"Nursing Administration: Authoritative Vs. Democratic Leadership Styles and their Impact on Saudi Arabian Clinic Healthcare Outcomes"

Sitti Haifa K. Guiomla, Drexel Heinz M. Cruz

Nursing Department, University of Perpetual Help System DALTA

ABSTRACT

The transition from nursing education to professional practice represents one of the most critical phases in the development of nurses. This study explored the impact of authoritative and democratic leadership styles on healthcare outcomes within Saudi Arabian clinics, with emphasis on staff morale, communication, patient care quality, and organizational performance. Employing a descriptive qualitative design, the study gathered insights from 10 purposively selected Filipino nurse managers, supervisors, and head nurses working in Madinah, Saudi Arabia. Data were collected through a researcher-made questionnaire and validated interviews, then analyzed using thematic analysis to extract major themes.

Findings revealed that democratic leadership fosters inclusivity, engagement, and collaboration, leading to higher staff satisfaction, stronger communication, and improved patient outcomes. Nurses under democratic leaders reported increased motivation, retention, and professional development opportunities. In contrast, authoritative leadership proved effective in emergency and high-pressure situations, ensuring rapid decision-making and organizational control, but was also associated with reduced staff morale and creativity when applied in routine operations. Generational differences were noted, with younger nurses favoring participatory approaches, while older nurses acknowledged the necessity of directive leadership during crises.

Overall, the study underscores the importance of hybrid leadership models that integrate democratic practices for day-to-day clinical management with authoritative approaches for critical circumstances. Such models align with Saudi Arabia's unique cultural context while ensuring responsiveness to the evolving needs of modern healthcare. The implications extend to nursing administration, academic preparation, and policy development, highlighting the need for leadership training programs, mentorship structures, and evidence-based frameworks that balance cultural sensitivity with international best practices.

Keywords: Nursing administration, democratic leadership, authoritative leadership, Saudi Arabian clinics, healthcare outcomes, hybrid leadership model

INTRODUCTION AND BACKGROUND OF THE STUDY

The transition from nursing education to professional practice represents one of the most critical yet challenging stages in the professional development of nurses. Newly graduated nurses (NGNs) often enter the workforce with strong theoretical foundations and technical competencies, but they are confronted with organizational, emotional, and structural barriers that hinder smooth integration into clinical practice. This transition period, widely recognized as a vulnerable phase in the nursing career trajectory, is characterized by increased responsibility, adaptation to workplace culture, and the need for effective guidance from healthcare institutions.

Globally, nursing shortages, aging populations, and recurrent health crises underscore the need for efficient workforce integration of NGNs. However, the paradox of employment in nursing persists: while demand for nurses remains high, hospital employers often prefer candidates with experience, creating significant barriers for novice nurses. In the Philippine context, this "experience paradox" is particularly evident, as oversupply of graduates, limited job placements, and insufficient structured transition-to-practice programs compound the

employment challenges faced by NGNs.

In Saudi Arabian clinics and similar international healthcare systems, leadership approaches further shape the integration of NGNs into the workforce. Authoritative leadership provides structure and rapid decision-making, particularly valuable in emergency situations, but it can suppress creativity and reduce staff engagement. On the other hand, democratic leadership fosters participation, inclusivity, and collaboration, enhancing staff morale, communication, and patient outcomes. Both leadership styles, when applied inappropriately or without sensitivity to cultural context, may exacerbate or alleviate integration barriers for NGNs.

Against this backdrop, this study focuses on employment barriers, readiness, and workforce integration strategies among newly graduated nurses, with insights drawn from leadership theories and practices. By examining both structural and organizational obstacles—such as limited job openings, inadequate orientation programs, and emotional readiness gaps—alongside the role of supportive leadership, the study provides a comprehensive understanding of the integration process.

The findings of this study are intended not only to fill gaps in local and international literature but also to guide nursing administrators, educators, and policymakers in designing transition-to-practice frameworks, mentorship programs, and culturally sensitive leadership models that improve NGNs' entry into the healthcare workforce. By aligning workforce integration strategies with evidence-based leadership practices, the study ultimately contributes to the advancement of nursing administration and the delivery of safe, quality, and sustainable healthcare.

METHODOLOGY

This study employed a descriptive qualitative design to explore the perceived effects of authoritative and democratic leadership styles on healthcare outcomes in Saudi Arabian clinics. This design was chosen because it enables the capture of participants' lived experiences in straightforward terms, providing findings that are practical and relevant to nursing administration.

