Effect of leadership styles on employee experience among healthcare professionals: A systematic review with implications for Saudi Arabia's Vision 2030

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Abstract

Leadership styles significantly influence the employee experience among healthcare professionals, affecting job satisfaction, engagement, wellbeing, burnout, and retention. In the context of Saudi Arabia's Vision 2030 health sector transformation, understanding these relationships is critical for building sustainable, high-performing healthcare organizations. This systematic review aimed to synthesize evidence on the effects of different leadership styles on the employee experience of healthcare professionals working in hospital settings. Following PRISMA guidelines, PubMed, Web of Science, and Scopus were searched from January 2012 to May 2023. Only English-language cross-sectional and cohort studies conducted in hospital settings that examined the association between leadership styles and employee experience outcomes (job satisfaction, engagement, wellbeing, burnout, intent to leave, etc.) among healthcare professionals were included. Quality was assessed using the NIH Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies. Eleven cross-sectional studies from eight countries (total N > 11,000 participants, predominantly nurses) met the inclusion criteria and were of satisfactory-to-good methodological quality. Transformational leadership consistently showed the strongest positive association with employee experience, including higher job satisfaction, work engagement, wellbeing, and lower burnout and turnover intention. Resonant (relationship-oriented) leadership also demonstrated positive effects on engagement and satisfaction. Transactional leadership had mixed results, with some benefits in specific contexts (e.g., clear reward systems), but generally weaker long-term impact than transformational styles. Transformational and resonant leadership styles are most strongly linked to positive employee experience among healthcare professionals. Empowering, supportive, and relationship-focused leadership fosters satisfaction, engagement, and retention, which are essential for achieving Vision 2030 goals of an efficient, integrated, and people-centered health system in Saudi Arabia. Policy makers should prioritize developing and appointing leaders with transformational and resonant competencies.

Keywords: Employee experience, Healthcare professionals, Job satisfaction, Leadership styles, Vision 2030, Saudi Arabia, Work engagement.

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1. Introduction

The healthcare sector is one of the most important sectors in the Kingdom of Saudi Arabia and it is going through an important and promising transformational process since the launch of Vision 2030 [1]. It deals with the quality of life of people and how healthy/ill they are. Lately, in the post-pandemic era, organizations are very much looking forward to retaining their employees, especially after investing a lot in recruiting and training them in the best centers worldwide. Also, according to a recent Gartner survey of human resources leaders, 47% of respondents cited employee experience as a top priority for 2023 [2]. Hence, assuring positive employee experience is essential for the sustainability and productibility of organizations. Employee experience is a set of psycho-cognitive elements of the experiential benefits of employment from the point of view of the employee (his/herself; perception) from the day of recruitment till the day of retirement. It refers to the employee interaction with their organization including their environment, colleagues, and leaders [3]. Employee experience affects the employee's motivation, engagement and eventually wellbeing, and the better the experience is, the more productive the employee will be.

Leadership style is a crucial element for the success or failure of any organization since leaders are central to managing knowledge including knowledge creation, sharing, and exploiting [4]. Most leadership theories emphasize the leader-employee relationship and hypothesize that the stronger this relationship is, the more satisfied the employees are and consequently, the more effective the work is.

Nowadays, value-based care is one of the most important outcomes of the health sector transformation program in the Kingdom where healthcare is expected to be as efficient as possible, providing good quality healthcare with the least required expenses. One of the major pillars of cost-effective healthcare is retaining healthcare providers and attracting them to stay as long as possible in their organizations [5]. The main driver of positive employee experience in healthcare is having a good leader. Leadership is an essential aspect of the success and/or failure of healthcare organizations as it affects the outcomes for healthcare professionals and patients [6]. Patient care is not restricted to physicians only. It is a teamwork of many healthcare professionals including nurses, allied health specialists, and healthcare administrative staff [7]. All employees must work in harmony with the health institution to flourish and reach its goals. Also, it is reported that the health sector employees are very much opinionated and appreciate those who listen to them in higher administration. In addition, the leadership qualities of physicians impact the wellbeing and satisfaction of their fellow colleagues who work under their supervision [8].

To our knowledge, there is a scarce in the literature that studies the effect of various styles of leadership on the overall experience of healthcare professionals. Most of the studies concentrate on either the effect of one style of leadership or on one group of healthcare professionals (mostly nurses). However, successful leaders are those who are emotionally intelligent and can deal with all employees from different backgrounds and levels of education, including physicians, nurses, and allied health professionals [9].

