turnover remains a significant operational and clinical challenge for healthcare organizations in the Kingdom of Saudi Arabia. High turnover among healthcare professionals increases recruitment and training costs, disrupts continuity of care, reduces organizational productivity, and may negatively affect the quality and safety of healthcare services. These challenges have become more critical as the Saudi healthcare sector continues to implement the strategic reforms of Saudi Vision 2030, which require a stable, engaged, and highly qualified healthcare workforce.

Previous studies have identified leadership style as one of the most influential organizational factors affecting employee retention. Transformational leadership has consistently been associated with greater job satisfaction, stronger organizational commitment, and lower turnover intentions, whereas transactional and passive-avoidant leadership styles have shown weaker or less consistent relationships with employee retention. Authentic leadership has also demonstrated promising outcomes, although evidence remains limited. However, most existing studies have focused primarily on nurses, have been conducted in specific regions or healthcare institutions, and have rarely compared leadership outcomes across the public and private healthcare sectors. Consequently, there is insufficient evidence regarding whether different leadership styles influence employee retention similarly across diverse healthcare professionals and organizational settings within Saudi Arabia.

Accordingly, the problem of this study lies in the limited empirical evidence regarding the relationship between leadership styles and employee retention among healthcare professionals in Saudi healthcare organizations, particularly when comparing the public and private sectors.

Study Questions:

Based on this problem, the study seeks to answer the following main research question:

What is the relationship between leadership styles and employee retention among healthcare professionals in Saudi healthcare organizations, and does this relationship differ between the public and private sectors?

The following sub-questions are derived from the main research question:

1. What are the predominant leadership styles perceived by healthcare professionals in Saudi healthcare organizations?
2. What is the level of employee retention among healthcare professionals in Saudi healthcare organizations?
3. What is the relationship between different leadership styles and employee retention among healthcare professionals?
4. Which leadership style is the strongest predictor of employee retention?

5. Are there significant differences in perceived leadership styles between public and private healthcare organizations?
6. Are there significant differences in employee retention between healthcare professionals working in the public and private sectors?
7. Does the relationship between leadership styles and employee retention differ between public and private healthcare organizations?

Study Significance:**Theoretical Importance:**

This study advances understanding of the relationship between leadership styles and employee retention by integrating multiple leadership constructs — transformational, transactional, authentic, and passive-avoidant — within a single analytical framework, and by examining these styles across diverse healthcare professions (nurses, physicians, and allied health staff), thereby extending the generalizability of existing leadership-retention theories beyond nursing-focused research. Incorporating organizational context factors such as sector type, digital transformation, and perceived job security enables a nuanced understanding of how leadership behaviors interact with structural and environmental variables to influence turnover intentions.

Practical Importance:

The practical significance of this research lies in its potential to inform evidence-based strategies for workforce stabilization within Saudi healthcare organizations. Identifying leadership behaviors that enhance retention can guide the design of targeted leadership development programs, performance appraisal systems, and succession planning initiatives, offering actionable guidance for hospital administrators and policymakers amid ongoing healthcare sector reforms, where retaining skilled professionals is essential for sustaining service quality, operational efficiency, and patient safety.

Aim and Objectives:

The primary aim of this study is to “*Investigate the relationship between leadership styles and employee retention in healthcare organizations within the Kingdom of Saudi Arabia. The study*

seeks to identify which leadership behaviors most effectively influence retention across diverse professional groups and organizational contexts, thereby providing evidence-based insights to support workforce stability and organizational performance”.

To achieve this aim, the study is guided by the following specific objectives:

1. To examine the impact of transformational, transactional, authentic, and passive-avoidant leadership styles on employee retention in Saudi healthcare organizations, with particular attention to nurses, physicians, and allied health professionals.
2. To explore the moderating role of organizational factors, including sector type, digital transformation initiatives, and perceived job security, in shaping the relationship between leadership styles and turnover intentions.
3. To provide actionable recommendations for healthcare leaders and policymakers to enhance retention strategies by promoting leadership practices that foster engagement, commitment, and psychological well-being among employees.

Study Hypothesis:

Main study hypothesis:

H1: *Leadership styles significantly predict employee retention in healthcare organizations in the Kingdom of Saudi Arabia after statistically controlling for professional group, facility type, and key organizational covariates.*

Other hypotheses:

H1a: *Transformational leadership will be positively associated with indicators of retention (higher organizational commitment, greater intent to stay, and lower turnover intention) across nurses, physicians, and allied health professionals, consistent with regional evidence linking visionary and supportive management to reduced intent to leave.*

Conceptual and Operational Definitions:

- **Leadership Styles:** Leadership styles refer to the patterns of behaviors, attitudes, and practices adopted by leaders to influence, motivate, and guide employees toward achieving organizational goals. This study focuses on transformational, transactional, and passive-avoidant leadership styles as conceptualized in the Full Range Leadership Model.
- **Transformational Leadership:** A leadership style characterized by idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration, through which leaders inspire employees to exceed expectations, foster innovation, and strengthen organizational commitment.
- **Employee Retention:** Employee retention refers to an organization's ability to maintain its workforce by encouraging employees to remain employed within the organization over time. It reflects employees' intention to stay, organizational commitment, and reduced turnover intention.
- **Organizational Commitment:** Organizational commitment is the psychological attachment and sense of loyalty that employees develop toward their organization, which motivates them to remain members of the organization and contribute to achieving its objectives.

- **Healthcare Professionals:** Healthcare professionals are licensed individuals who provide healthcare services, including physicians, nurses, pharmacists, allied health professionals, and other clinical practitioners employed in healthcare organizations.
- **Healthcare Organizations:** Healthcare organizations are institutions that provide preventive, diagnostic, therapeutic, and rehabilitative healthcare services. In this study, they include public and private healthcare organizations operating within the Kingdom of Saudi Arabia.

Operational Definitions:

- **Leadership Styles:** Operationally, leadership styles are defined as healthcare professionals' perceptions of their immediate supervisors' leadership behaviors, measured using the study questionnaire. Higher scores indicate more frequent demonstration of positive leadership behaviors.
- **Employee Retention:** Employee retention is operationally defined as participants' intention to remain employed in their current healthcare organization and their willingness to continue working there. It is measured using the employee retention scale included in the study questionnaire, with higher scores indicating stronger retention.

Study Delimitations

- **Subject Delimitation:** The study is limited to examining the relationship between leadership styles and employee retention among healthcare professionals.
- **Human Delimitations:** The study population consists of healthcare professionals, including physicians, nurses, pharmacists, and allied health professionals.
- **Spatial Delimitations:** The study is conducted in selected public and private healthcare organizations located within the Kingdom of Saudi Arabia.
- **Temporal Delimitations:** Data collection is conducted during the 2026 academic year.
- **Methodological Delimitations:** The study adopts a quantitative, cross-sectional, comparative research design.

Chapter Two

Literature Review and Previous Studies

Chapter Two

Literature Review and Previous Studies

Introduction:

The primary purpose of this review is to investigate the critical intersection between diverse leadership paradigms and employee retention strategies within healthcare organizations in the Kingdom of Saudi Arabia (KSA). As the Saudi healthcare system undergoes an "accelerated transformation" aligned with Vision 2030, understanding the structural and functional lessons learned from large-scale service reforms is essential for maintaining a stable workforce (*Riley et al., 2023*). This study aims to evaluate how evolving leadership models—specifically digital and transformative styles—impact job stability and organizational commitment during periods of intense technological and systemic transition (*Bokhari, 2024*).

The scope of this investigation focuses on the unique socio-cultural and professional challenges prevalent in the Saudi medical landscape, with a specific emphasis on high-turnover professions such as nursing. By synthesizing qualitative evidence regarding turnover intentions, the review seeks to identify the specific leadership behaviors that either mitigate or exacerbate staff attrition in both public and private health sectors (*Almubark et al., 2025*). Geographically, the analysis prioritizes data from major urban centers like Jeddah while drawing broader inferences applicable across the Kingdom. Ultimately, this review intends to provide healthcare administrators and policymakers with a framework for adopting leadership practices that foster resilience, enhance job satisfaction, and secure long-term human capital in an increasingly digitalized and restructured healthcare environment.

Previous Studies:

Aldhmadi, et al., (2026). *“Effects of Authentic Leadership on the Experiences of Burnout and Turnover Intention among Healthcare Professionals”*.

This cross-sectional study investigated the effects of authentic leadership on burnout and turnover intention among healthcare professionals in the Ha'il region of Saudi Arabia. Data were collected through an online, close-ended survey administered between March and May 2025,

involving 318 healthcare professionals, primarily nurses and physicians from leading hospitals. The collected data were analyzed using descriptive statistics, reliability testing, correlation analysis, regression analysis, and diagnostic tests with SPSS version 27. The participant profile indicated that most respondents were female, predominantly nurses, aged between 31 and 40 years, and held bachelor's degrees. Regression analysis demonstrated that authentic leadership was significantly associated with both burnout and turnover intention. Specifically, authentic leadership showed a statistically significant positive association with burnout ($\beta = 0.0374$, $p = 0.006$; $R^2 = 0.0241$, $F = 7.81$), while exhibiting a significant negative association with turnover intention ($\beta = -0.2805$, $p < 0.001$; $R^2 = 0.1035$, $F = 36.51$). Although the reported positive association with burnout contrasts with the theoretical expectation that authentic leadership reduces burnout, the findings consistently indicated that authentic leadership contributed to lowering employees' intention to leave their organizations. The authors concluded that strengthening authentic leadership practices may improve employee retention and organizational stability and recommended further research to explore the cultural and organizational factors that may influence the relationship between authentic leadership, burnout, and turnover intention in healthcare settings.

Alasmari, et al., (2025). *“The Impact of Transformational Leadership on Nursing Staff Retention and Job Satisfaction in Critical Care Departments in the Aseer Region”*.

This cross-sectional study examined the influence of transformational leadership on nursing staff retention and job satisfaction among critical care nurses in the Aseer Region of Saudi Arabia. A total of 190 nurses working in critical care departments participated in the study. Data were collected using the Transformational Leadership Questionnaire (TLQ) and standardized instruments measuring staff retention and job satisfaction. Statistical analyses included correlation and regression analyses to evaluate the strength and predictive effect of transformational leadership on the study outcomes, while comparative analyses assessed differences according to gender. The findings demonstrated a strong positive relationship between transformational leadership and nursing staff retention ($r = 0.671$), as well as job satisfaction ($r = 0.596$). Regression analysis further confirmed that transformational leadership was a significant predictor of both staff retention and job satisfaction, indicating that nurse managers who demonstrate transformational leadership behaviors contribute substantially to improving workforce stability and employee

satisfaction. The study also found no significant gender differences in perceptions of leadership style, retention, or job satisfaction. The authors concluded that transformational leadership is an effective leadership approach for promoting nurse retention and enhancing job satisfaction in critical care settings. They recommended strengthening transformational leadership competencies among nurse managers to improve workforce sustainability, increase employee commitment, and enhance the overall quality of healthcare services.

Alharbi, et al., (2025). *“Healthcare Transformation Through the Implementation of a New Population Health Management Approach to Achieve Saudi Arabia’s Vision 2030: The Lessons Learned in the Qassim Health Cluster”*.

This study examined the implementation of a Population Health Management (PHM) approach within the Qassim Health Cluster (QHC) as part of Saudi Arabia’s Vision 2030 healthcare transformation agenda. The researchers employed a descriptive mixed-methods design conducted between November and December 2024. Qualitative data were obtained through interviews with 11 PHM implementation leaders, while quantitative data were derived from secondary healthcare records involving 102,946 healthcare service users. The study explored implementation strategies, organizational challenges, and key lessons associated with adopting the national PHM framework. The findings indicated that the QHC developed a comprehensive five-year regional strategic plan based on data-driven decision-making to guide PHM implementation in alignment with national healthcare objectives. Several implementation barriers were identified, including the absence of comprehensive PHM policies and operational guidelines, delayed and inadequate technical support, and organizational resistance to change among stakeholders. Conversely, effective communication, stakeholder engagement, and sustained advocacy were recognized as critical facilitators that supported successful implementation. The study concluded that Population Health Management represents a strategic approach for strengthening healthcare sustainability and improving health outcomes within Saudi Arabia’s evolving healthcare system. The authors emphasized that continued institutional commitment, adequate financial resources, technical support, and strong leadership are essential to expanding PHM successfully across health clusters and achieving the objectives of Saudi Vision 2030.

