A study of relationship between managers’ leadership style and employees’ job satisfaction

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Abstract
Purpose – The purpose of this descriptive and cross-sectional study is to explore the relationships between managers' leadership styles and employees' job satisfaction in Isfahan University Hospitals, Isfahan, Iran, 2004.

Design/methodology/approach – The data were collected through the distribution of two questionnaires among the 814 employees, first line, middle and senior managers of these hospitals through a stratified random sampling.

Findings – The dominant leadership style of managers was participative. The mean score of employee-oriented dimension of leadership style in first line, middle and senior managers were 52, 54, and 54 (from 75 credit) respectively. The mean score of task-oriented dimension of leadership style in first line, middle and senior managers were 68, 69, and 70 (from 100 credit) respectively. The mean score of employee’s job satisfaction was $3.26 \pm 0.56$ on a 6 scale (moderate satisfaction), 1.9, 26.1, 64.7, and 7.3 percent of hospital employees had respectively very low, low, moderate, and high satisfaction with their job. Employees demonstrated less satisfaction with salaries, benefits, work conditions, promotion and communication as satisfier factors and more satisfaction with factors such as the nature of the job, co-workers and supervision type factors. There was significant correlation ($p < 0.001$) between the use of leadership behaviors and employees and job satisfaction.

Research limitations/implications – Employee job satisfaction depends upon the leadership style of managers. Nevertheless, participative management is not always a good management style. Managers should select the best leadership style according to the organizational culture and employees' organizational maturity.

Originality/value – Although this study conducted in Iran, it is anticipated that the findings may have relevance on a broader scale. By replicating this study in different countries and contexts the results of could be very helpful for developing a new model of leadership with new implementation techniques that can be implemented easily and successfully in a cross cultural context.

Keywords Leadership, Employees, Job satisfaction, Hospitals, Iran

Introduction and background
Organizations are social systems where human resources are the most important factors for effectiveness and efficiency. Organizations need effective managers and employees to achieve their objectives. Organizations cannot succeed without their personnel efforts and commitment. Job satisfaction is critical to retaining and...
attracting well-qualified personnel. This is especially an issue in medical institutions such as hospitals where specialist training and retention are highly important.

Employee job satisfaction is an attitude that people have about their jobs and the organizations in which they perform these jobs. Methodologically, we can define job satisfaction as an employee’s affective reaction to a job, based on a comparison between actual outcomes and desired outcomes (Mosadeghrad, 2003b). Job satisfaction is generally recognized as a multifaceted construct that includes employee feelings about a variety of both intrinsic and extrinsic job elements. It encompasses specific aspects of satisfaction related to pay, benefits, promotion, work conditions, supervision, organizational practices and relationships with co-workers (Misener et al., 1996).

Concerns about employee job satisfaction are just as critical in the health care industry as they are in other business sectors. Similarly, the motivation to investigate job satisfaction among health care employees is similar to the interest of research concerning job satisfaction in industrial settings (McBride, 2002).

Numerous factors influence employee job satisfaction, including: salaries, fringe benefits, achievement, autonomy, recognition, communication, working conditions, job importance, co-workers, degree of professionalism, organizational climate, interpersonal relationships, working for a reputable agency, supervisory support, positive affectivity, job security, workplace flexibility, working within a team environment and genetic factors. Sources of low satisfaction are associated with working with unskilled or inappropriately trained staff, laborious tasks such as documentation, repetition of duties, tensions within role expectations, role ambiguity, role conflict, job/patient care, feeling overloaded, the increasing need to be available for overtime, relations with co-workers, personal factors and organizational factors (Navaie-Waliser et al., 2004; Koustelios et al., 2003; De Loach, 2003; Ilies and Judg, 2003; Gigantesco et al., 2003; Blegen, 1993; Chu et al., 2003; McNeese-Smith, 1999; Thyer, 2003).

Irvine and Evans (1995) have also underlined the importance of work characteristics (routine, autonomy and feedback), characteristics of how the work role is defined (role conflict and role ambiguity) and characteristics of the work environment (leadership, stress, advancement opportunities and participation) in relation to job satisfaction.

Justification for the need to investigate job satisfaction is exemplified in the seemingly observed relationship between the levels of job dissatisfaction, absenteeism, grievance expression, tardiness, low morale and high turnover. Job satisfaction is an immediate antecedent of intention to leave the workplace and turnover. Unsatisfied workers will leave their jobs more than their satisfied colleagues (Padilla-Vellez, 1993; Gangadhraiah et al., 1990; Martin, 1990). Retention and turnover of staff, particularly highly skilled personnel, are important issues for managers in the current health care environment (McBride, 2002). Employees who experience job satisfaction are more likely to be productive and stay on the job (McNeese-Smith 1997; Irvine and Evans, 1995). Furthermore, more satisfied employees have more innovative activities in continuous quality improvement and more participation in decision-making in organizations (Kivimaki and Kalimo, 1994). Job satisfaction is also found to be positively-related to patient satisfaction (Morana, 1987; Kivimaki and Kalimo, 1994).

