Leadership Styles and Employee Job Satisfaction: A Case of Health Centres in Ibanda Municipality

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ABSTRACT

The study was about "Leadership Styles and Employee Job Satisfaction: A Case of Health Centre IIs in Ibanda Municipality". The study sought to establish the relationship between Leadership styles and Employee job satisfaction among health Centre IIs in Ibanda Municipality. It was guided by the following research objectives, describe the prevalence of autocratic, Laissez-faire and Democratic Leadership styles among health centre IIs in Ibanda Municipality, to examine the relationship between autocratic Leadership style and job satisfaction in Health Center IIs in Ibanda Municipality, to investigate the relationship between Democratic Leadership style and Employee job satisfaction in Health Center IIs in Ibanda Municipality and to assess the relationship between Laissez-faire Leadership style and Employee job satisfaction in Health Centre IIs in Ibanda Municipality.A Pragmatism research paradigm was used in this study thus a mixed method design, utilizing questionnaires and interviews to achieve the study's objectives, The targeted population included a diverse range of stakeholders, such as the District Health Officer (DHO), Chairperson LCV, Division Mayors, midwives, in-charge personnel, and nurses, across 11 health centers in the municipality. The study utilized purposive and systematic random sampling techniques. Purposive sampling targeted specific individuals, such as the DHO, Chairperson LCV in-charge Personnels, and Division Mayors, based on their relevance to the research objectives. Systematic random sampling used to select nurses and mid wives during the data collection period, the researcher will use both primary and secondary data sources. Data obtained were analyzed using qualitative and quantitative methods. An interview guide was employed to facilitate structured conversations during interviews. Quantitative data methods were descriptive statistics that included frequencies, percentages, means and inferential analyses that included correlation analysis. The findings revealed that democratic Leadership style is the best and most prevalent Leadership style among the three Leadership styles that were studied.

Keywords: Leadership styles, Employee job satisfaction, Health centers and Municipality.

INTRODUCTION

This study delved into the dynamic of the relationship between Leadership styles and job satisfaction among healthcare professionals in Ibanda Municipality. The success of individual careers and the fate of organizations are determined by the effectiveness of Leadership styles used. There are various Leadership styles that influence job satisfaction of employees. The study concentrated on the three Leadership styles of Leadership of autocratic, democratic and Laissez-affaires Leadership styles since they are commonly used in the vicinity of Ibanda Municipality. A pragmatism research paradigm was deployed.The objectives include describing the prevalence of autocratic, Laissez-faire and Democratic Leadership styles among health centre IIs in Ibanda Municipality, examining the relationship between autocratic Leadership style and job satisfaction in Health Center IIs in Ibanda Municipality, investigating the relationship between Democratic Leadership style and Employee job satisfaction in Health Center IIs in Ibanda Municipality and to assess the relationship between Laissez-faire Leadership style and Employee job satisfaction in Health Centre IIs in Ibanda Municipality

METHODOLOGY

McLaughlin (2012) defines research design as a plan of what data to gather, from whom, how and when to collect data, and how to analyze the data obtained. In order to achieve the objectives of the study. The study adopted Convergent Parallel design. This is a mixed method design which allows collecting quantitative and qualitative data at the same time and analyzing them separately. After both analyses are complete, results are compared to draw overall conclusions. During data collection and analysis, the study employed both qualitative and quantitative approaches, supporting the triangulations necessary for contemporary scientific research. Therefore, the researcher used both qualitative and quantitative approaches in collecting the data and analyzing it. The qualitative approach was used particularly for gaining an in-depth understanding of underlying reasons and motivations since it provides insights into the setting of a problem. On the other hand, the quantitative approach was considered because quantification of data allows generalization of results from a sample to an entire population of interest and the measurement of the incidence of various views and opinions in a given sample (Gay et al., 2009).

The study population refers to a comprehensive group of individuals or entities that share a common characteristic specified by the researcher's sampling criteria (Kothari, 2003). In the context of this study on Leadership styles and employee job satisfaction in health center IIs in Ibanda Municipality. The target population encompasses a diverse array of stakeholders crucial to the healthcare delivery system drawn from the three divisions of Bufunda, Bisheshe and Kagongo. They include Bigyera HC II, Bugarama HC II, Karangara HC II, Kabaare HC II, Kakatsi HC II, Nsasi HC II, Nyamirima HC II, Kashangura HC II, Kyeikucu HC II, Nyakatookye HC II, Rubaya HC II.