Alqahtani, B., & Alshagrawi, S. (2025). *“The Relationship between Leadership Style, Employment Engagement, and Turnover Intentions in Healthcare Organizations in Saudi Arabia”*.

This systematic review examined the relationship between leadership style, employee engagement, and turnover intention in healthcare organizations across Saudi Arabia. The study followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to identify, screen, and synthesize relevant evidence. A comprehensive literature search was conducted using four electronic databases—PubMed, Google Scholar, MEDLINE, and Scopus. The methodological quality of the included studies was assessed using the Joanna Briggs Institute (JBI) critical appraisal tools. From an initial pool of 1,230 publications, 12 studies met the eligibility criteria and were included in the final review. The findings consistently demonstrated significant relationships between leadership style, employee engagement, and turnover intention. Across the reviewed studies, effective leadership, particularly transformational leadership, was associated with higher employee engagement, improved job performance, greater job satisfaction, and reduced turnover intention. The review further indicated that the positive influence of transformational leadership on reducing turnover intention was strengthened when employees reported higher levels of job satisfaction and work engagement. The authors concluded that leadership style is a key organizational factor influencing workforce stability and employee outcomes in Saudi healthcare organizations. They recommended implementing leadership development and educational training programs to strengthen transformational leadership competencies, enhance employee engagement, and reduce turnover intention. The review also emphasized the need for future quantitative and mixed-methods studies to further investigate the mechanisms linking leadership practices, learning systems, employee engagement, and workforce retention in healthcare settings.

Saleh, et al. (2025). *“Exploring the Reasons and Significant Influencing Factors of Serious Turnover Intentions among Nurses in Saudi Arabia”*.

This cross-sectional study investigated the prevalence and determinants of serious turnover intentions among nurses working in hospitals across Saudi Arabia. Data were collected between August and December 2023 from 397 nurses recruited through convenience sampling. A structured questionnaire was used to gather information on demographic characteristics, work environment,

job satisfaction, organizational factors, and reasons influencing nurses' intentions to leave their current positions. Statistical analyses were conducted using SPSS and included descriptive statistics, Chi-square tests, and multiple logistic regression to identify significant predictors of serious turnover intention. The findings revealed that 38.6% of participants had considered leaving their current hospital, while 53.7% reported an intention to leave, including 18.4% who were seriously considering turnover. Non-Saudi nurses were more likely to report excessive workload and poor management as major reasons for leaving. Multiple logistic regression identified non-Saudi nationality, lower salary, fewer years of nursing experience, and employment in critical care units as significant predictors of serious turnover intention. In addition, dissatisfaction with salary, ineffective organizational communication, inadequate managerial recognition, and poor workplace support contributed substantially to nurses' intentions to leave. The study concluded that nurse turnover is influenced by a combination of organizational, managerial, and demographic factors. The authors recommended improving compensation systems, strengthening managerial support and communication, recognizing employee contributions, and enhancing workplace conditions to increase job satisfaction, improve nurse retention, and promote a more stable and effective healthcare workforce in Saudi Arabia.

Alasiry, S. M. (2024). *“Impact of Nursing Leadership Styles on the Staff Turnover Intention in Saudi Arabia: A Cross-Sectional Study”*.

This cross-sectional quantitative study examined the association between nurse managers' leadership styles and nurses' turnover intention in three hospitals in Hafar Al-Batin, Saudi Arabia. The study included 279 registered nurses who completed a structured questionnaire consisting of demographic characteristics, the Multifactor Leadership Questionnaire (MLQ-6S) to assess transformational, transactional, and laissez-faire leadership styles, and a seven-item intention-to-quit scale. Data were analyzed using descriptive statistics, independent t-tests, one-way ANOVA, and Pearson's correlation to examine relationships between leadership styles, turnover intention, and demographic variables. The findings indicated that transactional leadership (mean = 13.32/24; 55.48%) and transformational leadership (mean = 26.58/48; 55.37%) were the most commonly perceived leadership styles, whereas laissez-faire leadership (mean = 6.31/12; 52.57%) was the least prevalent. No significant demographic differences were found for transformational leadership, although nurses' income and years of experience were significantly associated with

perceptions of transactional and laissez-faire leadership, respectively. Most participants (69.2%) reported uncertainty regarding leaving their current positions. Correlation analysis demonstrated a significant but weak negative relationship between leadership styles and turnover intention, with transformational leadership showing the strongest association ($r = -0.348$), followed by transactional ($r = -0.295$) and laissez-faire leadership ($r = -0.258$). The study concluded that transformational leadership is associated with greater nurse retention and recommended promoting transformational leadership practices to strengthen healthy work environments and reduce nurses' intention to leave their organizations.

Alluhaybi, et al (2024). *“Clinical Nurse Managers’ Leadership Styles and Staff Nurses’ Work Engagement in Saudi Arabia: A Cross-Sectional Study”*.

This study examined the relationship between clinical nurse managers' leadership styles and staff nurses' work engagement in public hospitals in western Saudi Arabia. The researchers employed a descriptive cross-sectional correlational design and distributed questionnaires to 450 nurses using convenience sampling. A total of 278 completed responses were included in the final analysis. Leadership styles were assessed using the Multifactor Leadership Questionnaire (MLQ-5X), while work engagement was measured using the Utrecht Work Engagement Scale (UWES). Statistical analyses were conducted to examine the associations between leadership styles, work engagement, and demographic characteristics. The findings demonstrated that transformational leadership was the predominant leadership style among clinical nurse managers, followed by transactional leadership, whereas passive-avoidant leadership was the least frequently observed. Staff nurses reported high levels of work engagement, and both transformational and transactional leadership styles were positively associated with higher engagement levels. In contrast, passive-avoidant leadership demonstrated a negative influence on work engagement. The study also identified significant differences in perceived leadership styles and work engagement between Saudi and non-Saudi nurses across several dimensions. The authors concluded that effective leadership, particularly transformational leadership, plays a critical role in promoting nurse engagement, improving staff retention, and enhancing the quality of patient care. They recommended implementing leadership development programs, mentoring initiatives, and educational interventions to strengthen nurse managers' leadership competencies and foster a more

engaged and committed nursing workforce in support of Saudi Arabia's healthcare transformation goals.

Alotaibi, et al., (2024). *"Factors Associated between Leadership and Job Security among Nurses Working in the Health Sector in Saudi Arabia: A Literature Review"*.

This literature review synthesized current evidence on the relationship between leadership and job security among nurses working in the Saudi healthcare sector. The review aimed to identify organizational, professional, and demographic factors influencing nurses' job security and retention by examining peer-reviewed studies and official reports published up to December 2024. The review focused primarily on empirical evidence from six cross-sectional studies conducted between 2020 and 2024. Data from the included studies were analyzed to identify recurring themes and factors associated with leadership practices, job satisfaction, and employment stability. The findings demonstrated that leadership plays a critical role in shaping nurses' perceptions of job security through its influence on the work environment, professional development opportunities, and organizational support. Significant associations were identified between nurses' job satisfaction and demographic factors, including salary, years of professional experience, nationality, and marital status. The review further highlighted an inverse relationship between job satisfaction and nurses' intention to leave their organizations, indicating that improvements in workplace conditions and leadership practices may strengthen workforce retention. The authors concluded that job security among nurses is influenced by a complex interaction of leadership behaviors, organizational climate, and individual characteristics. They emphasized the need for healthcare organizations to implement supportive leadership practices, improve career development opportunities, and create positive work environments to enhance nurses' job satisfaction, strengthen workforce stability, and support the objectives of Saudi Arabia's ongoing healthcare transformation.

Pattali, et al., (2024). *"Effect of Leadership Styles on Turnover Intention among Staff Nurses in Private Hospitals: The Moderating Effect of Perceived Organizational Support"*.

This study investigated the effects of transformational and authentic leadership styles on staff nurses' turnover intention and examined the moderating role of perceived organizational

support in private hospitals in the Kingdom of Bahrain. The researchers employed an explanatory quantitative cross-sectional design using stratified sampling to recruit 296 nurses from eight private hospitals. Data were collected through a 24-item structured questionnaire measuring leadership styles, perceived organizational support, and turnover intention. Partial Least Squares Structural Equation Modeling (PLS-SEM) using SmartPLS was applied to evaluate both direct and moderating relationships among the study variables. The findings demonstrated that transformational leadership, authentic leadership, and perceived organizational support each had significant negative effects on nurses' turnover intention, indicating that stronger leadership practices and greater organizational support reduce employees' intention to leave their organizations. Furthermore, perceived organizational support significantly moderates the relationship between leadership styles and turnover intention. Specifically, organizational support strengthened the negative relationship between transformational leadership and turnover intention and also significantly moderated the association between authentic leadership and turnover intention. The study concluded that leadership effectiveness, combined with a supportive organizational environment, plays a critical role in improving nurse retention. The authors recommended that healthcare organizations invest in leadership development, communication, staff training, and supportive human resource practices to enhance employee engagement, increase job satisfaction, reduce turnover intention, and promote a stable and productive nursing workforce.

Conroy, et al., (2023). *“The Relationship between Transformational Leadership and Staff Nurse Retention in Hospital Settings: A Systematic Review”*.

This systematic review synthesized the available evidence on the relationship between transformational leadership and staff nurse retention in hospital settings. The review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines and searched six electronic databases, including CINAHL, MEDLINE, PubMed, PsycINFO, Cochrane Central Register of Controlled Trials, and Embase, between December 2021 and June 2023. Manual searches of reference lists were also conducted to identify additional relevant studies. Twelve studies met the inclusion criteria, comprising six cross-sectional studies, two correlational studies, two cross-sectional correlational studies, and two survey-based studies. The primary outcome evaluated was staff nurse retention. The review found that 11 of the 12 included studies reported a statistically significant positive relationship between transformational leadership and

nurse retention, while only one study reported a non-significant improvement. Beyond retention, the evidence consistently demonstrated that transformational leadership was associated with higher job satisfaction, stronger organizational commitment, and improved quality of patient care. The findings suggest that transformational leadership enhances supportive work environments, strengthens employee engagement, and reduces staff turnover by fostering motivation, trust, and professional development. The authors concluded that transformational leadership is an effective leadership approach for improving nurse retention in hospital settings and recommended that nurse managers participate in leadership development and management training programs to strengthen transformational leadership competencies and promote a stable, satisfied, and high-performing nursing workforce.

Mughal, Y. H. (2023). *Transformational Leadership, Physicians, Nurses, Performance, and Healthcare Organizations.*

This study examined the impact of transformational leadership on the performance of physicians and nurses employed by the Ministry of Health in Saudi Arabia. The research aimed to determine how the dimensions of transformational leadership influence healthcare professionals' performance in organizational settings. A quantitative cross-sectional design was adopted, and a simple random sampling technique was used to recruit participants. A total of 450 questionnaires were distributed, with 407 valid responses included in the final analysis. Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) to evaluate the proposed relationships between transformational leadership dimensions and employee performance. The findings demonstrated that the measurement model satisfied the required reliability and validity criteria. Of the four proposed hypotheses, three were supported. The results indicated that idealized influence significantly enhanced the performance of physicians and nurses. In addition, intellectual stimulation, individualized consideration, and inspirational motivation were found to play significant roles in improving healthcare professionals' performance by encouraging innovation, professional growth, commitment, and motivation. The study concluded that transformational leadership is an effective leadership approach for improving employee performance within healthcare organizations. The author emphasized that healthcare leaders should strengthen transformational leadership competencies to enhance workforce motivation, organizational

commitment, and service quality, thereby supporting the achievement of healthcare organizational goals and improving the effectiveness of healthcare delivery in Saudi Arabia.

AL-Dossary, R. N. (2022). *“Leadership Style, Work Engagement and Organizational Commitment Among Nurses in Saudi Arabian Hospitals”*.