Among determinants of job satisfaction, leadership is viewed as an important predictor and plays a central role. Leadership is a management function, which is mostly directed towards people and social interaction, as well as the process of
influencing people so that they will achieve the goals of the organization (Skansi, 2000). Numerous studies carried out in several countries showed that there is a positive correlation between leadership and the job satisfaction of health care providers (Seo et al., 2004; Vance and Larson, 2002; Chiok Foong Loke, 2001; Martin, 1990; Dunham-Taylor, 2000; Stordeur et al., 2000; Hespanhol et al., 1999; Lowe et al., 1996; Berson and Linton, 2005; Morrison et al., 1997; Mosadeghrad, 2003a). Organizational success in obtaining its goals and objectives depends on managers and their leadership style. By using appropriate leadership styles, managers can affect employee job satisfaction, commitment and productivity. Leadership style can be viewed as a series of managerial attitudes, behaviors, characteristics and skills based on individual and organizational values, leadership interests and reliability of employees in different situations (Mosadeghrad, 2003b). It is the ability of a leader to influence subordinates to performing at their highest capability. This factor captures the extent to which management respects workers, operates with honesty and integrity, promotes efficiency, and has open lines of communication with employees (Aronson et al., 2003).

The subject of leadership is interesting for many researchers. The continued search for good leaders has resulted in the development of many leadership theories. Studies have been carried out to determine how leadership behaviors can be used to influence employees for improved organizational outcomes (Kreitner, 1995). In the past several decades, management experts have undergone a revolution in how they define leadership and their attitudes toward it. They have gone from a very classical autocratic approach to a very creative and participative approach. Ideas about management and leadership have changed considerably in recent years. People today are better-educated and more articulate. They can no longer be commanded in the same way as before. There needs to be much more involvement and participation at work (Stewart, 1994).

There are several styles of leadership such as: autocratic, bureaucratic, laissez-faire, charismatic, democratic, participative, situational, transactional, and transformational leadership (Mosadeghrad 2003b, 2004). Not everyone agrees that a particular style of leadership will result in the most effective form of organizational behavior. Different styles were needed for different situations and each leader needed to know when to exhibit a particular approach. No one leadership style is ideal for every situation, since a leader may have knowledge and skills to act effectively in one situation but may not emerge as effectively in a different situation.

Iran’s health system is passing though a period of transformation. Since the early 2000s, the Ministry of Health has been working on a comprehensive health care reform programme especially in hospitals. One of the aims of this reform programme is to strengthen health care management. However, human resource management is still not what it should be, and the human aspects relating to employee satisfaction and quality of work life, which affect productivity, are inevitably neglected. As well, in the Iranian health care profession, leadership is still in its infancy. There has been little research related to this subject particularly in the health care service organization and service delivery in this country. Therefore, this research with its aim of investigating the relationship between managers’ leadership style and employees’ job satisfaction in Isfahan University Hospitals (IUHs) is an important step toward hospital effectiveness and increased efficiency. The results of this research will allow a better understanding
of the relationship between leadership styles and employee job satisfaction. It is anticipated that a better understanding of these issues and their relationships can aid further research, pinpoint better strategies for recruiting, promotion, and training of future hospital managers and employees, particularly in Iran but perhaps in other societies as well.

**Methodology**

The study utilized descriptive correlation design and cross sectional survey methodology.

**Setting**

The health care settings for this study included 12 university hospitals (IUHs) within Isfahan, Iran. At the time of the study (2004), these hospitals employed 6,405 full time employees.

**Instruments**

Two questionnaires were used for data collection and were sent out in two packages to two different populations:

1. An employee questionnaire package containing a cover letter, and a questionnaire related to their job satisfaction and the leadership style of hospital manager.
2. A managers’ questionnaire package containing a cover letter, and a leadership questionnaire related to style and job satisfaction.

The cover letter briefly explained the purpose of the study and the mechanisms to maintain confidentiality. A demographic questionnaire was intended to furnish the researcher with the respondents’ biographical, educational information and working experience in the hospital. Further explanations of the variables were given when requested. The respondents received and answered the questionnaires at their work place. Data were collected for approximately one month. Participation was voluntary.