The study population was 89 individuals from 11 heath centre IIs comprising of District Health Officer (DHO), Chairperson LCV, Division Mayors, Mid wives, in charge and nurses.

By encompassing a range of roles within the healthcare system, the study aimed to capture diverse perspectives on Leadership styles and their impact on employee job satisfaction.

The district health officer, as a key administrative figure overseeing healthcare services in the municipality, was included in the study. The district health officer's insights and perspectives were valuable for contextualizing the findings within the broader healthcare governance framework and identifying potential areas for policy intervention or organizational improvement. Chairperson LCV and Division Mayors were taken as focal people play an oversight role to ensure that the general administration of health center IIs is promising and beneficial to the communities. On the other hand staff which include mid wives and nurses were crucial and serves as the basis to evaluate the effect of Leadership styles upon them and provide a holistic assessment of Leadership styles and their impact on the overall employee job satisfaction in health center IIs in Ibanda Municipality.

Sample Size Determination

In this study, a sample of 80 respondents were selected utilizing the renowned Krejcie and Morgan (1970) tables, as depicted in Table 1 below:

Table 1: Showing target population, sample size and Sampling technique.

Category	**Target population**	**Sample size**	**Sampling technique**
DHO	01	01	Purposive sampling
Chairperson LCV	01	01	Purposive sampling
Division Mayors	03	03	Purposive sampling
In-charge	11	11	Purposive sampling
Mid wives	36	32	Systematic sampling
Nurses	36	32	Systematic sampling
Total	**89**	**80**	

A sample of 80 respondents was determined using a table derived by Krejcie and Morgan (1970) tables

RESULTS

Autocratic Leadership Style And Employee Job Satisfaction

Descriptive statistics revealed that Autocratic leaders tend to exert tight control over their subordinates, leaving little room for autonomy or independent decision-making among healthcare professionals (mean = 3.73), Autocratic Leadership style was found out to be associated with lower levels of job satisfaction among employees in various industries, including healthcare (mean = 3.80), Autocratic Leadership style can contribute to the development of a negative organizational culture characterized by fear, mistrust, and low morale (mean = 3.68), The negative impact of autocratic Leadership style on job satisfaction contribute to higher turnover rates among healthcare professionals (mean = 3.78), Healthcare professionals thrive in environments where they feel engaged and empowered to contribute to decision-making processes (mean = 3.61). Correlation results revealed that Autocratic Leadership style had a positive non-significant and weak relationship on job satisfaction ($r=0.293$, $p=0.067$) Since the $p>0.05$ and $r=0.293$. Therefore, null hypothesis that said there was no significant relationship between autocratic Leadership style and job satisfaction was accepted and alternative hypothesis rejected.

Democratic Leadership style and Employee Job Satisfaction

Descriptive statistics revealed that democratic Leadership style fosters a sense of ownership and engagement among healthcare professionals by involving them in decision-making processes that affect their work and patient care (mean = 3.92), Statistics also revealed that in a democratic Leadership environment, healthcare professionals are empowered to contribute their ideas, opinions, and expertise to decision-making processes (mean = 4.34), promotes open communication and collaboration between leaders and team members (mean = 4.42). Democratic leaders who recognize and appreciate the contributions of healthcare professionals boosts morale and job satisfaction (mean = 4.29), Democratic Leadership style was found out to align employees' values and goals with organizational objectives, fostering a sense of purpose and meaning in their work (mean = 4.36).

Correlation results revealed that democratic Leadership Style had a positive significant and strong relationship on job satisfaction ($r=0.649$, $p=0.000$). since the $p<0.05$ and $r=0.649$ and thus alternative hypothesis that said there was a significant relationship between Democratic Leadership Style and job satisfaction was accepted and null hypothesis rejected.