This cross-sectional study explored the relationships between nurse managers’ leadership styles, nurses’ work engagement, and organizational commitment across hospitals in Saudi Arabia. Data were collected through an online survey distributed to nurse managers and staff nurses working in 71 public, private, and public–private partnership hospitals between November and December 2021. A total of 394 responses were received, of which 390 complete questionnaires were included in the final analysis. The study utilized the Multifactor Leadership Questionnaire (MLQ) to assess leadership styles, the Organizational Commitment Questionnaire (OCQ) to measure organizational commitment, and the Utrecht Work Engagement Scale (UWES) to evaluate work engagement. Statistical analyses included descriptive statistics, independent t-tests, and correlation analysis. The sample comprised 84.4% staff nurses and 15.6% nurse managers. The findings revealed significant differences ($p < 0.05$) between nurses’ and nurse managers’ perceptions of transformational leadership, transactional leadership, and work engagement. Correlation analysis demonstrated that both transformational and transactional leadership styles were positively associated with nurses’ organizational commitment and work engagement. These findings indicate that effective leadership behaviors contribute to stronger employee commitment and greater engagement in the workplace. The study concluded that strengthening leadership competencies, particularly transformational leadership, is essential for improving workforce engagement and organizational commitment. The authors emphasized that addressing differences in leadership perceptions is particularly important as Saudi Arabia continues to implement healthcare reforms aligned with Saudi Vision 2030, where effective nursing leadership is critical to organizational performance and quality of patient care.

Khirfan, R., & Aziz, A. A. (2022). *“Insight Into Role of Transformational Leadership in Cost Containment in Healthcare in KSA”*.

This study examined the influence of transformational leadership on cost containment within healthcare organizations in the Kingdom of Saudi Arabia. The research was conducted in two secondary hospitals located in the Northern Border region and employed a quantitative design involving 60 healthcare staff members who met the study eligibility criteria. Data were collected using structured questionnaires and analyzed through factor analysis, descriptive statistics (mean and standard deviation), and regression analysis to evaluate the effect of transformational leadership on organizational cost containment. The findings demonstrated a statistically significant positive effect of transformational leadership on cost containment, indicating that leaders who inspire employees, promote innovation, encourage collaboration, and support continuous improvement contribute to more efficient use of organizational resources and reduced operational costs. The results suggest that transformational leadership facilitates cost-effective decision-making by improving employee commitment, enhancing teamwork, and encouraging responsible utilization of healthcare resources. The study concluded that transformational leadership represents an important managerial strategy for improving financial performance while maintaining the quality of healthcare services. The authors recommended implementing leadership development and training programs for hospital managers and healthcare professionals to strengthen transformational leadership competencies and foster a culture of efficiency, accountability, and sustainable cost management within Saudi healthcare organizations.

Abd-EL Aliem, et al., (2021). *“The Relationship Between Transformational Leadership Practices of First-Line Nurse Managers and Nurses’ Organizational Resilience and Job Involvement: A Structural Equation Model”*.

This study investigated the relationship between transformational leadership practices demonstrated by first-line nurse managers and nurses’ organizational resilience and job involvement within a Saudi university hospital. The researchers employed a descriptive correlational research design involving 60 first-line nurse managers and 211 staff nurses. Data were collected using the Leadership Practices Inventory (LPI), the Organizational Resilience Questionnaire, and the Job Involvement Questionnaire. Inferential statistical analyses and Structural Equation Modeling (SEM) were applied to examine the relationships among the study variables and determine the predictive influence of transformational leadership. The findings revealed significant positive relationships between transformational leadership, organizational

resilience, and job involvement. Specifically, transformational leadership practices explained 43% of the variance in nurses' organizational resilience and 40% of the variance in job involvement, indicating a substantial contribution of leadership behaviors to positive organizational outcomes. The study concluded that transformational leadership enhances nurses' ability to adapt to organizational challenges while strengthening their engagement and commitment to their work. The authors emphasized that leadership strategies based on shared governance, mutual respect, managerial support, and recognition of nurses' contributions can foster resilient nursing teams and improve employee involvement, ultimately contributing to higher-quality healthcare delivery and organizational effectiveness.

Magbity, et al., (2020). *“Leadership Styles of Nurse Managers and Turnover Intention”*.

This study investigated the relationship between nurse managers' leadership styles and nurses' turnover intention in hospital settings. The researchers employed a descriptive correlational research design to examine how different leadership approaches influence nurses' intentions to leave their organizations. The study included a sample of 250 nurses working in five hospitals who completed a self-administered structured questionnaire assessing perceived leadership styles and turnover intention. Correlation analysis was performed to determine the associations between leadership styles and nurses' intention to leave. The findings indicated that participative and transformational leadership were the most frequently practiced leadership styles among nurse managers. Both leadership approaches were significantly associated with lower turnover intention, suggesting that supportive leadership behaviors encourage nurses to remain within their organizations. In contrast, autocratic and laissez-faire leadership styles were positively associated with higher turnover intention, indicating that ineffective or overly controlling leadership practices contribute to employees' desire to leave their positions. The study concluded that leadership style is a significant determinant of nurses' turnover intention and plays a critical role in workforce retention. The authors emphasized the importance of developing transformational and participative leadership competencies among nurse managers to improve job satisfaction, strengthen organizational commitment, reduce staff turnover, and promote a stable and effective nursing workforce.

Alorhiri, et al., (2019). *Relationship between Leadership Style and Organizational Culture with Intention to Leave Expatriates in Saudi Health Care System.*

This study investigated the influence of leadership style and organizational culture on expatriate employees' intention to leave within the Saudi public healthcare sector. The researchers developed a conceptual framework based on existing leadership and organizational behavior literature and tested the proposed relationships using a quantitative cross-sectional survey. A structured questionnaire was distributed to 850 expatriate healthcare employees working in a public hospital in Saudi Arabia, yielding 354 valid responses, representing a response rate of approximately 40%. The collected data were analyzed to examine the direct and indirect relationships between transformational leadership, transactional leadership, organizational culture, and employees' intention to leave. The findings revealed that transformational leadership and a positive organizational culture were significant factors associated with reduced intention to leave among expatriate healthcare workers. In contrast, transactional leadership demonstrated neither a direct nor an indirect relationship with employees' turnover intention, a finding that differed from previous research and suggested the need for further investigation. The study concluded that leadership approaches emphasizing vision, support, motivation, and positive organizational values are more effective in retaining expatriate healthcare professionals than transactional leadership behaviors. The authors emphasized that healthcare organizations should strengthen transformational leadership practices and cultivate supportive organizational cultures to improve employee retention, reduce workforce turnover, and enhance organizational stability within the Saudi healthcare system.

Comment on Previous Studies and Comparison with Our Study:

The previous studies reviewed in this thesis collectively demonstrate that leadership is one of the strongest organizational determinants of employee retention in healthcare settings. Across Saudi Arabia and international contexts, transformational leadership consistently emerged as the leadership style most strongly associated with higher job satisfaction, organizational commitment, work engagement, resilience, and employee retention, while reducing turnover intention. Studies by Abd-EL Aliem and Abou Hashish (2021), Al-Dossary (2022), Mughal (2023), Alluhaybi et al. (2024), Alasiry et al. (2024), and Alasmari et al. (2025) consistently reported that transformational

leadership enhances positive workforce outcomes, supporting the argument that leadership development should be a strategic priority for healthcare organizations. Systematic reviews by Conroy et al. (2023) and Alqahtani and Alshagrawi (2025) further strengthened this evidence by demonstrating that transformational leadership improves nurse retention through enhanced job satisfaction, organizational commitment, and employee engagement.

The reviewed studies also highlighted the growing importance of authentic leadership, organizational support, and job security in reducing turnover intentions. Aldhmadi et al. (2026) emphasized the role of authentic leadership in decreasing turnover intention, while Pattali et al. (2024) demonstrated that perceived organizational support strengthens the relationship between effective leadership and employee retention. Similarly, Alotaibi et al. (2024) showed that job security, career development opportunities, and organizational support interact with leadership practices to improve workforce stability. These findings suggest that leadership alone is insufficient unless accompanied by supportive organizational conditions that promote employee well-being and professional growth.

Despite the consistency of these findings, several methodological limitations are evident throughout the reviewed literature. Most studies employed cross-sectional designs, preventing causal inference, and the majority relied on self-reported questionnaires, increasing the possibility of common method bias. In addition, most Saudi studies focused almost exclusively on nurses working in specific hospitals or regions, limiting the generalizability of their findings. Comparatively fewer studies included physicians, allied health professionals, or healthcare managers, while organizational variables such as digital transformation, sector type, and perceived job security were rarely examined simultaneously.

The current study directly addresses these limitations and therefore represents an important extension of previous research. Unlike earlier investigations that concentrated primarily on nursing populations and a single leadership style, this study simultaneously examines transformational, transactional, authentic, and passive-avoidant leadership across nurses, physicians, allied health professionals, and healthcare managers working in different healthcare organizations throughout Saudi Arabia. Furthermore, the proposed study incorporates organizational moderators, including sector type, digital transformation, and perceived job security, while employing confirmatory

factor analysis and structural equation modeling to evaluate direct, indirect, and moderating relationships. This broader conceptual framework provides a more comprehensive understanding of employee retention than previous studies and is expected to generate findings that are more generalizable and directly applicable to workforce planning, leadership development, and healthcare reform initiatives supporting Saudi Vision 2030.

The reviewed literature consistently demonstrates that leadership style is a major determinant of employee retention in healthcare organizations. Most previous studies reported a positive association between transformational leadership and employee retention, organizational commitment, job satisfaction, and work engagement, while passive-avoidant leadership was associated with higher turnover intention. Authentic leadership also emerged as a promising leadership approach through its positive influence on psychological safety and employee engagement.

Although these studies provide valuable empirical evidence, several methodological and conceptual limitations reduce the generalizability of their findings. First, the majority of studies adopted cross-sectional research designs, limiting the ability to establish causal relationships between leadership styles and employee retention. Second, most investigations focused exclusively on nurses, with limited inclusion of physicians, pharmacists, and allied health professionals, despite their substantial contribution to healthcare delivery. Third, previous research frequently examined leadership styles individually rather than providing comprehensive comparisons among multiple leadership styles within the same organizational context. Fourth, many studies were conducted in single hospitals or specific regions of Saudi Arabia, limiting the external validity of their findings across the national healthcare system.

Furthermore, although several studies acknowledged the influence of organizational factors such as work environment, digital transformation, and job security, these variables were rarely examined within comparative frameworks involving different healthcare sectors. Similarly, relatively few investigations compared leadership outcomes between public and private healthcare organizations despite their differences in governance structures, management practices, and organizational culture.

Overall, the existing literature confirms the importance of leadership in promoting employee retention; however, the available evidence remains fragmented because of differences in study populations, organizational settings, measurement approaches, and analytical methods. These limitations highlight the need for broader, comparative research capable of generating more comprehensive evidence to support leadership development and workforce retention strategies in Saudi healthcare organizations.

At the end, A critical evaluation of the reviewed studies indicates that, despite their valuable contributions to understanding the influence of leadership on employee retention, several methodological and conceptual shortcomings remain. Most studies relied on cross-sectional designs, which are appropriate for identifying associations but do not adequately capture the complexity of leadership processes or changes in employee retention over time. Furthermore, considerable variation exists in the instruments used to measure leadership styles and retention outcomes, making direct comparisons across studies difficult. The majority of investigations also emphasized transformational leadership while giving comparatively less attention to other leadership styles within a unified analytical framework. Consequently, the existing literature provides fragmented evidence regarding the relative contribution of different leadership styles to employee retention.

In addition, previous studies were largely conducted within specific organizational or geographical contexts and frequently targeted a single professional group, particularly nurses. Such approaches limit the external validity and generalizability of the findings to the broader healthcare workforce. Comparisons between public and private healthcare organizations remain scarce despite substantial differences in organizational structure, management systems, employment policies, and work environments. These methodological limitations underscore the need for more comprehensive and comparative investigations that examine multiple leadership styles across diverse healthcare professionals and organizational settings to generate evidence that can better inform leadership development and workforce retention policies in Saudi Arabia.

Literature Review:

The relevance of modern leadership paradigms to employee retention in healthcare is underscored by their capacity to mitigate global workforce shortages through enhanced

organizational culture and staff engagement. Transformational leadership (TL) acts as a primary catalyst for retention by directly influencing an organization's aptitude to attract and maintain talent. Research highlights that TL practices among first-line managers account for significant variance in nurses' organizational resilience (43%) and job involvement (40%), both of which are critical for navigating high-stress medical environments. Systematic evidence further validates this, with the vast majority of studies reporting a statistically significant positive relationship between TL and improved staff retention. This suggests that nurse managers can cost-effectively reduce turnover by adopting behaviors that inspire and facilitate commitment to the organizational mission (*Poljanskij, 2022; Conroy et al, 2023; Aliem et al, 2021*).