**Leadership survey questionnaire**

The conceptual framework for this study derives from Rensis Likert’s model of leadership styles. According to Likert, the four distinct practices, which outstanding leaders use to affect employee and organizational performance include: exploitive authoritative, benevolent authoritative, consultative and participative (Likert, 1967). This questionnaire has 35 items of which 15 items determine a manager’s employee oriented dimension and 20 items determine the task-oriented dimension of leadership style. Each statement includes a five-point Likert scale (from very rarely = 1 to often = 5).

**Job satisfaction survey questionnaire**

A standard job satisfaction questionnaire (Spector, 1997) (job satisfaction questionnaire), was used to assess the level of job satisfaction among employees in IUHs according to nine sub-scales (salaries, fringe benefits, recognition, promotion, communication, working conditions, nature of the job, supervision and co workers). This questionnaire has 36 items (four items in each domain). It was decided to use six-point Likert scales to measure the responses to each item (from strongly disagree = 1 to strongly agree = 6).
Part II of the questionnaire provided ten important job motivators. Employees were asked to prioritize these motivators according to their personal interests. Managers asked to prioritize these motivators one time according to their personal interests and another time according to their employees’ interests to find out more about managers’ knowledge about employees’ perception of their most important motivators. Those motivators were listed as: good pay, job security, good working conditions, involvement, recognition, promotion, interesting work, loyalty to employees, tactful discipline, and help with personal problems.

**Validity estimates**
Content and face validity, were established by a panel of experts consisting of management experts.

**Reliability estimates**
Cronbach’s alpha coefficient has been preferred for estimating the reliability of multi-item scales. An alpha value of 0.70 or higher was considered as acceptable reliability for group. To determine the reliability of questionnaires, these questionnaires were surveyed in two time intervals and an alpha coefficient was determined (leadership style questionnaire from the viewpoint of employees, 0.8767; leadership style questionnaire from the viewpoint of managers, 0.8139; and job satisfaction questionnaire, 0.8749). The instrument was pilot tested with a group of hospital employees (40 persons) who were not included in the sample.

**Acceptability estimates**
It is essential that instruments are acceptable to participants in order to obtain the maximum response rate, thus making trial results easier to interpret, more generalized and less prone to bias from non-response (Fitzpatrick et al., 1998). Acceptability was assessed in terms of refusal rates, and rates of missing responses. A total of 814 hospital employees filled out the questionnaires (85.68 percent). Organization specific response rates varied from 91 to 100 percent. Missing data analysis showed that 88 percent respondents had no missing values for the entire set of 71 items.

**Data collection**
The sampling method was stratified random sampling. From 6,405 employees of hospitals, 950 persons were selected for this research after a pilot study by using the following formula (\( n = 6405, d = 0.03, z = 1.96 \) and \( s = 0.51 \)). Employees who had less than six months working experience were excluded from this study. From the 950 distributed questionnaires, 832 questionnaires were returned and from those, 814 questionnaires were completely filled in showing a return rate of 85.68 percent.

\[
n = \frac{NZ^2S^2}{Nd^2 + Z^2S^2}
\]

**Analysis of data**
All data were analyzed using the statistical package for the Social Sciences (SPSS 11). Appropriate statistical procedures for description and inference were used. The
missing values were checked prior to further statistical analysis. In order to normalize the likert scale on 1-6 scales for each domain of job satisfaction, the sum of raw scores of items in each domain was divided by the numbers of items in each domain (four) and for overall job satisfaction, sum of raw scores of items was divided by 36. Higher scores indicate better job satisfaction. The scores of employee oriented and task oriented dimensions of leadership were varied between 15-75 and 20-100. Higher scores in the domains indicate more employee-oriented or more task oriented managers.

The differences between groups were tested with the chi-square, Mann-Whitney and Kruskal Wallis tests. The correlation coefficients were calculated to evaluate the relationship between variables. Forward conditional logistic regression analysis was used to identify the most important predictor domains in global satisfaction. Data were presented as the mean ± standard deviation (SD) and percentage (p values less than 0.05 were considered as significant).

Result

In this survey the results are as follows.

A total of 814 employees participated in this study. These included 665 employees, 127 first line managers or departments’ heads, 11 middle managers or hospital managers and 11 senior managers or hospital presidents. Respectively 51.5, 87.4, 90.9 and 90.9 percent of employees, first line, middle and senior managers had permanent employment. There was no relationship between educational background and current organizational positions of employees, first line, middle and senior managers in respectively 19.54, 11.02, 90.9 and 9.1 percent cases.