Laissez Faire Leadership Style And Employee Job Satisfaction

Descriptive statistics revealed that Laissez-faire Leadership style is characterized by a hands-off approach, where leaders provide minimal guidance, supervision, or direction to their subordinates (mean = 3.71). Statistics also revealed that In laissez-faire Leadership environments, there may be a lack of accountability and oversight, as leaders delegate responsibilities without providing adequate follow-up or feedback (mean = 3.24). However, On the other hand, descriptive statistics revealed that laissez-faire Leadership style can provide healthcare professionals with a greater sense of autonomy and independence in their work (mean = 3.64), healthcare professionals may have more opportunities to explore new ideas, approaches, and solutions to healthcare challenges (mean = 3.81). The statistics also revealed that whereas autonomy and flexibility are important, healthcare professionals also require support, guidance, and feedback from their leaders to thrive in their roles (mean = 3.85).

Correlation results revealed that Laissez-faire Leadership style had a positive non-significant and moderate relationship on job satisfaction ($r=0.493$, $p=0.065$) since the $p> 0.05$ and $r=0.493$ and thus null hypothesis that said there was no significant relationship between Laissez-faire Leadership style and job satisfaction was accepted and alternative hypothesis rejected.

DISCUSSION

Prevalence of autocratic, Laissez-faire and Democratic Leadership styles health center IIs in Ibanda Municipality.

Descriptive statistics in form of frequencies and percentages and pie chart on the Types of Leadership Styles used in Health Centers for Nurses and Midwives revealed that democratic leadership style is the most practiced and prevalent leadership style in health centre IIs in Ibanda Municipality constituting (83%). This was supported by the qualitative responses that were obtained from Key Informant A. These findings are consistent with (Wong et al., 2019) whose Research indicates that democratic Leadership enhances employee engagement, job satisfaction, and organizational commitment.

Descriptive statistics revealed that laissez faire leadership style is prevalent in health center IIs at less desirable rate of 15%. This was supported by the qualitative responses from Key Informant D. These findings are in agreement with (Malhotra & Sen, 2017) whose findings revealed that Laissez-faire Leadership style entails minimal supervision and a hands-off approach to leadership as well as (Zhang et al., 2018) whose findings revealed that laissez-faire Leadership style result in ambiguity, lack of direction, and decreased employee motivation

More so, (Giallonardo et al., 2010) conducted a similar study In health center IIs which found out that the prevalence of laissez-faire Leadership may lead to inefficiencies in resource allocation and coordination, impacting patient outcomes.

Descriptive statistics revealed that autocratic leadership style prevailed at the lowest rate of 2% in health centre IIs in Ibanda Municipality. This was seen to be attributed to its coercive nature, impeding effective communication and teamwork. This was supported by the qualitative responses from key Informants A, Key Informant 2 from health center B and Key Informant 4 from health center D.

Autocratic Leadership Style and Employee Job satisfaction

The first hypothesis (H_1) that there is no significant relationship between autocratic Leadership style and Employee job satisfaction among health workers in Health Center IIs in Ibanda Municipality was supported. This was supported by the qualitative findings from Key Informant A, Respondent 4 from health Center D and Key Informant 2 from health center B

This finding is consistent with the theory that underpinned the study as well as findings of previous scholars. Autocratic leader ship style is consistent with, Herzberg and Mausner (1959) motivation–hygiene theory (two-factor theory) of job satisfaction. The hygiene factors were found to be job ‘dissatisfiers’, and related to the work environment, involving such variables as administration practice, supervision, interpersonal relationships, working conditions, salary, and security.

The study conquers with findings of Almeida et al. (2017) that investigated the nature of autocratic Leadership and revealed and found out that the unilateral decision-making authority vested in leaders.

The study findings are in line with (Ghosh & Rahman, 2016) who revealed that autocratic Leadership may lead to decreased employee morale and job satisfaction due to limited autonomy and empowerment (Ghosh & Rahman, 2016) revealed that autocratic Leadership can result in decreased employee morale and job satisfaction, primarily due to the limited autonomy and empowerment afforded to employees

The study is also consistent with other scholars (Dale, 2019) who revealed that the exclusion of healthcare professionals from decision-making processes can have profound implications for their overall job satisfaction and organizational commitment. When employees perceive that their contributions are not valued or recognized, their motivation to perform at their best diminishes, leading to decreased job satisfaction and potentially higher turnover rates. Additionally, the lack of autonomy and empowerment under autocratic Leadership can erode trust

and collaboration among team members, further exacerbating job dissatisfaction and impeding organizational effectiveness

Almeida et al., 2017 revealed that that employees under autocratic Leadership may experience higher levels of stress and burnout, further exacerbating job dissatisfaction.