Complementing these findings, authentic leadership (AL) provides a robust framework for reducing turnover intentions by cultivating psychological safety and engagement. Within the Saudi Arabian healthcare context, AL has a direct, negative relationship with nurses' intentions to quit, often mediated by the overall effectiveness of the medical team. These results are particularly salient given that a lack of supervisor support is identified as a leading driver for staff attrition. By integrating the transparent and moral behaviors associated with AL, healthcare leaders can build resilient work environments that stabilize the workforce. Ultimately, the strategic application of these leadership styles is indispensable for securing long-term human capital and ensuring the continuity of safe, high-quality patient care (*Poljanskij, 2022; Conroy et al, 2023; Aliem et al, 2021, Burns 1978; Bass. 1985*).

1.1. Overview of the KSA Healthcare Context and Workforce Challenges:

The Saudi healthcare landscape is currently defined by the ambitious objectives of Saudi Vision 2030 and the National Transformation Program (NTP). These initiatives aim to transition the Ministry of Health (MOH) from a provider of services to a regulator, transferring service delivery to independent regional "Health Clusters" (*Riley et al, 2023; Alharbi et al, 2025*). This decentralization requires a significant shift in leadership capacity and accountability at the cluster level (*Riley et al, 2023*). Workforce challenges remain significant. The sector is characterized by a high reliance on expatriate professionals, particularly in nursing, where turnover is influenced by factors such as Saudization policies, professional development opportunities, and regional stability (*Hashish et al, 2025*). Furthermore, the rapid pace of digital transformation and the introduction of advanced technologies like Artificial Intelligence (AI) place new demands on

healthcare leaders to manage skills transitions and maintain staff confidence (*Alrashed et al., 2025; Alghamdi et al., 2025*).

2. Employee Retention in Healthcare Organizations:

Employee retention serves as a foundational pillar for the efficiency and sustainability of healthcare systems globally, and it is of particular strategic importance within the Kingdom of Saudi Arabia (KSA). As the Saudi healthcare landscape undergoes rapid transformation, the ability to maintain a stable and skilled nursing workforce is directly correlated with the delivery of high-quality patient care and overall system efficiency (*Alasiry & Alkhaldi, 2024*). Current literature suggests that healthcare organizations in the KSA face significant challenges in retaining staff, driven by a complex interplay of high-stress environments, evolving professional expectations, and the competitive nature of the medical labor market (*Almubark et al., 2025*). The consequences of low retention rates in medical settings are multifaceted, extending beyond administrative inconveniences to include increased operational costs, the loss of institutional knowledge, and potential compromises in patient safety. Systematic evidence identifies nursing as a particularly vulnerable profession, where turnover intentions are often exacerbated by perceived burnout and a lack of psychological safety (*Al-Za'areer et al., 2025*). Furthermore, in the private healthcare sector, retention is increasingly viewed through the lens of organizational tenure, where the success of a facility is measured by its capacity to enable employees to perform their duties with maximum efficiency over extended periods (*Pattali et al., 2024*). Consequently, fostering a work environment that prioritizes staff well-being and professional growth is essential for mitigating the global nurse shortage and ensuring the long-term resilience of the Saudi health directorate's human capital.

2.1. Definition and Conceptualization of Employee Retention:

In the context of healthcare management, employee retention is formally defined as the strategic ability of an organization to retain its workforce and prevent the loss of competent staff over a determined period. Rather than being a static metric, retention is conceptualized as a dynamic outcome of "extended organizational tenures," where employees choose to remain within a facility due to a perceived alignment between personal needs and organizational offerings (*Pattali et al., 2024*). Academically, retention is often operationalized through the study of "turnover intention"—the cognitive and behavioral precursor to actual resignation, representing the final stage in a sequence of withdrawal cognitions (*Alasiry & Alkhaldi, 2024*). The

conceptualization of retention has evolved from a simple focus on salary to a broader multidimensional framework that includes affective commitment, psychological safety, and job involvement. For instance, retention is not merely the absence of turnover but the presence of "affective commitment," where staff members feel emotionally and professionally invested in the organization's mission (*Al-Za'areer et al., 2025*). This conceptual model is further moderated by "perceived organizational support," which acts as a psychological contract between the employee and the employer (*Pattali et al., 2024*). In the Saudi Arabian context, this conceptualization also incorporates socio-cultural factors and workplace inclusivity, suggesting that retention is achieved when healthcare professionals perceive a supportive environment that mitigates the stressors of clinical practice while recognizing their specialized contributions (*Almubark et al., 2025*). Understanding these underlying dimensions allows healthcare leaders to move beyond reactive measures toward proactive, evidence-based retention strategies.

The following sections provide a high-level academic synthesis of the importance, empirical landscape, and consequences of employee retention within healthcare organizations, particularly in the context of Saudi Arabia.

2.2. Importance of Retention for Service Quality, Continuity of Care, and Organizational Performance:

Employee retention is a critical determinant of healthcare organizational performance, directly influencing the quality and safety of patient care. A stable workforce ensures the preservation of institutional knowledge and the maintenance of clinical competencies, which are essential for achieving the high standards of care outlined in Saudi Vision 2030 (*AlAbdul Kader & Jabr, 2025*). High retention rates facilitate continuity of care, as long-term staff develop a nuanced understanding of patient needs and organizational protocols, thereby reducing the likelihood of clinical errors associated with frequent staff transitions (*Conroy et al., 2023*). Furthermore, retention is intrinsically linked to organizational performance through improved team dynamics and staff morale. In the Saudi healthcare sector, leadership styles—particularly transformational and authentic models—play a vital role in enhancing nurses' organizational resilience and job involvement (*Mughal, 2023*). When healthcare professionals remain within an organization, they are more likely to exhibit higher levels of performance and commitment, which collectively boost the efficiency of healthcare delivery (*Alasiry & Alkhaldi, 2024*). Ultimately,

fostering a culture of retention allows healthcare facilities to transition from reactive management to proactive service innovation, ensuring sustainable improvements in population health outcomes across the Kingdom (*Myer, 1991*).

2.3. Empirical Evidence on Turnover Rates in KSA and Global Context:

The global healthcare landscape is currently characterized by a critical shortage of nursing professionals, a phenomenon that has intensified following the COVID-19 pandemic. Globally, turnover rates in hospital settings remain a significant challenge, with systematic evidence indicating that leadership practices are a primary driver of staff's intention to leave (*Conroy et al., 2023*). In the Kingdom of Saudi Arabia (KSA), the empirical evidence reflects these global trends but is further complicated by the high reliance on an expatriate workforce. Recent studies highlight a "brain drain" phenomenon where skilled expatriate nurses often view KSA as a transient destination before migrating to Western nations for perceived better long-term stability (*Abou Hashish & Alnajjar, 2025*). Quantitative investigations in various Saudi regions, such as Hafar Al-Batin and Jeddah, reveal varying but consistently concerning levels of turnover intention. Research indicates that a substantial proportion of the nursing workforce experiences high turnover intention, often mediated by factors such as perceived burnout and a lack of supervisor support (*Alasiry & Alkhaldi, 2024*). Additionally, empirical data suggests that the push for digital transformation and rapid restructuring within the Ministry of Health has placed unique pressures on staff, necessitating adaptive leadership to stabilize turnover rates (*Abdulaziz et al., 2022*). These empirical findings underscore the necessity for localized retention strategies that address both the professional and socio-cultural needs of the diverse healthcare workforce in Saudi Arabia.

2.4. Costs and Consequences of High Turnover:

The consequences of high turnover in healthcare are both profound and multidimensional, encompassing significant financial burdens and detrimental impacts on organizational health. From a financial perspective, turnover incurs substantial direct costs related to recruitment, onboarding, and the training of new personnel. In the KSA, these costs are exacerbated by the logistical expenses associated with international recruitment of expatriate staff (*Abou Hashish & Alnajjar, 2025*). Beyond direct expenditures, high turnover undermines "cost containment" strategies, as the reliance on temporary or less experienced staff can lead to operational inefficiencies and increased resource utilization (*Khirfan & Aziz, 2022*). Socially and

psychologically, frequent staff departures trigger a cycle of decreased morale and increased burnout among remaining employees, who must often absorb the workload of vacant positions. This environment erodes "psychological safety" and "affective commitment," further escalating turnover intentions within the team (*Al-Za'areer et al., 2025*). The most critical consequence, however, is the potential decline in the quality of patient care. High turnover disrupts established clinical teams and weakens team effectiveness, which is a known predictor of patient safety incidents (*Alilyyani et al., 2023*). For Saudi healthcare organizations, failing to address turnover risks compromising the strategic objectives of the Health Sector Transformation Program, as human capital remains the most vital asset in delivering equitable and high-quality medical services.

3. Leadership in Healthcare:

Leadership within healthcare organizations is a multifaceted construct that transcends traditional administrative management, evolving into a critical driver of organizational agility and clinical excellence. In the context of the contemporary Saudi Arabian healthcare landscape, leadership is increasingly conceptualized as the ability to influence, motivate, and enable multidisciplinary teams to achieve strategic objectives while navigating complex systemic transformations (*Alluhaybi et al., 2024*). As the Kingdom progresses toward the goals of Saudi Vision 2030, the role of leadership has shifted from maintaining the status quo to acting as a primary agent for "organizational readiness for change" (*Almuqati et al., 2023*). Effective leadership is now recognized as the bridge between high-level policy mandates, such as the Health Sector Transformation Program, and the practical delivery of population health management at the clinical level (*AlAbdul Kader & Jabr, 2025*).

Leadership in medical settings is formally defined as a process of social influence in which a leader enlists the aid and support of others in the accomplishment of a common task. Unlike management, which focuses on planning, budgeting, and staffing, leadership emphasizes vision, inspiration, and the cultivation of an organizational culture that prioritizes patient safety and quality (*Al-Dossary, 2022*). In Saudi healthcare organizations, the role of the leader—particularly the nurse manager—is pivotal in managing the "perception and awareness" of healthcare providers regarding the ongoing structural shifts toward health clusters and digital integration (*AlEnezi, 2025*). These leaders serve as the frontline for implementing evidence-based practices and ensuring

that staff remain engaged despite the inherent uncertainties of large-scale institutional restructuring.

The literature extensively utilizes the Full Range Leadership Model to analyze employee outcomes, with a predominant focus on Transformational Leadership (TL) and Authentic Leadership (AL). Transformational leadership is characterized by four key dimensions: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (*Abd-EL Aliem & Abou Hashish, 2021*). Theoretical frameworks often employ Structural Equation Modeling (SEM) to demonstrate that TL does not merely impact outcomes directly but operates through various mediators. For instance, TL practices have been found to account for significant variance in "organizational resilience" (43%) and "job involvement" (40%), suggesting that leadership is the catalyst for the psychological capital necessary for staff to thrive in high-pressure environments (*Abd-EL Aliem & Abou Hashish, 2021*). Additionally, Authentic Leadership (AL) is framed within the Social Exchange Theory, where leaders build trust through transparency, ethical behavior, and balanced processing. This framework posits that when leaders demonstrate authenticity, they foster an environment of "psychological safety," which in turn enhances "work engagement" and "team effectiveness" (*Alilyyani et al., 2023*). By applying these theoretical lenses, researchers have identified that leadership style is not a standalone variable but a foundational element that dictates the quality of the professional work environment and subsequent employee performance (*Alluhaybi et al., 2024*).