The mean age for employees, first line, middle and senior managers were 34.2, 41.8, 46.4 and 45.2 years respectively. The ages ranged from 18 to 58 year. Male employees were significantly older than female employees. Employees, first line, middle and senior managers on the average, had 10.6, 18.7, 20.2 and 17.7 years of working experiences respectively. Male employees, on the average, had 12.28 years of working experience while females averaged 9.30 years. Males had significantly more years of working experience than females. First line, middle and senior managers on the average had 8.7, 11.8 and 8.7 years of managerial experiences respectively. The majority of employees of IUHs had attained a bachelor’s degree (Table I).

Total job satisfaction of the respondents was measured on a six-point scale, where 6 stood for highly satisfied and 1 for highly dissatisfied. Total job satisfaction of the respondents was $3.26 \pm 0.56$ point (moderate satisfaction). The mean score of job satisfaction of employees, first line, middle and senior managers was 3.21, 3.40, 3.97 and 3.73 from six credits respectively. Then 1.9, 26.1, 64.7, and 7.3 percent of hospital employees had respectively very low, low, medium, and high satisfaction with their job. Also, 23.9, 63.2, 12, and 0.9 percent of departments’ heads had respectively low, medium, high and very high satisfaction with their job. A total of 27.2, 45.5, 18.2, and 9.1 percent of hospital managers had respectively low, medium, high and very high satisfaction with their job. A total of 9.1, 63.6, 18.2, and 9.1 percent of hospital presidents had respectively low, medium, high and very high satisfaction with their job.

Participant scored were lowest in the benefits, 1.93; recognition, 2.44; communication, 2.53; salaries, 2.67; working conditions, 2.76 and promotion 2.91
(achievement) areas but scores were highest in the supervision, 4.69; nature of the job, 4.39 and co-worker, 4.36 domains (Table II).

The mean score of employees’ job satisfaction in the Central Storage Department (4.21), Secretarial Unit (4.05), Public Relations Office (3.91), Social Worker Office (3.90) and Material Supply Department (3.66) were high. In the Psychiatry Ward (2.55), Pediatrics Ward (2.63), Dialysis Ward (2.75), Urology Ward (2.85) and Medical Records Department, (2.88) they were low. The employee’s job satisfaction in therapeutic and diagnostic departments was lower than administrative and ancillary departments. A statistical significant association was seen between employees’ job satisfaction and their area of work or specialty ($p < 0.01$).

<table>
<thead>
<tr>
<th>Demographic parameters</th>
<th>Frequency and percent</th>
<th>Job satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>394</td>
<td>48.4</td>
</tr>
<tr>
<td>Female</td>
<td>420</td>
<td>51.6</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>147</td>
<td>18</td>
</tr>
<tr>
<td>Married</td>
<td>667</td>
<td>82</td>
</tr>
<tr>
<td>Graduation degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illiterate</td>
<td>23</td>
<td>2.8</td>
</tr>
<tr>
<td>Under diploma</td>
<td>97</td>
<td>11.9</td>
</tr>
<tr>
<td>Diploma</td>
<td>62</td>
<td>7.6</td>
</tr>
<tr>
<td>Post diploma</td>
<td>202</td>
<td>24.8</td>
</tr>
<tr>
<td>Bachelor of science</td>
<td>325</td>
<td>39.9</td>
</tr>
<tr>
<td>Master of science or doctor of medicine</td>
<td>58</td>
<td>7.2</td>
</tr>
<tr>
<td>Doctor of philosophy</td>
<td>47</td>
<td>5.8</td>
</tr>
<tr>
<td>Area of work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managerial and clerical</td>
<td>156</td>
<td>19.1</td>
</tr>
<tr>
<td>Ancillary or logistic</td>
<td>108</td>
<td>13.3</td>
</tr>
<tr>
<td>Therapeutic</td>
<td>448</td>
<td>55.1</td>
</tr>
<tr>
<td>Diagnostic</td>
<td>102</td>
<td>12.5</td>
</tr>
<tr>
<td>Age group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 20 years</td>
<td>3</td>
<td>0.4</td>
</tr>
<tr>
<td>Between 20-30 years</td>
<td>234</td>
<td>28.7</td>
</tr>
<tr>
<td>Between 31-40 years</td>
<td>340</td>
<td>41.8</td>
</tr>
<tr>
<td>Between 41-50 years</td>
<td>217</td>
<td>26.6</td>
</tr>
<tr>
<td>Between 51-60 years</td>
<td>20</td>
<td>2.5</td>
</tr>
<tr>
<td>Work experience years group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under one year (six months to one year)</td>
<td>26</td>
<td>3.2</td>
</tr>
<tr>
<td>Between one and five years</td>
<td>202</td>
<td>24.8</td>
</tr>
<tr>
<td>Between six and ten years</td>
<td>169</td>
<td>20.7</td>
</tr>
<tr>
<td>Between 11-15 years</td>
<td>147</td>
<td>18.1</td>
</tr>
<tr>
<td>Between 16-20 years</td>
<td>112</td>
<td>13.8</td>
</tr>
<tr>
<td>Between 21-25 years</td>
<td>104</td>
<td>12.8</td>
</tr>
<tr>
<td>Between 26-30 years</td>
<td>54</td>
<td>6.6</td>
</tr>
<tr>
<td>Received wages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$&lt; 1,500,000$ RLS</td>
<td>667</td>
<td>81.9</td>
</tr>
<tr>
<td>$&gt; 1,500,000$ RLS</td>
<td>147</td>
<td>18.1</td>
</tr>
</tbody>
</table>