The descriptive findings from table 4.4 revealed autocratic Leadership style negatively impact job satisfaction leading to higher turnover rates among healthcare professionals

These findings are also supported by qualitative findings which revealed that "Autocratic leadership tendencies result into job dissatisfaction which trigger high labor turnover rates "in the last two years majority of health workers have asked for transfers to other health centers because of the unfavorable conditions resulting from un cooperative behaviors exhibited the In charge that was present at the station" as a key Informant narrated.

These findings agree with (Dale, 2019) who revealed when employees perceive that their contributions are not valued or recognized, their motivation to perform at their best diminishes, leading to decreased job satisfaction and potentially higher turnover rates

With these findings in agreement with the findings of previous scholars, it means that Autocratic leadership style has no significant relationship with Job satisfaction

Democratic Leadership style and Employee Job satisfaction

The second Hypothesis (H_2) null hypothesis to the effect that there is no significant relationship between democratic Leadership style and job satisfaction among Healthcare Professionals in Health Center IIs in Ibanda Municipality was rejected and the alternative hypothesis accepted.

This finding agrees with the prepositions of the theory and the findings other notable scholars.

Democratic Leadership that fosters a sense of ownership and engagement, promotes open communication and collaboration between leaders and team member and aligns employees' values and goals with organizational objectives, fostering a sense of purpose and meaning in their work concurs with Fredrick Hertzberg Two factor Theory, the component part of motivators that involve factors directly increase job satisfaction and motivation, such as achievement, recognition, the work itself, responsibility, and opportunities for growth and advancement which all thrive in a democratic working environment.

Similarly, the findings of the study was consistent with the findings of (Wong et al., 2019) who revealed that democratic Leadership enhances employee engagement, job satisfaction, and organizational commitment. By involving employees in decision-making processes and valuing their input and perspectives, democratic leaders empower employees and create a sense of ownership and investment in organizational goals.

The findings of this study agrees with the findings of Havig et al. (2011) which revealed that there is a positive significant relationship between democratic Leadership styles and employee job satisfaction in healthcare settings, where effective communication and teamwork are critical for delivering high-quality patient care.

Laissez faire Leadership style and Employee Job satisfaction

The third hypothesis (H_3) null hypothesis to the effect that there is no significant relationship between laissez-faire Leadership style and job satisfaction among Healthcare Professionals in Health Centre IIs in Ibanda Municipality revealed positive non-significant and weak relationship. Therefore, null hypothesis was accepted and alternative hypothesis rejected.

These study findings conquer with the Two factor theory that guided the study. In this case the laissez faire Leadership style was found out to breed bureaucratic tendencies among health operations since it was found out

to be eyes off hands on approach which is an administration issue reflected in the hygiene factors under Two factor theory

The findings of this study conquers with the findings of (Giallonardo et al., 2010) which revealed that Laissez-faire Leadership style can also result in ambiguity, lack of direction, and decreased employee motivation

The findings are also in agreement with (Laschinger et al., 2016) which revealed that, In health center IIs, the prevalence of laissez-faire Leadership may lead to inefficiencies in resource allocation and coordination, impacting patient outcomes.

The study findings revealed a positive non-significant and weak relationship between laissez faire Leadership style and employee job satisfaction meaning that laissez faire may bring some positive results but it is associated with some drawbacks. This is consistent with the work of Zhang et al. (2018) which revealed that laissez-faire Leadership may foster creativity and innovation among employees, others caution against its potential drawbacks.

The study finding also agree with Giallonardo et al. (2010) who revealed that the lack of clear direction and guidance inherent in laissez-faire leadership can lead to ambiguity and decreased employee motivation.

CONCLUSIONS

The findings of this study titled Leadership styles and Employee Job Satisfaction. A case of health centre IIs in Ibanda Municipality led to drawing conclusions

Democratic Leadership style is the most prevalent Leadership style practiced in health center IIs in Ibanda Municipality and results in higher Job Satisfaction levels.