This systematic review aims to highlight the importance of leadership styles on the productivity of the healthcare organizations as measured by the experience of their employees. Additionally, it aims to assess the impact of various leadership styles on the experience of healthcare professionals. It also aims to recommend the most suitable leadership style in term of employee experience, if any, to policy makers who are overseeing the health sector in the Kingdom of Saudi Arabia, especially during this important era of transformation of healthcare as part of our ambitious vision; Vision 2030.

2. Methods

This Systematic Review was undertaken in accordance with the recommended principles in the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines [10]. The PRISMA statement aims to summarize the existing literature about the effect of leadership styles on the employee experience in the healthcare sector.

2.1. Search Strategy

The authors used the PICOS model to describe all the components related to the identified problem and to structure the research question. PICOS represents an acronym that stands for: Patient, Intervention, Comparison, Outcome and Study design. These five components are the essential elements of the research question in Evidence-Based Practice for the construction of the question for the bibliographic search of evidence [11]. In this study, the research question is composed

as follows: (P) healthcare professionals; (I) use of different leadership styles by coordinators, managers, and leaders; (C) no restriction on comparison; (O) effects on employee experience; (S) only cross-sectional studies were included. To answer the research question, PubMed (National Library of Medicine), Web of Science (Science & Social Science Citation Index, Scopus via Elsevier were searched using the following search terms as seen in Table 1.

Table 1.
Search terms.

Leadership styles*	Employee experience*	Healthcare professionals*
Leadership behaviors*	Employee engagement*	Healthcare workers*
Leadership practices*	Job satisfaction*	Healthcare staff*
		Health personnel*

(Leadership [MeSH] OR "leadership styles" [Title/Abstract] OR "leadership behaviors" [Title/Abstract] OR "leadership practices" [Title/Abstract]) AND ("employee experience" [Title/Abstract] OR "employee engagement" [Title/Abstract*] OR "job satisfaction" [Title/Abstract]) AND (Health Personnel [MeSH] OR "healthcare professionals" [Title/Abstract] OR "healthcare workers" [Title/Abstract] OR "healthcare staff" [Title/Abstract]). The search was limited to "humans", Language: English only, Ages: No limits, Study design: include cross-sectional studies and cohort studies only. Geographic: No limits, Years: from January 1st, 2012, till May 31st,2023. Articles were selected by first reading the title and, if deemed suitable, the abstract before finally reading the full text.

2.2. Inclusion/Exclusion Criteria

Only studies published in English, related to hospital settings, healthcare professionals focused, primary studies that have investigated an association between leadership styles and employee experience and with availability of full text were included. The following are set as exclusion criteria: articles examining leadership styles but not referring to healthcare professionals; that described effects on the leader and not on the employees; and articles that analyzed effects on healthcare workers other than employee experience.