Table I. Frequency and percentage of participants and the mean score of their job satisfaction
Table II. The mean score of employees and managers job satisfaction according to job satisfier factors

<table>
<thead>
<tr>
<th>Job satisfier factors</th>
<th>Senior managers (hospital presidents)</th>
<th>Middle managers (hospital managers)</th>
<th>First line managers (departments' head)</th>
<th>Employees</th>
<th>All of the employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>3.04</td>
<td>3.63</td>
<td>2.75</td>
<td>2.64</td>
<td>2.67</td>
</tr>
<tr>
<td>Promotion</td>
<td>3.95</td>
<td>3.59</td>
<td>3.09</td>
<td>2.85</td>
<td>2.91</td>
</tr>
<tr>
<td>Supervision</td>
<td>4.29</td>
<td>3.36</td>
<td>4.77</td>
<td>4.71</td>
<td>4.69</td>
</tr>
<tr>
<td>Fringe benefits</td>
<td>2.75</td>
<td>2.34</td>
<td>1.91</td>
<td>1.92</td>
<td>1.93</td>
</tr>
<tr>
<td>Recognition</td>
<td>2.72</td>
<td>3.29</td>
<td>2.76</td>
<td>2.37</td>
<td>2.44</td>
</tr>
<tr>
<td>Working conditions</td>
<td>2.65</td>
<td>3.06</td>
<td>2.64</td>
<td>2.78</td>
<td>2.76</td>
</tr>
<tr>
<td>Co workers</td>
<td>4.77</td>
<td>4.98</td>
<td>4.54</td>
<td>4.32</td>
<td>4.36</td>
</tr>
<tr>
<td>Nature of the job</td>
<td>5.06</td>
<td>4.88</td>
<td>4.60</td>
<td>4.34</td>
<td>4.39</td>
</tr>
<tr>
<td>Communication</td>
<td>3.54</td>
<td>3.72</td>
<td>3.14</td>
<td>2.38</td>
<td>2.53</td>
</tr>
</tbody>
</table>
As Table III shows motivators such as loyalty to employees, job security, good pay, good working conditions, tactful discipline, and involvement were more important respectively for employees. From the viewpoint of first line managers, motivators such as tactful discipline, involvement, good working conditions, recognition, loyalty to employees, and good pay were more important respectively. From the viewpoint of middle managers, motivators such as involvement, loyalty to employees, recognition, and tactful discipline were more important respectively. From the viewpoint of senior managers, motivators such as good working conditions, good pay, loyalty to employees, involvement and tactful discipline were important respectively. When managers were asked to prioritize their employees’ job motivators from the viewpoint of their employees, first line and senior managers chose sufficient salaries and recognition and middle managers listed job security, promotion and involvement as important.

The satisfaction scores for men were found to be significantly higher than those of women ($p < 0.001$). The mean score of married employees’ job satisfaction was 3.27 and the single employee’s job satisfaction was 3.21. The differences between values were statistically significant ($p < 0.05$). There was no statistically significant correlation between job satisfaction of employees and their graduation levels and type of employment ($p > 0.05$). There was strong correlation ($p < 0.01$) between the job satisfaction of employees and their age, years of work experiences, organizational position and received salaries.

In order to determine the main factors that cause satisfaction and/or dissatisfaction with work, the relationship between total job satisfaction and job satisfier factors was analyzed. Calculations of Spearman’s ratios revealed the strongest correlation between total job satisfaction and such characteristics as salaries, 0.68; fringe benefits, 0.68; promotion, 0.67 and communications, 0.63. Work conditions, 0.46; nature of the job, 0.50; supervision, 0.53 and co-workers, 0.55 had less effect on employees’ job satisfaction respectively. This relationship was statistically significant in all of cases ($p = 0.00$).