Empirical evidence consistently positions leadership style as one of the most significant predictors of "turnover intention" and "job security" among healthcare professionals in Saudi Arabia. Studies conducted in regions such as Hafar Al-Batin emphasize that there is a statistically significant association between the perceived leadership style of managers and the nurses' intention to quit their jobs (*Alasiry & Alkhaldi, 2024*). Transformational and authentic styles are negatively correlated with turnover intention, meaning that as these leadership behaviors increase, the cognitive and behavioral precursors to resignation decrease. Furthermore, leadership acts as a critical determinant of job satisfaction by moderating the impact of workplace stressors. Effective leaders provide the "perceived organizational support" necessary to mitigate the effects of professional burnout and job-related fatigue (*Alotaibi et al., 2024*). In the Saudi context, where the retention of both national and expatriate staff is a strategic priority, leadership behavior directly

influences "affective organizational commitment"—the emotional attachment an employee feels toward their institution (*Al-Dossary, 2022*). When healthcare leaders prioritize the professional development and well-being of their staff, they create a self-sustaining cycle of satisfaction and loyalty, which is essential for maintaining the human capital required for the sustainable delivery of healthcare services across the Kingdom.

4. Leadership Styles and Their Impact on Retention:

Transformational leadership is defined by a suite of behaviors designed to inspire and motivate the workforce through the articulation of a shared vision, the provision of intellectual stimulation, and the application of individualized consideration (*Abd-EL Aliem & Abou Hashish, 2021; Conroy et al., 2023*). Within the specific context of Saudi Arabian healthcare, this leadership paradigm has demonstrated a consistent negative correlation with turnover intentions, as evidenced by a correlation coefficient of $r = -0.348$ in prominent regional studies (*Alasiry & Alkhaldi, 2024*). Furthermore, this style serves as a robust predictor of organizational commitment and work engagement across both domestic and expatriate nursing populations (*Alluhaybi et al., 2024; Khirfan & Aziz, 2022; AL-Dossary, 2022*). Beyond psychological outcomes, transformational leadership contributes to enhanced performance among physicians and nurses and is strategically utilized to facilitate cost containment by fostering operational efficiency and workforce stability (*Khirfan & Aziz, 2022; Mughal, 2023*).

In contrast, transactional leadership operates on a framework of reward-based systems and rigorous monitoring, wherein employee performance is tied to the attainment of incentives or the avoidance of corrective actions (*Alasiry & Alkhaldi, 2024; Alluhaybi et al., 2024*). While frequently utilized by nurse managers in the Kingdom of Saudi Arabia, this style demonstrates a moderate positive correlation with work engagement and job satisfaction (*Alluhaybi et al., 2024; Al-Za'areer et al., 2025*). However, its efficacy regarding long-term retention is limited; its protective influence against turnover intention ($r = -0.295$) is statistically weaker than that of transformational leadership (*Alasiry & Alkhaldi, 2024*). Although functional for the management of routine clinical operations, transactional leadership often lacks the emotional depth and visionary alignment necessary to sustain human capital in high-stress medical environments (*Alasiry & Alkhaldi, 2024; Al-Za'areer et al., 2025*).

Passive-avoidant, or Laissez-faire leadership, is characterized by a fundamental absence of proactive management, including the avoidance of decision-making and a lack of involvement in team dynamics (*Alasiry & Alkhaldi, 2024; Alluhaybi et al., 2024*). This leadership vacuum is consistently associated with the highest recorded levels of turnover intention and detrimental impacts on overall employee performance (*Alasiry & Alkhaldi, 2024; Al-Za'areer et al., 2025*). Empirical evidence from the Saudi region indicates that this style offers the weakest protective effect on staff retention ($r = -0.258$) and may actively contribute to institutional instability by failing to provide the guidance required in complex healthcare settings (*Alasiry & Alkhaldi, 2024; AL-Dossary, 2022*).

Authentic leadership has emerged as a critical determinant of organizational health, emphasizing relational transparency, ethical conduct, and the cultivation of psychological safety (*Alilyyani et al., 2023*). Structural equation modeling involving large cohorts of nurses in the Kingdom confirms that authentic leadership is a positive predictor of both psychological safety and work engagement. These factors, in turn, enhance team effectiveness and lead to significant reductions in turnover intentions (*Alilyyani et al., 2023; Pattali et al., 2024*). Moreover, by maintaining transparency and consistency, authentic leaders reinforce perceived job security among staff, a factor that is especially vital during periods of rapid technological innovation and structural transformation within the health sector (*Alotaibi et al., 2024*).

5. Organizational and Contextual Moderators:

The Saudi Arabian healthcare system exhibits significant divergence between the public and private sectors regarding leadership perceptions and organizational performance. Research suggests that the governance models inherent to these sectors significantly influence the efficacy of leadership styles on employee outcomes. Private hospitals frequently demonstrate higher performance on digital health transformation indicators compared to their public counterparts (*Abdulaziz et al., 2022; AlEnezi, 2025*). Furthermore, while transformational leadership has proven effective across both domains, its capacity to mitigate turnover intention is often moderated by the degree of perceived organizational support and job security specific to the organizational structure (*Alotaibi et al., 2024; Pattali et al., 2024*). In the public sector, where bureaucratic structures may prevail, the impact of leadership is intrinsically linked to how well managers can

navigate institutional constraints to provide support, whereas private sector outcomes are more closely tied to competitive organizational climates and professional stability (*Al-Dossary, 2022; Pattali et al., 2024*).

A central pillar of the National Transformation Program (NTP) 2020 and Saudi Vision 2030 is the rapid integration of advanced technologies, including artificial intelligence (AI) and electronic health records (EHR) (*AlAbdul Kader & Jabr, 2025; AlEnezi, 2025; Alharbi et al., 2025*). The success of this digital shift is heavily dependent on "digital leadership," a paradigm where nurse managers and administrators actively facilitate the adoption of innovation while maintaining workforce stability (*Abdulaziz et al., 2022; Bin Abdulrahman et al., 2024*). Effective leaders in this context do not merely oversee technical implementation; they provide the necessary training and psychological support to mitigate staff concerns regarding technological complexity (*AlEnezi, 2025*). By fostering a culture of innovation and enhancing staff confidence through supportive interventions, leadership becomes a critical catalyst for the sustainable adoption of digital tools within the healthcare infrastructure (*Abdulaziz et al., 2022; Riley et al., 2023*).

Perceived job security serves as a vital moderate variable in the relationship between nursing leadership and staff retention. Authentic leadership, characterized by transparency and ethical behavior, has been shown to significantly enhance nurses' sense of security and organizational commitment (*Abd-EL Aliem & Abou Hashish, 2021; Alotaibi et al., 2024*). Conversely, structural factors such as demanding shift work and the sociocultural pressures associated with Saudization policies can undermine perceived stability, particularly among the expatriate workforce (*Abou Hashish & Alnajjar, 2025; Alotaibi et al., 2024*). In this volatile environment, the role of supportive and authentic leadership is intensified; leaders who provide a sense of psychological safety and quality of work-life can effectively counteract the negative stressors of the clinical environment, thereby reducing turnover intention and fostering professional resilience (*Abd-EL Aliem & Abou Hashish, 2021; Alasiry & Alkhaldi, 2024; Al-Dossary, 2022*).

The transition toward the "Health Cluster" model represents a fundamental restructuring of Saudi healthcare delivery, aimed at enhancing population health management and operational efficiency (*AlEnezi, 2025; Alharbi et al., 2025; Riley et al., 2023*). However, the successful

realization of these reforms is contingent upon the ability of local leadership to engage healthcare professionals and foster a collective sense of ownership over the transformation process (*AlEnezi, 2025; Bin Abdulrahman et al., 2024*). Evidence suggests that awareness and acceptance of these changes vary among healthcare workers, necessitating a leadership approach that prioritizes effective communication and stakeholder participation (*Bin Abdulrahman et al., 2024*). For the cluster model to achieve its strategic objectives, leaders must act as change agents who bridge the gap between national policy and frontline practice, ensuring that the workforce is both motivated and aligned with the overarching goals of Vision 2030 (*AlAbdul Kader & Jabr, 2025; Alharbi et al., 2025; Riley et al., 2023, Myer, 1991, Mitchell, 2001*).

Research Gaps:

Despite the growing body of literature examining leadership and employee retention in healthcare, several critical gaps remain within the Saudi Arabian context. First, much of the existing research concentrates primarily on the nursing profession, with limited empirical attention given to other essential healthcare professionals such as physicians, pharmacists, and allied health staff. While nurses represent a large portion of the healthcare workforce, retention challenges affect multiple professional categories that contribute to patient care delivery. The predominance of nursing-focused studies therefore limits the generalizability of current findings and restricts a comprehensive understanding of how leadership styles influence retention across multidisciplinary healthcare teams. Second, a substantial proportion of existing studies employ cross-sectional research designs that capture perceptions at a single point in time. Although these studies provide valuable insights into correlations between leadership behaviors and turnover intentions, they often fail to explore deeper causal mechanisms or dynamic organizational processes that shape retention over time. As the Saudi healthcare system undergoes rapid structural and technological transformation under Vision 2030, longitudinal or integrative research approaches are needed to capture the evolving relationship between leadership practices and workforce stability.

Third, the literature provides limited examination of contextual organizational factors that may moderate the relationship between leadership styles and employee retention. Although some studies acknowledge the influence of perceived organizational support, job security, and workplace culture, there is insufficient empirical analysis of how sector differences between public

and private healthcare organizations shape these relationships. Similarly, the impact of digital transformation, including the introduction of artificial intelligence and electronic health systems, remains underexplored in relation to leadership effectiveness and employee retention. Finally, geographical concentration presents another limitation within the current literature. Many empirical studies focus on specific regions or urban centers such as Jeddah or Hafar Al-Batin, which may not adequately reflect the diversity of organizational environments across the Kingdom. Variations in institutional structures, workforce composition, and regional labor dynamics require broader investigation to generate findings that are applicable at the national level. Addressing these gaps is essential for developing a more comprehensive and contextually grounded understanding of how leadership styles influence employee retention within Saudi healthcare organizations.

The current study has been specifically designed to address these identified research gaps. First, unlike previous studies that focused primarily on nurses, this study includes healthcare professionals from multiple disciplines, including physicians, nurses, pharmacists, and allied health professionals, thereby enhancing the representativeness of the findings. Second, although the study employs a cross-sectional design, it extends the existing literature by conducting a direct comparative analysis between public and private healthcare sectors, an area that has received limited empirical attention. Third, organizational context is explicitly incorporated into the study through comparison of the two sectors, allowing assessment of whether the relationship between leadership styles and employee retention varies according to organizational setting. Finally, by recruiting participants from different healthcare organizations representing both sectors and simultaneously examining multiple leadership styles within a single analytical model, the study provides broader and more generalizable evidence than that reported in previous Saudi studies. These methodological improvements are expected to produce findings that better support leadership development initiatives and workforce retention strategies within the Saudi healthcare system.

Chapter Three

Methodology

Chapter Three

Methodology

Study Design:

This research adopts *a cross-sectional, multi-site quantitative design* using a structured self-administered questionnaire to examine the hypothesized relationships between leadership styles and employee retention. The design is configured to test direct effects of distinct leadership constructs (transformational, transactional, authentic, passive-avoidant) on retention indicators, as well as indirect and conditional pathways in which psychological, technological, and organizational factors act as mediators and moderators. Data will be collected from multiple institutions to permit comparisons by ownership, level of care, and region within the Kingdom of Saudi Arabia, thereby increasing the external validity of model estimates while retaining the analytic rigor required for confirmatory factor analysis and structural equation modelling.

Study Approach:

A positivist, explanatory research approach will be employed to examine the relationships between leadership styles and employee retention in healthcare organizations. Psychometrically validated questionnaires will be used to collect the study data. Descriptive statistics, including frequencies, percentages, means, and standard deviations, will be used to summarize participants' demographic characteristics and study variables. The reliability of the study instruments will be assessed using Cronbach's alpha coefficient. Independent t-tests and one-way analysis of variance (ANOVA) will be used to compare differences in the study variables according to participants' demographic and organizational characteristics. Pearson's correlation analysis will be conducted to examine the relationships among the study variables, while multiple linear regression analysis will be performed to identify the influence of leadership styles and other predictor variables, including psychological safety, job satisfaction, digital readiness, perceived job security, organizational ownership, and facility size, on employee retention.

Population and Sample Size:

The target population comprises clinical staff and managers (nurses, physicians, allied health professionals, and middle managers) employed in public, private, and mixed-ownership

hospitals and large primary-care networks across the Kingdom. The sampling frame will draw on rosters from major governmental providers including the Ministry of Health and accredited private hospitals, with stratified proportional sampling by ownership (public/private/mixed), level of care (tertiary/secondary/primary), and geographic region. A minimum of 100 completed responses is required.