Autocratic Leadership style is not a best and desirable Leadership style that yields Job satisfaction among health workers though some administrators in health centre IIs practice it.

Laissez faire Leadership style is a fair Leadership style as it provides healthcare professionals with a greater sense of autonomy and independence in their work, opportunities to explore new ideas, approaches, and solutions to healthcare challenges. However, healthcare professionals also require support, guidance, and feedback from their leaders to thrive in their roles.

REFERENCES

1. Almeida, P., Bacelar-Nicolau, H., & Martins, C. (2017). The autocratic style of leadership: Cross-cultural differences in decision-making. International Journal of Leadership Science and Business Administration, 3(2), 30–34.
2. Asiri, S., & Rohrer, W. (2016). The association of leadership styles and empowerment with nurses' organizational commitment in an acute health care setting: A cross-sectional study. BMC Nursing, 15, 38. https://doi.org/10.1186/s12912-016-0161-7
3. Bahrami, S., Zardoshtiyan, S., & Hosseini, M. (2017). Impact of job satisfaction and organizational citizenship behavior (individual and organizational) among employees of the Ministry of Sport and Youth. Scientific Journal of Organizational Behavior Leadership in Sport Studies, 4(1), 11–18.
4. Blömeke, S., Houang, R., Hsieh, F. J., & Wang, T. Y. (2017). Effects of job motives, teacher knowledge, and school context on beginning teachers' commitment to stay in the profession: A longitudinal study in Germany, Taiwan, and the United States. In G. K. LeTendre & M. Akiba (Eds.), International handbook of teacher quality and policy (pp. 374–387). London: Routledge.
5. Boamah, S., Laschinger, H., & Wong, C. (2018). Effect of transformational leadership on job satisfaction and patient safety outcomes. Nursing Outlook, 66, 180–189.
6. Dale, B. (2019). The impact of leadership style on nurse job satisfaction: A study in selected private hospitals in the region of Kosovo. International Journal of Caring Sciences, 12(1), 90–96.
7. Danae, F. S., & Aggelos, L. (2017). Importance of leadership style towards quality of care measures in healthcare settings: A systematic review. Healthcare (Basel), 5(4), 73.