The mean score of employee-oriented dimension of leadership style in first line, middle and senior managers were $52 \pm 6.35$, $54 \pm 3.89$, and $54 \pm 50$ (from 75 credit) respectively. The mean score of task-oriented dimension of leadership style in first line, middle and senior managers were $68 \pm 9.25$, $69 \pm 6.70$, and $70 \pm 7.20$ (from 100 credit) respectively. A total of 0.78, 4.74 and 94.48 percent of first line managers had Exploitive-Authoritative, Benevolent-Authoritative and Participative leadership styles. A total of 100 percent of middle and senior managers had a participative leadership style (Figure 1).

From the viewpoint of employees the mean score of hospital managers’ employee-oriented and task-oriented credits were 46 and 65. From the viewpoint of hospital managers’ the mean score of their employee-oriented and task-oriented credits were 54 and 69. The differences between values were statistically significant ($p = 0.00$). In other words, from the viewpoint of employees, hospital managers were more task-oriented and from the viewpoint of the hospital managers themselves, they were more employee-oriented.

There was no correlation between leadership style of managers and their demographic variables except managerial experience years. Pearson correlation coefficients indicate a significant statistically relationship between hospital managers’
Table III. The most important motivators ranking from the viewpoint of employees and managers.

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Motivators ranking from the viewpoint of senior managers</th>
<th>Motivators ranking from the viewpoint of middle managers</th>
<th>Motivators ranking from the viewpoint of first line managers</th>
<th>Motivators ranking from the viewpoint of employees</th>
<th>Employees motivators ranking from the viewpoint of senior managers</th>
<th>Employees motivators ranking from the viewpoint of middle managers</th>
<th>Employees motivators ranking from the viewpoint of first line managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good working conditions</td>
<td>1</td>
<td>8</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Involvement</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Tactful discipline</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>6</td>
<td>9</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Recognition</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>2</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Loyalty to employees</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>7</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Good pay</td>
<td>2</td>
<td>10</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Promotion/growth</td>
<td>9</td>
<td>9</td>
<td>8</td>
<td>9</td>
<td>3</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Help with personal problems</td>
<td>8</td>
<td>6</td>
<td>10</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Job security</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>7</td>
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<td>Interesting work</td>
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management experience years and their employee oriented \( p = 0.024 \) and task oriented \( p = 0.023 \) dimensions of leadership style.

There was a statistically significant correlation between the job satisfaction of employees and the leadership style of managers. This correlation between employees job satisfaction and employee-oriented and task-oriented dimensions of leadership style of hospital managers was at \( p = 0.00 \) and \( p = 0.01 \) levels.

The correlation coefficient between employee oriented and task oriented dimensions of leadership style and employees’ satisfaction factors showed that the most positive coefficient was between supervision and employee oriented dimension and the most negative coefficient was between fringe benefits and task oriented dimension of leadership style of managers.

IUHs had 2,342 active beds in 2003. Bed occupancy rate (BO), patient average length of stay (ALS), bed turnover rate (BT) and bed interval turnover rate (BIT) indicators of IUHs in this year were 57.3 percent, 4.07 days, 51.4 times and 3.03 days respectively. There was no statistically significant correlation between leadership style of managers and hospital efficiency indicators \( (p > 0.05) \). A significant statistically relationship was between employee job satisfaction and hospitals BT rate \( p = 0.029 \) and BIT rate \( p = 0.039 \).

**Discussion**

In Iran 6 percent of GDP is allocated to health care sector and significant portion of government employees work in this sector (7.6 percent), so health care managers should be more concerned with the effectiveness, efficiency and productivity principles in these organizations (Mosadeghrad, 2004).

In this study, both global job satisfaction and different dimensions of satisfaction were evaluated. The results of this study have shown that employees were moderately satisfied with their jobs. Employee job satisfaction in relation to salaries and fringe benefits and working conditions was low. It is recommended that particular attention be given to improving employees’ job satisfaction. Motivators such as loyalty to employees, job security, good pay, good working conditions, discipline, involvement, recognition, promotion, and help with personal problems were important respectively for employees. Managers do not have enough authority to affect job security and

**Figure 1.**
The percentage frequency of leadership style of IUHs' managers
salaries in public hospitals; however, they could make effective efforts in other areas of motivation to improve employee morale.