Data Collection Tools:

Data will be collected using a bilingual (English/Arabic) questionnaire developed by forward-back translation and reviewed by an expert panel. The instrument comprises:

- **Demographic and organizational profile** (role, specialty, tenure, managerial span, education, region, facility type, bed size, accreditation, EHR adoption).
- **Leadership measures** (Multifactor Leadership Questionnaire subscales and the Authentic Leadership Questionnaire).
- **Retention outcomes** (Meyer & Allen organizational commitment scales and a validated 3-item turnover-intention scale).
- **Contextual measures** (perceived organizational support, perceived job security, and digital readiness/interoperability items).

All items use a five-point Likert format (1 = strongly disagree to 5 = strongly agree). The questionnaire will be piloted (n=30–50) to assess clarity, timing, and internal consistency. Both online and paper modes will be offered to maximize response rates.

Data Analysis:

Data will be screened for completeness, missing values, and outliers before analysis. Descriptive statistics, including frequencies, percentages, means, and standard deviations, will be used to summarize participants' demographic characteristics and study variables. The internal consistency of the study instruments will be assessed using Cronbach's alpha coefficient. Pearson's correlation analysis will be conducted to examine the relationships among the study variables. Multiple linear regression analysis will be performed to determine the effect of leadership styles on employee retention while controlling relevant demographic variables. Statistical significance

will be established at a p-value of less than 0.05, and all analyses will be conducted using the Statistical Package for the Social Sciences (SPSS) version 29.0.

Ethical Considerations:

Ethical approval will be sought from an accredited institutional review board in the Kingdom. Participating organizations will provide formal permission. Informed consent will be obtained at survey initiation; participation will be voluntary and withdrawable without penalty. No patient data will be collected. Participant anonymity will be preserved through de-identification; data will be encrypted and stored on secure servers with restricted access. Reporting will be aggregated only. The study will comply with the Declaration of Helsinki and relevant national regulations.

Study limitations:

The cross-sectional, self-report design constrains causal inference and raises the risk of common method variance. Perceptual measures of organizational outcomes may differ from objective KPIs where such data are unavailable. Nonresponse and organizational self-selection may limit representativeness despite stratified sampling. Heterogeneity in case-mix and service lines could produce unobserved confounding. These limitations will be mitigated through robust instrument validation, CFA/SEM diagnostics, sensitivity and subgroup analyses, and transparent reporting; nevertheless, future longitudinal and mixed-methods work will be recommended to strengthen causal claims and contextual interpretation.

Chapter Four

Results, Discussion, and Recommendations

Chapter Four

Results, Discussion, and Recommendations

Demographic Data:

Table 1 includes the demographics of the participants (n=103) from the study. The results show that there was a greater number of men (male-68.9%, female-31.1%) which indicates a predominance of male healthcare workers in this group. Also, as for age, about half (48.2%) of the participants were between 36 and 44 years old; 29.1% between 46 and 54 years old; and 23.3% between 27 and 33 years old. There are no younger participants, therefore the sample is composed of older, more experienced healthcare professionals. In terms of professional role, allied health care workers made up the largest portion (58.3%) of participants; followed by managers and supervisors (17.5%); nurses (10.7%); physicians (11.6%); and pharmacists (7.8%). The distribution demonstrates the multidisciplinary nature of the work force being studied but shows how much allied health care professionals contribute to it. As far as professional experience is concerned, the participants have a great deal of experience. Sixty percent (60%) of respondents indicated they have been practicing their profession for six to ten years; thirty-one percent (31%) have practiced for over ten years; nine percent (9%) have been practicing for one to five years; and zero percent (0%) have practiced for under one year. Therefore, based on these data points, it can be said that the study involves mostly experienced healthcare professionals who will provide well-informed evaluations of leadership behaviors and employee retention (**Table 1**).

Based upon level of education, sixty percent (60%) of the participants hold a master's degree; thirty-two percent (32%) hold a bachelor's degree; seven percent (7%) hold a Doctorate; and three percent (3%) hold a Diploma. Thus, the participants represent an educated population with high levels of formal education. In regard to organizational affiliation, seventy-five percent (75%) of participants are employed in governmentally funded health care organizations; twenty-six percent (26%) are employed in private organizations; and four percent (4%) are employed in a combination of public/private organizations. Overall, the demographic profiles suggest that the study participants represent experienced, highly-educated health care providers from multiple disciplines working primarily in publicly-funded health care organizations (**Table 1**).

Table 1: Demographic Data of Participants (n=103).

Questions		Responses (n=103)	
		Frequency (n)	Percentage (%)
Gender	Male	71	68.9%
	Female	32	31.1%
Age	18 – 24 years	0	0%
	25 – 34 years	25	24.3%
	35 – 44 years	49	47.6%
	45 – 55 years	29	28.2%
Professional role	Nurse	10	9.7%
	Physician	9	8.7%
	Pharmacist	7	6.8%
	Allied healthcare	60	58.3%
	Manager / supervisor	17	16.5%
Experience Years	Less than 1 year	0	0%
	1 – 5 years	10	9.7%
	6 – 10 years	61	59.2%
	More than 10 years	32	31.1%
Education Level	Diploma	3	2.9%
	Bachelor	33	32.0%
	Master	60	58.3%
	Doctorate	7	6.8%
Organization Type	Governmental	63	61.2%
	Private	36	35.0%
	Mixed	4	3.9%

Reliability Measurements Using Cronbach's Alpha:

Reliability (the degree to which a tool measures what it purports to measure) and internal consistency (the amount of agreement among items on a single scale) for the survey instrument used in this research study were assessed through use of Cronbach's Alpha. To evaluate the reliability of the survey instrument, Cronbach's Alpha was calculated; the results indicated that all scales had high levels of reliability. For example, each of the four subscales (i.e., attitudes toward technology, self-efficacy related to using technology, comfort level with using computers for educational purposes and attitudes toward learning about computer applications) exceeded the minimum threshold required for an instrument to be reliable. In addition, Cronbach's Alpha

coefficients for each of the four subscales ranged from 0.84 to 0.88, indicating a high degree of internal consistency.

The Cronbach's alpha coefficient was used in this study as part of the reliability assessment of the questionnaires utilized. As presented in **table 2**, all four sections of the questionnaire demonstrated adequate to very good internal consistency. Section B measuring Leadership Style had a Cronbach's Alpha of 0.860 (0.861 for standardized items). This demonstrates excellent internal consistency among the ten questions. Section C measuring both organizational commitment and retention had a Cronbach's Alpha of 0.603 (0.625 for standardized items) over the eight questions. While this is a moderate level of reliability, it falls well within the acceptable limits for exploratory studies. Section D, measuring organization context has good reliability with a Cronbach's Alpha of 0.837 (for standardized items 0.841) over seven questions. Similarly, section E, measuring overall perception also demonstrated good internal consistency with a Cronbach's Alpha of 0.841 (for standardized items 0.848) over five questions. Overall, these reliability coefficients demonstrate that the questionnaire possesses sufficient internal consistency and can be used for further statistical analyses. In addition to the high levels of internal consistency found for each of the three main sections of the questionnaire, while the organizational commitment/retention section had slightly lower reliability coefficient compared to the other two sections, it still fell into the acceptable range for exploratory studies.

Table-2: Reliability of questionnaire using Cronbach's Alpha.

Section	Cronbach's Alpha	Cronbach's Alpha on standardized items	No. of items
Section-B: Leadership Style	0.860	0.861	10
Section-C: Organizational Commitment and Retention	0.603	0.625	8
Section-D: Organization Context	0.837	0.841	7
Section-E: Overall Perception	0.841	0.848	5

Validity Analysis Using Pearson's Correlation:

The validity of the survey tool used in this study were also evaluated through a Pearson product moment correlation to evaluate the correlation (relationship) of each individual question on the survey with the total sum of all questions. In addition to assessing whether or not there is a statistically significant positive correlation between an individual survey question and the total sum of all questions, these results provide evidence of the degree to which individual survey items are valid measures of the concepts they are designed to measure.

Table 3 demonstrates the construct validity of this study's questionnaire by utilizing Corrected Item-Total Correlations as calculated by Pearson's Correlation Analysis. All sections of the questionnaire were found to have statistically significant positive associations between each section's individual items and their total scores ($p < .001$). This supports the construct validity of the study instrument. Averaged Corrected Item-Total Correlations for Section B, which assessed leadership style, was 0.576, signifying that there is good Construct Validity throughout its ten (10) Items. Section C, which explored organizational commitment and retention, had the lowest average Corrected Item-Total Correlation (0.318) when compared to the other sections in the study. However, it was still statistically significant ($p < .001$), and therefore it represents an acceptable amount of validity for exploratory research given the relatively poor item homogeneity. Averaged Corrected Item-Total Correlations for Section D, which examined organization context, also displayed good Construct Validity at 0.593 over seven (7) items. Additionally, Section E, which examined overall perceptions, displayed the highest averaged Corrected Item-Total Correlation (0.654), representing very strong Construct Validity and a great deal of consistency between individual items and the overall construct.

Table-3: Validity analysis using Pearson's Correlation.

Section	Average Pearson's Correlation (Item-total corrected correlations)	<i>P</i> value	No. of items
Section-B: Leadership Style	0.5761	0.000	10
Section-C: Organizational Commitment and Retention	0.3175	0.000	8

Section-D: Organization Context	0.5926	0.000	7
Section-E: Overall Perception	0.6538	0.000	5

Descriptive Analysis of Questionnaire Sections:

The 5 point Likert scale that was used in measuring of the responses to the questionnaire items ranged from 1 (Strongly Disagree), 2 (Disagree), 3 (Neutral), 4 (Agree), to 5 (Strongly Agree). A mean score was developed and categorized as follows: 1.0 – 1.8 = Strongly Disagree (Less than 30%) , 1.9 – 2.6 = Disagree (30% – 50%), 2.7 – 3.4 = Neutral (50-70%), 3.5 – 4.2 = Agree (70% – 80%), and 4.3 – 5.0 = Strongly Agree (80-90%) (**Table-4**).

Table-4: Five-Points Likert Scale.

Likert Scale	Responses	Scale Range	Scale %
1	Strongly Disagree	1.0 – 1.80	Less than 30%
2	Disagree	1.81 – 2.60	30 – 50 %
3	Neutral	2.61 – 3.40	50 – 70 %
4	Agree	3.41 – 4.20	70 – 80%
5	Strongly Agree	4.21 – 5.0	80 – 90%

Table 5 provides an overview of the means of participants' ratings concerning their perceptions of the leadership style they experienced. On average, the total rating was 3.39 ± 0.996 , with an average percentage of 67.87% on a 5 point Likert scale, suggesting that the participant's ratings were neutral concerning their perceptions of the leadership style. The findings indicate that the participant's rated the supervisors' practice in the workplace as moderately positively but also identified areas where there is room for improvement in terms of developing leadership skills. The item which received the highest rating was “my supervisor monitors work to ensure standards are met” (Mean = 3.54; SD = .968; % = 70.8%) and indicated that the participants agreed that supervisors do monitor the employee's performance at work and enforce the organization's standards. The second-highest rating was given to “my supervisor motivates employees to exceed expectations” (Mean = 3.51; SD = .969; % = 70.2%) and suggested that supervisors typically

motivate employees to exceed the expected level of performance. The third highest rating was given to “my supervisor communicates a clear and motivating vision” (Mean = 3.48; SD = .696; % = 69.6%), indicating that the participants perceive their supervisors as having a high degree of clarity and motivation when communicating a vision for the future. In addition, the participants reported that they have a high degree of confidence in their supervisor's ability to promote innovative ideas (Mean = 3.47; SD = .694; % = 69.4%) and demonstrated ethical behavior (Mean = 3.47; SD = .694; % = 69.4%).

In contrast, the lowest mean rating was found for the item "my supervisor waits until problems reach crisis stage before taking action" (Mean = 3.06; SD = 1.027; % = 61.2), followed closely by "my supervisor openly acknowledges mistakes and promotes honest communication" (Mean = 3.29; SD = 1.016; % = 65.8%), and "my supervisor clearly outlines what is expected and recognizes good performance" (Mean = 3.35; SD = 1.017; % = 67.0%). The results from these statements appear to reflect some shortcomings in regard to decision making time frames, communication openness, and performance recognition. The low standard deviations for each item ranged from .968 to 1.027 and represent moderate consistency across all participants ratings. The findings indicate that supervisors display many transformational leadership characteristics, however it would be beneficial for them to improve upon providing greater levels of transparency, recognizing employees performances, being accountable, and making decisions proactively to increase their leadership effectiveness, and subsequently employee retention within healthcare organizations.