8. Dixit, J., Goel, S., & Sharma, V. (2017). A comparative study on the level of satisfaction among regular and contractual health-care workers in a northern city of India. Journal of Family Medicine and Primary Care, 6(2), 416. https://doi.org/10.4103/jfmpc.jfmpc_278_16
9. Ferdosi, M. H., Korayi, A., & Marashian, F. S. (2018). Designing and compiling a matching pattern in the work environment and the job performance of the employees of the General Department of Sports and Youth in Khuzestan province: The mediating role of corporate citizenship behavior. Scientific Journal of Organizational Behavior Leadership in Sport Studies, 5(1), 33–42.
10. Fogaça, N., Rego, M. C. B., Melo, M. C. C., Armond, L. P., & Coelho, F. A. (2018). Job performance analysis: Scientific studies in the main journals of leadership and psychology from 2006 to 2015. International Society for Performance Improvement, 30(4), 231–247.
11. Gemeda, H., & Lee, J. (2020). Leadership styles, work engagement, and outcomes among information and communications technology professionals: A cross-national study. Heliyon, 6(4), e03699. https://doi.org/10.1016/j.heliyon.2020.e03699
12. Ghosh, R., & Rahman, N. S. A. (2016). Autocratic leadership in the organizational change process: The impact of power motives on the perception of leadership, change leadership, and work environment. International Journal of Leadership Sciences, 7(4), 1–12.
13. Giallonardo, L. M., Wong, C. A., & Iwasiw, C. L. (2010). Authentic leadership of preceptors: Predictor of new graduate nurses' work engagement and job satisfaction. Journal of Nursing Leadership, 18(8), 993–1003.
14. Goh, Y. S., Lopez, V. D., & Hilditch, C. (2018). A comprehensive model of the relationship between leadership and project success. International Journal of Project Leadership, 36(3), 423–435.
15. Gul, H., Usman, M., Liu, Y., Rehman, Z., & Jebran, K. (2018). Does the effect of power distance moderate the relation between person–environment fit and job satisfaction leading to job performance? Evidence from Afghanistan and Pakistan. Future Business Journal, 4(1), 68–83.
16. Hailu, M., & Tilahun, F. (2019). Impacts of working environment and benefits packages on health professionals' job satisfaction in selected public health facilities in eastern Ethiopia. BMC Health Services Research.
17. Havig, A. K., Skogstad, A., & Veenstra, M. (2011). The effects of leadership and organizational culture on the development of organizational innovativeness: A case study of Norway's telecom industry. Leadership & Organization Development Journal, 32(5), 444–467.
18. Jalili Shishvan, A., Tabatabaei Adnan, E., & Jalili Shishvan, F. (2018). Regressive analysis of the organizational health inventory and job satisfaction with job burnout of physical education teachers in Tehran province. Scientific Journal of Organizational Behavior Leadership in Sport Studies, 5(2), 101–109.* [Article in Farsi].
19. Lappalainen, M., Harkanen, M., & Kavist, T. (2020). The relationship between nurse managers' transformational leadership style and medication safety. Scandinavian Journal of Caring Sciences.
20. Laschinger, H. K. S., Finegan, J., Shamian, J., & Wilk, P. (2016). Impact of structural and psychological empowerment on job strain in nursing work settings: Expanding Kanter's model. Journal of Nursing Administration, 46(5), 259–267.
21. Lotfi, Z., & Atashzadeh-Shoorideh, F. (2018). Relationship between ethical leadership and organisational commitment of nurses with perception of patient safety culture. Journal of Nursing Management.
22. Malhotra, R., & Sen, S. (2017). The role of laissez-faire leadership in a dysfunctional work environment. Journal of Business and Leadership Studies, 3(4), 21–30.
23. Merril, K. (2015). Leadership style and patient safety. Journal of Nursing Administration, 45(6).
24. Naghavi, S. A., Azar, A., & Asadi, M. M. (2016). Investigation of spiritual intelligence, organizational commitment, and job satisfaction of employees of the Sport and Youth General Office of selected provinces. Scientific Journal of Organizational Behavior Leadership in Sport Studies, 3(3), 75–86.
25. Nash, D., & Joshi, M. (2019). The healthcare quality book: Vision, strategy, and tools (E. R. Ransom & S. B. Ransom, Eds.). Health Administration Press.
26. Pelletier, L., & Beaudin, C. (Eds.). (2018). Health quality solutions. National Association for Health Care Quality.
27. Pishgooie, A., Atashzadeh-Shoorideh, F., et al. (2019). Correlation between nursing managers' leadership styles and nurses' job stress and anticipated turnover. Journal of Nursing Management, 27(3), 527–534.

28. Pradhan, R. K., & Jena, L. K. (2017). Employee job satisfaction at workplace: Conceptual model and empirical validation. Business Perspectives and Research, 5(1), 69–85.
29. Rahman, K.-U., Akhter, W., & Khan, S. U. (2017). Factors affecting employee job satisfaction: A comparative study of conventional and Islamic insurance. Cogent Business & Leadership, 4(1), 1–15.
30. Raziq, A., & Maulabakhsh, R. (2015). Impact of working environment on job satisfaction. Procedia Economics and Finance, 23, 717–725.
31. Suttikun, C., Chang, H. J., & Bicksler, H. (2018). A qualitative exploration of day spa therapists' work motivations and job satisfaction. Journal of Hospitality and Tourism Leadership, 34, 1–10.
32. Tabar, M. I., Hamidi, M., & Hoseini, S. E. (2013). The relationship of motivation-hygiene factors and job involvement in employees of the National Olympic Committee of Iran. Sport Leadership Studies, 5(19), 51–62.* [Article in Farsi].
33. Wong, C. A., Spence Laschinger, H. K., & Cummings, G. G. (2019). Authentic leadership and nurses' voice behaviour and perceptions of care quality. Journal of Nursing Leadership, 27(1), 128–135.
34. Zhang, M., Zhang, Z., & Newman, A. (2018). How and when does leader humility influence employee creativity? The roles of employee humility and power distance orientation. Journal of Leadership Studies, 55(6), 921–947.