The study was conducted in selected private clinics in Madinah, Saudi Arabia, where Filipino nurse managers, supervisors, and head nurses are employed. The locale was chosen because of its multicultural healthcare workforce and its reliance on Filipino nurses in leadership and supervisory roles, making it an appropriate setting to investigate leadership influences in a cross-cultural environment.
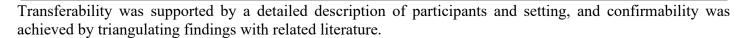
A total of ten participants were selected using purposive sampling. Inclusion criteria required that participants be Filipino nurses currently employed in supervisory or managerial roles, have at least one year of work experience in the clinic, and be willing to participate in the study. This ensured that the respondents possessed both leadership responsibilities and relevant experience to provide meaningful insights.

Data were collected using a researcher-made questionnaire and semi-structured interview guide. The instrument consisted of demographic questions and open-ended items that elicited perceptions of how authoritative and democratic leadership styles influenced organizational culture, staff engagement, communication, patient outcomes, and professional retention. The instrument was validated by a panel of experts in nursing administration and was pilot tested for clarity and reliability.

After ethical approval was secured, informed consent was obtained from all participants. They were assured of voluntary participation, confidentiality, and anonymity, with codes assigned in place of their names. Data collection was carried out through questionnaires and interviews, administered either face-to-face or online depending on the participants' availability.

The data were analyzed using thematic analysis following Braun and Clarke's six-phase approach: familiarization with the responses, initial coding, theme generation, reviewing and refining themes, defining and naming themes, and final reporting. Trustworthiness of the findings was ensured using Lincoln and Guba's criteria of credibility, dependability, transferability, and confirmability. Credibility was established through member checking, while dependability was maintained through an audit trail of research activities.

Transferability was supported by a detailed description of participants and setting, and confirmability was achieved by triangulating findings with related literature.

Ethical considerations were observed throughout the study. Participants were informed of their right to withdraw at any time, and the study complied with international ethical standards as well as the provisions of the Philippine Data Privacy Act of 2012 (RA 10173).

RESULTS AND DISCUSSION

The findings of the study revealed clear differences in the outcomes associated with authoritative and democratic leadership styles in Saudi Arabian clinics. Participants consistently emphasized that authoritative leadership proved effective in emergency and high-pressure situations, where rapid decision-making and strict control were necessary to ensure patient safety and organizational order. In such contexts, authoritative leaders provided clarity and direction, enabling teams to act swiftly. However, the same style, when applied in routine operations, was reported to create an environment of reduced staff morale, lower engagement, and limited opportunities for professional growth. These findings align with previous studies indicating that authoritarian approaches, though necessary in crises, can stifle collaboration and innovation when used excessively (Cummings et al., 2018).

In contrast, democratic leadership emerged as the style most valued by participants for day-to-day clinical practice. Respondents highlighted its role in promoting inclusivity, collaboration, and open communication. Nurses under democratic leaders reported higher levels of job satisfaction, stronger teamwork, and a sense of being valued in decision-making processes. These factors were directly associated with improved patient care outcomes, as engaged staff were more motivated to provide quality services. This is consistent with Al-Yami, Galdas, and Watson (2018), who found that participatory leadership enhances organizational commitment and retention among nurses in Saudi Arabia.

Generational differences also influenced perceptions of leadership. Younger nurses expressed a stronger preference for democratic styles, citing empowerment and opportunities for growth, while more senior nurses acknowledged the necessity of authoritative leadership in maintaining discipline and order during crises. Such findings underscore the importance of context-specific leadership, suggesting that no single style is universally effective but that adaptability is essential. This supports the recommendation of a hybrid leadership model, one that combines democratic practices in everyday operations with authoritative decision-making during emergencies.

Another critical theme that emerged was the effect of leadership on staff retention and turnover. Democratic leaders were perceived as better at retaining staff by fostering supportive work environments, while authoritative leaders were associated with higher turnover, particularly when staff felt undervalued or excluded from decision-making. This resonates with Abualrub and Alghamdi (2012), who emphasized the relationship between leadership style, satisfaction, and nurses' intentions to stay in their organizations.

Overall, the findings highlight that leadership style directly influences not only workplace climate but also patient safety, quality of care, and organizational stability. Democratic leadership contributes to sustained engagement and quality improvements, while authoritative leadership ensures order in critical situations. The integration of both into a flexible, context-driven hybrid approach appears most beneficial, as it accommodates the complexities of clinical practice in Saudi Arabia's multicultural healthcare environment.

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