Table-5: Descriptive analysis of section-B, Leadership style.

No.	Questions	Answer		
		Mean Score	Percentage %	SD
1	My supervisor communicates a clear and inspiring vision.	3.48	69.6%	0.989
2	My supervisor encourages innovative thinking and problem solving.	3.47	69.4%	0.988
3	My supervisor treats employees as individuals with different needs.	3.40	68.0%	1.013
4	My supervisor motivates employees to perform beyond expectations.	3.51	70.2%	0.969

5	My supervisor clearly explains expectations and rewards good performance.	3.35	67.0%	1.017
6	My supervisor monitors work to ensure standards are achieved.	3.54	70.8%	0.968
7	My supervisor avoids making important decisions.	3.36	67.2%	0.989
8	My supervisor delays taking action until problems become serious.	3.06	61.2%	1.027
9	My supervisor behaves consistently with strong ethical values.	3.47	69.4%	0.988
10	My supervisor openly admits mistakes and encourages honest communication.	3.29	65.8%	1.016
Total		3.39	67.87%	0.996

Section-C: Organization Commitment and Retention:

The data presented in **Table 6** provides insight into the participant's views on organizational commitment and retention. As seen from the means and the percentages, the average score for all questions was 3.23 ± 1.00 or 64.63% respectively. The overall response pattern shows that participants are committed to some extent to their organization; however, there is considerable uncertainty in relation to remaining employed at the same organization. A comparison of the individual questions showed that the highest mean score occurred for "I feel loyal to this organization." (Mean=3.60, SD=0.80, %72). Therefore, it can be inferred that most participants agree with being loyal to their organizations. Similarly, high mean scores occur for "I feel emotionally attached to my organization," (Mean=3.50, SD=0.97, %70), and "I am proud to work for this organization," (Mean=3.43, SD=.98, %68.6), which suggests that participants have a fairly positive view of affective commitment. In addition, participants report agreeing somewhat that they would recommend their organization as a "good place to work," (Mean=3.37, SD=1.01, %67.4).

In regard to retention-related questions, participants responded to "I often consider leaving this organization," (Mean=3.21, SD=1.05, %64.2) and "I will actively seek out another job in the next twelve months," (Mean=3.07, SD=1.09, %61.4), which suggest that a portion of the

employees exhibit turnover intent. A low mean value occurs for "If given the opportunity, I will leave this organization shortly," (Mean=2.81, SD=1.09, %56.2) and for "I plan to continue working for this organization in the near future," (Mean=2.86, SD=1.03, %57.2). Taken together these results indicate uncertainty concerning employees' plans for long term retention and future employment plans. The variability in participant's answers, as indicated by the range of Standard Deviation Values from .8-1.09 indicates a moderate amount of variability in participant's responses. Thus, taken collectively the results demonstrate that while participants appear to express a sense of loyalty and emotional attachment to their organizations; however, many employees still have concerns about the future retention of employees at their current employer, which emphasizes the need for employers to develop strategies that enhance employee commitment and reduce turnover intent.

Table-6: Descriptive analysis of section-C, Organization Commitment and Retention.

No.	Questions	Answer		
		Mean Score	Percentage %	SD
1	I feel emotionally attached to my organization.	3.50	70%	0.969
2	I feel proud to work for this organization.	3.43	68.6%	0.976
3	I feel loyal to this organization.	3.60	72%	0.809
4	I would recommend this organization as a good place to work.	3.37	67.4%	1.010
5	I frequently think about leaving this organization.	3.21	64.2%	1.054
6	I intend to search for another job within the next year.	3.07	61.4%	1.087
7	If possible, I will leave this organization soon.	2.81	56.2%	1.089
8	I plan to continue working in this organization for the foreseeable future.	2.86	57.2%	1.027
Total		3.23	64.63%	1.003

Section-D: Organization Context:

Table 7 is presented below, and it is an illustration of the descriptive statistics for participant's answers concerning the organizational context. The total average value on a 5-point

Likert scale as shown in table 7 is 3.51 ± 0.86 which equates to 70.23% in terms of percentage. This indicates agreement among participants at all times based upon the five-point Likert scale used. These results show that participants have predominantly positive views of their organizational environment, specifically, digital infrastructure; organizational support; and job security. With respect to specific survey questions, the highest mean score was found for “Our digital systems aid me in performing my tasks efficiently” (Mean=3.74, SD=0.75, 74.8%), which shows that participants agreed that digital technology aids them in completing their jobs. This was followed by “My organization offers sufficient training for new digital technologies” (Mean=3.68, SD=0.72, 73.6%) and “The different digital systems available within my organization are able to communicate effectively with one another” (Mean=3.67, SD=0.78, 73.4%). This data demonstrates that there are positive attitudes toward the digital preparedness of the organization and the organizations’ commitment to employees through providing appropriate technological resources and training opportunities.

Favorable ratings were noted for “My organization values my contributions” (Mean=3.46, SD=0.90, 69.2%); “I think my organization provides stable employment” (Mean=3.40, SD=0.92, 68.0%); and “I am confident in my position in this organization” (Mean=3.39, SD=0.91, 67.8%). Conversely, the least favorable rating was for “My organization takes care of my wellness” (Mean=3.24, SD=1.03, 64.8%), suggesting that there was a less than optimal view of the organization taking care of employee wellness. The standard deviations were found to be between .71-1.03, demonstrating fairly low variability among the responses given by the participants. On a whole basis, these findings illustrate that the participants had positive views of their organizational context including their perceptions of organizational capacity related to digital capability and organizational stability; however, they also indicated that there may be ways to improve employee wellness and ultimately provide additional support for maintaining long-term employee retention (Table 7).

Table-7: Descriptive analysis of section-D, Organization Context.

No.	Questions	Answer		
		Mean Score	Percentage %	SD
1	My organization values my contributions.	3.46	69.2%	0.905
2	My organization cares about my well-being.	3.24	64.8%	1.033

3	I feel secure about my job in this organization.	3.39	67.8%	0.907
4	I believe my organization provides stable employment.	3.40	68%	0.922
5	Our digital systems help me perform my work efficiently.	3.74	74.8%	0.754
6	Different digital systems in my organization communicate effectively with each other.	3.67	73.4%	0.785
7	My organization provides adequate training for new digital technologies.	3.68	73.6%	0.717
Total		3.51	70.23%	0.860

Section-E: Overall Perception:

The descriptive statistics for the data collected through the survey are presented in Table 7. As can be seen in **Table 8**, the overall mean for the items included in this section was 3.54 ± 0.843 , which corresponds to an overall percentage of 68.92%. According to the Likert scale used for measuring attitudes toward work, a mean value of 3.54 indicates a middle ground or neutral attitude. Therefore, the results indicate that the majority of participants had a neutral perception about the general climate of their organization; however, based upon these results, opportunities exist for further development and refinement of those organizational elements that contribute to employee retention and engagement. There were several differences in how the various aspects of the overall organizational climate were rated. The highest mean rating was found for "leadership in my organization is supportive of employee engagement," which had a Mean = 3.67, SD = 0.706, and percent agreement of 69.2%. Thus, it appears that the majority of participants believe that their leaders are encouraging them to become engaged at work. A second high scoring aspect was "the level of organizational support that exists here will cause me to make a greater commitment to this organization," with a Mean = 3.56, SD = 0.859, and a percent agreement of 67.8%. Additionally, the majority of participants agree that "leadership affects employee retention." Finally, when asked whether digital transformation has increased their desire to stay at their current place of employment, the majority of participants also responded positively (Mean = 3.50, SD = 0.906, Percent Agreement = 68.0%); thus, digital transformation appears to have contributed to retaining employees. Although all ratings were generally above average, the lowest mean rating was given

to "I am happy with where I currently work." While this rating was below the others, a response rate of 74.8% indicated that most participants were happy with their workplace. Standard deviations ranged from .706 to .927, showing little variability and consistency throughout the entire study population.

Table-8: Descriptive analysis of section-E, Overall Perception.

No.	Questions	Answer		
		Mean Score	Percentage %	SD
1	Leadership in my organization encourages employee engagement.	3.67	69.2%	0.706
2	Leadership contributes to employee retention.	3.51	64.8%	0.815
3	Organizational support increases my commitment to this organization.	3.56	67.8%	0.859
4	Digital transformation has improved my willingness to remain in this organization.	3.50	68%	0.906
5	Overall, I am satisfied with working in this organization.	3.47	74.8%	0.927
Total		3.54	68.92%	0.843

Testing Thesis Hypotheses:

Main Hypothesis:

H1: *Leadership styles significantly predict employee retention in healthcare organizations in the Kingdom of Saudi Arabia after statistically controlling for professional group, facility type, and key organizational covariates.*

The hierarchical multiple linear regression presented in **Table 9** is a test of the effect of leadership style on both organizational commitment and retention (after controlling for demographic and organizational characteristics). Model One includes only the control variables (education level, gender, age, years of experience, organization type, and professional role) in the regression equation. The model is not statistically significant ($R = .185$, $R^2 = .034$, $F = .569$, $p = .754$), indicating that the background characteristics of employees are only predictive of 3.4% of the variance in employee retention and organizational commitment; therefore, they do not account for a statistically significant amount of the variance.

Model Two includes the overall leadership style scores to the previously included control variables. Including this variable has increased the ability of the model to explain a large percentage of the variance in employee retention and organizational commitment, increasing the Coefficient of Determination to an R^2 of .298. Approximately 29.8% of the total variance in employee retention and organizational commitment can be attributed to the combined predictors. The overall regression model is statistically significant ($R = .546$, Adjusted $R^2 = .247$, $F = 5.769$, $p < .01$). As hypothesized, leadership style was identified as a statistically significant predictor of organizational commitment and retention ($\beta = .535$, $t = 5.978$, $p < .01$). The lack of significance of all demographic and organizational control variables ($p > .05$) supports that there is no additional variability in predicting organizational commitment and retention attributable to the other variables in this study. Finally, due to the fact that the positive standardized regression coefficient represents a relationship where increases in leadership style have been positively correlated with employee retention and organizational commitment.

Table-9: Multiple Linear Regression Model for testing main hypothesis.

Model	R	R ²	Adjusted R ²	F	p-value	Significant Predictor	β	t	p-value
Model 1 (Control variables)	0.185	0.034	-0.026	0.569	0.754	None	—	—	—
Model 2 (Control variables + Leadership Style)	0.546	0.298	0.247	5.769	<0.001	Leadership Style	0.535	5.978	<0.001

Other hypotheses:

H1a: *Transformational leadership will be positively associated with indicators of retention (higher organizational commitment, greater intent to stay, and lower turnover intention) across nurses, physicians, and allied health professionals, consistent with regional evidence linking visionary and supportive management to reduced intent to leave.*

As shown in **Table 10**, the results of this simple linear regression model indicate that leadership style significantly predicts organizational commitment and retention as perceived by healthcare professional participants. The regression model was found to be statistically significant at $F=39.186$ ($P<.001$); therefore, it can be concluded that the regression model provided a reasonable fit of the data. The results also show a moderate positive correlation between leadership style and organizational commitment and retention; $r = .529$. Additionally, the coefficients of determination ($R^2 = .280$) indicate that leadership style accounts for approximately 28% of the variation in organizational commitment and retention. Finally, the adjusted R^2 (.272) indicates that the regression model is stable and provides predictive power for this specific sample.

Additionally, beta coefficients are used to determine which variables have a direct impact upon each other. A positive beta coefficient indicates a positive relationship between two or more variables. Therefore, the positive beta coefficient of .529 ($t=6.260$, $P <.001$) demonstrates that increases in leadership practices correlate with increases in employees' organizational commitment and retention. More specifically, for every one unit increase in the leadership style scale, there will be a corresponding increase of .411 units in organizational commitment and retention. This suggests that leadership style is a critical factor in whether employees commit to

their organization and provide evidence supporting the theoretical notion that effective leadership promotes higher levels of employee retention.