2.3. Data Synthesis

Data were entered into a spread sheet on Microsoft® Excel and were collated in a table which, for each article, specified the author(s), year of publication, country of origin, study design, sample, methods, results of the study were documented.
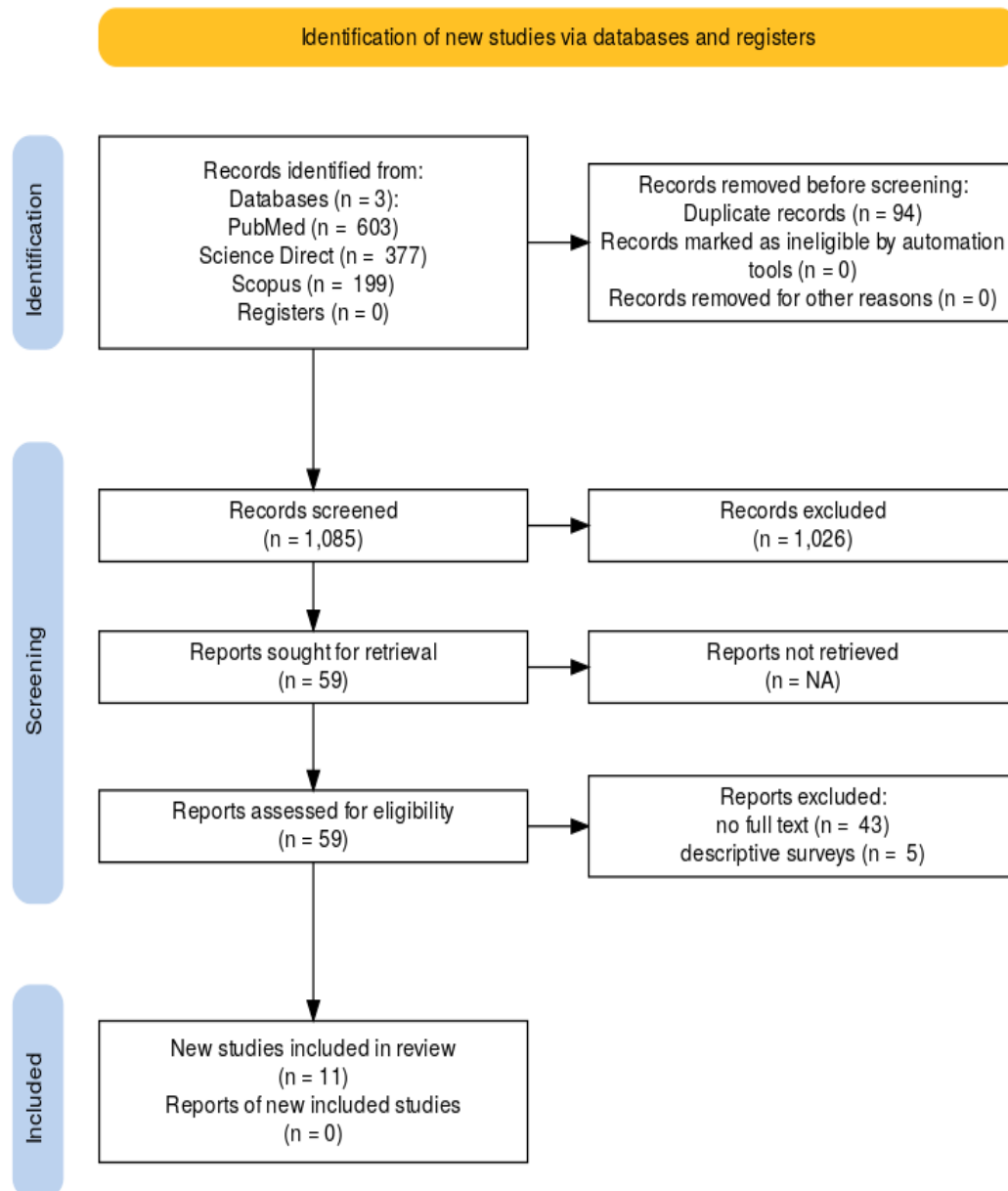
2.4. Quality Appraisal

The quality assessment was performed with the Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies [12]. This scale consists of 14 questions with three possible answers: 'yes', 'no', and 'other (cannot determine, not applicable, not reported)'. The tool evaluates the internal validity of a study, considering the risk of potential bias.

3. Results

3.1. Search Outcome

The search yielded 1179 hits: 603, 377, 199 from PubMed, Science direct, SCOPUS, respectively. After removing duplicates (94), 1085 articles remained for title and abstract review. Inclusion criteria: English only articles, cross-sectional studies. Exclusion criteria: non-English articles, review and/or systematic review and/or editorials and discussion, papers that were irrelevant to the research questions or with population that does not match the targeted population. After the above process, 59 articles remained for consideration. Forty-three were excluded because the full text was not available and 5 were excluded because they were survey based, with non-experimental correlation design. The final number of articles was 11. Full texts of these articles underwent quality appraisal using the Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies (Figure 1).

Figure 1.
PRISMA flowchart.

3.2. Quality Assessment

The final data consisted of 11 cross-sectional studies. They were assessed with the Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies [12] with a checklist including 14 criteria (Table 2). The researchers decided that if the study met over half of the criteria (8/14), it was accepted for the review. The quality was appraised satisfactory if the study met 8-10 of 14 criteria, and good if it met over 75% of the criteria (11 or 12/14). Table 2 shows the critical appraisal of the studies, and all either scored satisfactory or good.

Table 2.
Critical Appraisal.