Several researchers have concluded that employee job satisfaction in health care organizations is shown to be correlated with age, gender, marital status, number of children, graduation level and work experience years (Al-Ahmadi, 2002; Aronson et al., 2003; Blegen, 1993; Bodur, 2002; Chu et al., 2003; Gangadhraiah et al., 1990; Gigantesco et al., 2003; Hespanhol et al., 1999; Lyons et al., 2003; Hallock et al., 2004). In this current study, variables such as employees’ age, gender, work experience years, marital status and organizational position were seen as having significant effects on their job satisfaction. But graduation levels had no significant correlation with job satisfaction. It seems that job satisfier factors such as salaries, benefits and working conditions were more important in neutralizing the effect of graduation level on job satisfaction. A higher level of job satisfaction in illiterate employees may be due to the fact that most of these individuals are old and have been working in the hospitals for many years. Therefore, they are receiving higher pay because of their length of service. Also, they do not do the difficult jobs in hospitals. The higher level of job satisfaction for employees with diplomas is because of the nature of the jobs they perform. In Iran, such individuals do the paper work in organizations. However, those employees who fail to finished high school and do not have a diploma, have to do the hard and non professional jobs in hospitals such as working in the laundry, or cleaning patients’ rooms and so on.

Numerous studies have shown that salary and working conditions were the most important factors for dissatisfaction of health care providers (Bodur, 2002; Seo et al., 2004; Fitzpatrick et al., 1998; Sur et al., 2004). The finding, which indicated that there was a significant association between employees’ job satisfaction and their received salary, nature of the job and work conditions is consistent with the findings of these previous studies.

The current study showed that promotion opportunities were another significant predictor of job satisfaction among study participants. This finding is consistent with other studies, which have shown the opportunities for personal and professional growth and achievement is one of the best predictors of job satisfaction (Lyons et al., 2003; Al-Ahmadi, 2002; Freeborn and Hooker, 1995; Wittig et al., 2003).

The u-formed relationship between age, seniority and job satisfaction requires two interpretations. Among younger employees, a higher level of satisfaction may be due to the fact that inexperienced employees have fewer duties and responsibilities, less pressure, and fewer demands from colleagues. They may also be less exposed to work-to-family conflicts. Among older employees, higher satisfaction could be explained by a better knowledge of hospital working, by benefits linked to seniority (schedules, salary), and by fewer external demands. It is also possible that older employees refocus their priorities to factors outside of the work setting, such as family and or planning for retirement.

As expected, satisfaction was higher among employees with higher occupational positions. This can be attributed to having more control over the job, more decision-making latitude, along with a more central position between healthcare professionals, a valued position within the hospital hierarchy, higher salaries and benefits linked to seniority and more social recognition.
This study also demonstrates that those employees who work with patients have less job satisfaction. Employees working in psychiatry, haemodialysis and pediatrics have less satisfaction. Job rotation could possibly be a good strategy for improving job satisfaction of these employees. The lower level of job satisfaction for employees working in the medical record department is likely also because of the specific nature of the jobs they perform. Automation is not used in these hospitals, and these employees have to perform their duties manually. Documentation, repetition of duties and low salaries are the most important sources of dissatisfaction of employees in this department.

The results of this study also show that nature of the job is not an important motivator for either employees or managers. This has important implications for the universities, which educate people in health care professions. A higher importance should be placed on the interest people need to have in working with patients before they choose such people oriented careers in the first place.

Another major finding as the cause of employee job dissatisfaction is the lack of respect and recognition they receive from hospital management. Recognition and respect are highly important especially for employees who are in direct contact with patients, families, peers and other health care team members. Recognition from managers for good performance is vital in increasing job satisfaction and is central to boosting morale. A supportive management style, demonstrated through open communication, respect and recognition could greatly improve the satisfaction of employees on the job.

Possessing knowledge and information about employee motivation helps managers understand how employees can be involved to achieve process improvement. While management thinks that good pay is the number one desire of the employees, the results of this survey show that this factor is usually in the middle of the ranking. It is interesting to note that the perceptions of managers of the importance of motivators for employees vary considerably from how employees view what motivates them. More understanding of the needs and wants of their employees, as well as a better understanding of the impact of their own managerial behavior on others would help them in terms of improving performance in the workplace.

It has been noted in this study that leadership is positively correlated with hospital employee job satisfaction. Nevertheless, participative management did not improve the hospital effectiveness and efficiency. The efficiency of hospital managers can be assessed by indicators such as bed occupancy (BO), average length of stay (ALS), bed turnover (BT) and bed interval turnover (BIT) rates. Increases in BO and BT rates and decreases in ALS and BIT rates indicate more efficiency of hospital. There is an inefficiency rating for about 43 percent of active beds in IUHs. On the other hand, employee job satisfaction is one of the most important effectiveness indicators and the findings showed that hospital employees were moderately satisfied with their jobs. Therefore, it can be concluded that participative management was not successful in these hospitals.