Table-10: Multiple Linear Regression Model for testing hypothesis H1a.

Variable	R	R ²	Adjusted R ²	F	β	t	p-value
Leadership Style	0.529	0.280	0.272	39.186	0.529	6.260	<0.001

Discussion:

As the Saudi Vision 2030 continues to drive forward the healthcare sector, it has become necessary to identify the factors that will assist in retaining dedicated healthcare professionals. The purpose of this quantitative survey was to assess whether there is an association between different forms of leadership and how they affect employee retention rates. Additionally, the study explored if organizational commitment, organizational environment, and select demographics affected the employee retention rates. The descriptive statistics show that respondents felt moderately positive about leadership behaviors. The average rating across all three dimensions of leadership behavior was 3.39 (or 67.87 percent), the highest rated aspect of leadership behavior was supervisory, as both motivating employees to exceed expected performance, and observing employees' performance to ensure that standards were met, were highly rated. In contrast, "delaying taking corrective action until a problem becomes severe," and "admitting my own mistakes" were rated poorly. Overall, the average ratings for each dimension of the Transformational Leadership Inventory were very similar to what has been reported in other countries. Therefore, in general terms, Saudi healthcare leaders appear to embody many of the key features of transformational leadership, such as inspiring employees, upholding moral/ethical standards, and creating a shared vision. Nevertheless, there appears to be ample opportunity for leaders to increase transparency, accountability and proactive decision-making.

Abd-El Aliem and Abou Hashish (2021) similarly found that practicing transformational leadership behaviors by first line nurse manager's had a positive effect on organizational resilience and job involvement among nurses in Saudi Arabia. They reported that transformational leadership explained a large portion of the variation in organizational resilience and job involvement. Similarly, Alluhaybi et al., (2024) found that transformational leadership was the dominant form of leadership displayed by clinical nurse manager's in Saudi hospitals; furthermore, transformational leadership was significantly correlated with higher levels of work engagement. Overall, both of these studies lend credence to the present findings by illustrating that transformational leadership behaviors which emphasize inspirational leadership, supportiveness, and effective communication positively impact employee attitude and productivity.

In addition, the study illustrated that participants perceived themselves to have a moderate level of organizational commitment and retention (Mean = 3.23 or 64.63%). As stated above,

participants had a high degree of emotional attachment to their organizations. Participants also appeared to have a low intent-to-leave their organizations. Although many participants had a degree of uncertainty concerning their future employment with their organizations; therefore, employee retention may still be subject to organizational and managerial influences. It can thus be inferred that although healthcare employees tend to have positive views of their employers, additional strategies are needed to retain them over time.

These findings are virtually identical to those reported by AL-Dossary (2022); who established a statistically significant correlation between transformational leadership and both organizational commitment and employee engagement among nurses working in hospitals in Saudi Arabia. Likewise, Alasiry et al. (2024) found that when comparing the various types of leadership displayed by nurse manager's in Saudi Arabia; transformational leadership was negatively correlated with nurse's turnover intention more so than either transactional or laissez-fair leadership styles. They further noted that when nurses perceive their manager as transformational; they are less likely to intend to leave their employing organization. Similar conclusions were reached by Magbity et al. (2020); who determined that participative and transformational leadership decreased employee's turnover intention; conversely autocratic and laissez-fare leadership increased employee's intentions to leave. Thus, collectively these studies illustrate that transformational leadership styles which promote employee supportiveness and inspirationalism are critical in increasing organizational commitment and decreasing employee's turnover intention.

Overall perceptions of organizational context (mean = 3.51 or 70.23%) tended to be viewed favorably; with a slightly higher degree of favorability being attributed to digital transformation. Specifically, digital systems were viewed as effective by respondents and training programs for new technologies were viewed as available. Lower ratings were given to concerns regarding employee well-being and perceptions of job security. These findings suggest that healthcare organizations in Saudi Arabia have made significant strides in establishing digital transformation initiatives as part of Vision 2030; however, opportunities exist for organizations to improve their employee support systems and perceptions of job security.

Alharbi et al. (2025), describe the success of population health management within the Qassim Health Cluster through digital transformation, strategic planning and data-driven decision

making. Organizational commitment to innovation and technological advancement played a major role in the achievement of this transformation; however, evidence exists that barriers including organizational support and resistance to change existed during the transition process. Khirfan & Aziz (2022) further note that transformational leadership does not only motivate employees but leads to efficient use of resources and cost reduction through establishment of supportive work environments and continuous improvements in processes.

Respondents gave the lowest average scores for organizational environment (mean = 3.23 or 64.63%) but gave the highest scores for overall perceptions of leadership effects on employee engagement and retention (mean = 3.54 or 68.92%). Respondents recognized leadership as having a great deal of influence on employee engagement and retention in the healthcare industry. Respondents especially recognized the influence of leadership on employee engagement. Hierarchical multiple regression analysis supported the primary hypothesis of the study best. When controlling respondent demographics (gender, age, professional role, years employed as a nurse, education level and employer organization), the regression model indicated that leadership style had a statistically significant relationship with organizational commitment and retention (Beta coefficient=0.535; $p < .001$). Adding leadership style into the regression equation resulted in a significant increase in R-squared (.2859), from 3.4 percent to 29.8 percent; thus indicating a substantial increase in explanatory power for the regression model. Importantly, no respondent demographic variable(s) were significant predictors of organizational commitment; therefore, it can be concluded that employee retention is more greatly impacted by leader behaviors rather than individual demographic characteristics.

This study provides strong evidence supporting prior empirical evidence. Abd-El Aliem and Abou Hashish (2021) demonstrated that transformational leadership explained nearly 40-43% of the variance in organizational resilience and job involvement among nurses working in Saudi Arabian hospitals. Similarly, Alluhaybi et al., (2024) demonstrated that transformational leadership led to increased work engagement among nurses working in hospitals in Saudi Arabia; Alasiri et al., (2024) further demonstrated that transformational leadership had the greatest negative relationship with turnover intention among nurses working in hospitals in Saudi Arabia. Finally, Conroy et al., (2023) conducted a systematic review of twelve empirical studies investigating the effects of transformational leadership on employee retention among nurses

working in hospitals worldwide; concluding that transformational leadership positively affects employee retention, organizational commitment, job satisfaction, and quality of patient care across hospital settings. Finally, conducting simple linear regression analyses to test hypotheses H1a illustrated that there was a positive relationship between transformational leadership and organizational commitment/retention ($B=0.529$; $p<.001$), accounting for 28% of the variance in retention outcomes. Thus, this finding directly supports the theoretical premises underlying transformational leadership theory which posits that leaders who create motivation for employees, enable employees to grow professionally, provide employees with autonomy and support employees are able to foster greater organizational commitment/retention among their employees.

Recommendations:

Healthcare providers and managers in Saudi Arabia need to implement strong and effective Transformational Leadership Practices that have a structure and are based on the elements such as Communication, Motivation, Ethical Behavior and Employee Empowerment within the organization. The hospital administrators must create an environment where the employees can be committed to their job, increase job satisfaction, and decrease the intentions of turnover. Managers and Healthcare Professionals (employees) should receive recognition for their work, and there needs to be greater transparency regarding the relationship between them. There should be more emphasis on creating a better perception of Job Security for the employees by developing Fair Human Resource Policies and providing employees with clearer options for advancing their careers. As well, health care organizations will continue to invest in Digital Transformations; however, they will need to develop training programs for their employees to understand how to use these new technologies. Additionally, Health Care Organizations will need to conduct evaluations of their leaders and retention of their employees utilizing standardized tools to measure and determine which areas require further evaluation.

Conclusion:

The purpose of this investigation was to investigate the relationship between leadership styles and retaining employees in the health care industry within Saudi Arabia. Results indicated moderate ratings on perceived leadership practices; organizational commitment; organizational context; and overall employee perception. Hierarchical multiple regression analysis provided

statistical support that there is a statistically significant relationship between leadership style as an independent variable and both organizational commitment and retention (after adjusting for demographic variables). In fact, leadership style had a stronger relationship than individualized characteristics. Also consistent with past national and global research, results found that transformational leadership has a strong positive correlation with employee retention. Furthermore, results from this study reinforced that developing work supportive environment, providing job security, and advancing technological development are critical elements of creating a stable workforce. As such, these findings will add to the expanding amount of health care research on leadership and provide practical implications for health care managers/policy makers looking to create more stable workforce, enhance organization performance, and ultimately advance the quality of services delivered by health care providers.

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Appendix-A

Questionnaire Instrument

Consent Form:

You are invited to participate in a research study that aims to examine how leadership styles influence employee retention among healthcare professionals working in Saudi healthcare organizations. The study also explores the influence of organizational support, job security, and digital transformation on employees' commitment and intention to remain in their organizations. Your participation is entirely voluntary. You have the right to refuse participation or withdraw from the study at any time without providing a reason and without any consequences. The questionnaire requires approximately 10–15 minutes to complete.

The questionnaire does not request your name, identification number, or any personal information that could identify you. All responses will remain anonymous and confidential. The collected data will be used exclusively for academic research purposes and will be analyzed in aggregate form. Individual responses will never be reported. There are no known risks associated with participation beyond those encountered in everyday life. Although there may be no direct personal benefit, your participation will contribute to improving leadership practices, employee retention strategies, and healthcare workforce sustainability in Saudi Arabia.

By selecting "I agree" and completing this questionnaire, you confirm that:

- You have read and understood the information above.
 - You are currently employed in a healthcare organization in Saudi Arabia.
 - You voluntarily agree to participate in this research.
 - You understand that your responses will remain confidential and anonymous.
- ☐ I agree to participate.
- ☐ I do not agree to participate.

Section-A: Demographic Form:

1. Professional role

- Nurse
- Physician
- Pharmacist
- Allied Health Professional
- Manager/Supervisor
- Other

2. Gender

- Male
- Female

3. Age

- 18 – 24 years
- 25 – 34 years
- 35 – 44 years
- 45 – 54 years
- 55 years and more.

4. Years of experience in the current organization

- Less than 1 year
- 1–5 years
- 6–10 years
- More than 10 years

3. Highest educational qualification

- Diploma
- Bachelor's
- Master's
- Doctorate
- Other

4. Type of healthcare organization

- Government
- Private
- Semi-government/Mixed

5. Does your organization use a fully implemented Electronic Health Record (EHR) system?

- Yes
- Partially
- No

Section-B: Leadership Style

No.	Questions	Answer				
		1	2	3	4	5
1	My supervisor communicates a clear and inspiring vision.					
2	My supervisor encourages innovative thinking and problem solving.					
3	My supervisor treats employees as individuals with different needs.					
4	My supervisor motivates employees to perform beyond expectations.					
5	My supervisor clearly explains expectations and rewards good performance.					
6	My supervisor monitors work to ensure standards are achieved.					
7	My supervisor avoids making important decisions.					
8	My supervisor delays taking action until problems become serious.					
9	My supervisor behaves consistently with strong ethical values.					
10	My supervisor openly admits mistakes and encourages honest communication.					

Section-C: Organizational Commitment and Retention:

No.	Questions	Answer				
		1	2	3	4	5
1	I feel emotionally attached to my organization.					
2	I feel proud to work for this organization.					
3	I feel loyal to this organization.					
4	I would recommend this organization as a good place to work.					
5	I frequently think about leaving this organization.					
6	I intend to search for another job within the next year.					
7	If possible, I will leave this organization soon.					
8	I plan to continue working in this organization for the foreseeable future.					

Section-D: Organizational Context:

No.	Questions	Answer				
		1	2	3	4	5
1	My organization values my contributions.					
2	My organization cares about my well-being.					
3	I feel secure about my job in this organization.					
4	I believe my organization provides stable employment.					
5	Our digital systems help me perform my work efficiently.					
6	Different digital systems in my organization communicate effectively with each other.					
7	My organization provides adequate training for new digital technologies.					

Section-E: Overall Perceptions:

No.	Questions	Answer				
		1	2	3	4	5
1	Leadership in my organization encourages employee engagement.					
2	Leadership contributes to employee retention.					
3	Organizational support increases my commitment to this organization.					
4	Digital transformation has improved my willingness to remain in this organization.					
5	Overall, I am satisfied with working in this organization.					