It seems that managers have insufficient information about leadership theories and principles. Therefore, Mosadeghrad and Tahery (2004), tested this hypothesis by administering a research questionnaire to investigate the level of IUHs managers’ knowledge about Likert’s leadership styles (Mosadeghrad and Tahery, 2004). The results showed that the mean score of managers’ knowledge about leadership styles...
was 14.15 ± 4.77 on a 36 scale (low knowledge). The mean score of their knowledge about Exploitive authoritative, Benevolent authoritative, Consultative and Participative styles were respectively 4.52, 2.73, 3.20 and 3.69 on a nine scale. One can conclude therefore that more information about participative management might help managers understand more the impact of their managerial style on their employees.

Managers should choose the best style of leadership according to organizational culture of hospitals and employees’ organizational maturity. According to Mosadeghhrad and Malek pour (2005), from 12 Isfahan university hospitals, nine hospitals (75 percent) had bureaucratic structure versus three hospitals (25 percent) organic structure; and five hospitals (41.6 percent) had weak organizational culture versus seven hospitals (58.4 percent) medium culture. Furthermore, according to Maslow’s theory of hierarchy of needs, each individual has basic, physiological needs and as needs are met, the individual seeks to satisfy other needs. Once individuals have satisfied one need in the hierarchy, it ceases to motivate their behavior and they are motivated by the need at the next level up the hierarchy. He categorizes needs into physiological, safety, love, esteem, and self-actualization. Based upon Maslow’s theory of human motivation, employees will seek to fulfill self-actualization needs whenever their other low level needs have met (cited in Mosadeghhrad, 2003b). In this study employees’ job satisfaction in relation to their salaries and fringe benefits and working conditions was low. In other words, they are in the primary needs level. These needs should be met in order to they think about participating in their organization’s management process. Therefore, at this time participative management is not a good leadership style for these hospitals, unless hospital managers try to improve organizational culture of hospitals and employees’ organizational maturity.

Generally speaking, participative management is not always a good management style; managers should be first educated and trained in choosing the proper scientific methods and techniques of participative management, as well its goals, objectives, weaknesses, strengths and application in the organization. Then, they should determine the organizational maturity level of their employees. After that, they should improve their employees’ organizational maturity and use this leadership style conservatively.

**Implications**

Employees are the most important resource in organizations. Nevertheless, managers spend a minimal amount of time learning more about human behavior, communication, and how their attitudes and behavior impact employee performance. Management requires a keen understanding of human nature, the basic needs, wants and abilities of people. Managers at all levels cannot cause an employee to become motivated; they can however, through their actions and more participative attitudes help to create the environment for individuals to motivate themselves.

The results of this study suggest that management might be able to increase the level of commitment in the organization by increasing satisfaction with compensation, policies, and work conditions. One way of addressing this could be by increasing the interactions with employees in staff meetings and hospital committees. Changes in organizational variables, such as benefit scales, employee input in policy development,
and work environment could then be made in an effort to increase employees’ job satisfaction.

Conclusion
This study was undertaken because of the researcher’s interest in determining the aspects of a leadership style of hospitals managers that affect employee’s job satisfaction. Employees’ job satisfaction was significantly correlated and was affected by leadership style of managers especially employee-oriented dimension. It was also believed that hospital managers need a more in-depth understanding of the relationships these variables have with one another.

Also, this study provides information about the status of global and dimension-specific job satisfaction among a group of hospital employees who work in IUHs, Iran. The findings show that hospital employees were only moderately satisfied with their jobs. Specific job satisfaction dimensions indicate that highest dissatisfaction levels occur in the area of salary, benefits and working conditions. Areas of dissatisfaction are signals for change.

Limitations
In this study, employees’ participation was voluntary and was conducted at twelve university hospitals in Isfahan City, Iran. These factors limit the possibility of generalizing from the study findings. The results of the study can only be generalized to all employees employed in IUHs. So, the findings should be interpreted with caution since the participants were hospital employees from a particular province of Iran and do not represent all hospital employees in this country.

This study may serve as a foundation for future studies in different countries. It is recommended therefore that this study be repeated in different countries and contexts. This study may serve as a foundation for future studies, in different hospitals, on a larger scale. The results of such studies can be very helpful for developing a new model of leadership with new implementation techniques that can be implemented easily and successfully in a cross cultural context.

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Leadership and job satisfaction


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Further reading


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