Appraisal Questions	Mete, et al. [13]USA	Parr, et al. [14]New Zeeland	Asif, et al. [15]Pakistan	Ghorbanian, et al. [16]Iran	Alqahtani, et al. [17]KSA	Alrasheedi [18]KSA	Musinguzi, et al. [19]Uganda	Othman [20]Jordan	Sabbah, et al. [21]Lebanon	Lin, et al. [22] Taiwan	Alkassabi, et al. [23] KSA
1. Was the research question or objective in this paper clearly stated?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Was the study population clearly specified and defined?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Was the participation rate of eligible persons at least 50%?	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	Yes	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes
5. Was a sample size justification, power description, or variance and effect estimates provided?	No	Yes	Yes	No	Yes	No	Yes	No	Yes	No	No
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	NA since all articles were cross-sectional studies and not cohort study and will be scored as a Yes										
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	No	No	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. Was the exposure(s) assessed more than once over time?	No	No	No	No	No	No	No	No	No	No	No
11. Were the outcome measures (dependent variables) clearly defined,	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

valid, reliable, and implemented consistently across all study participants?											
12. Were the outcome assessors blinded to the exposure status of participants?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
13. Was loss to follow-up after baseline 20% or less?	NA since all articles were cross-sectional studies and not cohort study and will be scored as a Yes										
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	Yes	No	No	No	No	No	No	No	No	No	No
Criteria met in the appraisal of quality	10	9	11	10	11	10	11	10	12	10	11

Table 3.
Overview of the selected article.

Research, Author (year), country, aim/design	Participants, study context	Methods	Statistically significant results
Mete, et al. [13] USA The Study *aimed* to examine how perceived leadership behaviours affect burnout, professional fulfilment, and intent to leave the organisation among physicians. *Design*: Cross-sectional	From a total of 12036 attending & resident physicians attending and resident *physicians* at 11 healthcare organisations in the USA, 5416 responded. Response rate: 45%	*Measurements* *9-item Mayo Clinic Participatory Management Leadership Index* designed to evaluate leadership behaviours associated with team member engagement, including dimensions related to inclusion (treating everyone with respect), keeping people informed, soliciting input, empowering team members, nurturing professional development and providing feedback and recognition. *Professional fulfilment Index (PFI)* used to measure PF and burnout. PFI assesses the degree of intrinsic positive reward the individual derives from their work, including happiness, meaningfulness, contribution, self-worth, satisfaction and feeling in control when dealing with difficult problems at work. The burnout score represents the mean of 10 work exhaustion and interpersonal disengagement. *Intent to leave* was measured by asking the participants if they intended to leave their institution within 2 years. The response choices were none, slight, moderate, likely, and definitely. *Data Analysis* Stata V.15. chi-square $\chi 2$ test, trend tests, Kramer's V, linear associations, correlation coefficients, Cronbach's alpha.	Professional fulfilment increased with increasing tertiles of leadership behaviour rating (p<0.001). Individuals who rated their supervisor's leadership in upper tertiles relative to lower tertiles exhibited lower levels of burnout (p<0.001), and intent to leave (p<0.001).
Parr, et al. [14] New Zeeland This study *aimed* to explore the effects of resonant leadership, leader exchange relationships and perceived organizational support on work engagement among nurses and clerical staff. *Design*: Cross-sectional	252 registered nurses, enrolled *nurses*, and healthcare assistants, as well as administrative and *clerical staff*, worked in 1 of 20 units across adult inpatient medical surgical wards at two hospital sites in urban New Zealand. response rate = 26.4%	*Measurements* *10-item Resonant Leadership Scale* which is a subscale of the Alberta Context Tool. Participants were asked to rate the extent to which their immediate supervisor displays leadership behaviours. A sample statement is 'the leader in my clinical program or unit acts on values even if it is at a personal cost'. *Work engagement* was measured using the	Resonant leadership was significantly and positively associated with relationships at work, perception of unit care quality (β = 0.28, p < 0.001). Nurses reported the leadership of their managers to be highly resonant (mean 3.73, SD = 0.77). Overall, staff reported work engagement the highest (mean 4.81,

		shortened form of the Utrecht Work Engagement Scale. Participants were asked to answer statements about how they feel at work. A sample statement is 'at my work I feel bursting with energy'. *Data Analysis* IBM SPSS Statistics 25.0® software and IBM AMOS 25.0® software for structural equation modelling. chi-square χ2 test, correlation coefficients.	SD = 0.94). Resonant leadership, a relational style, is a core antecedent of quality care and positively associated with staff experience and eventually patient outcomes.
Asif, et al. [15] Pakistan This study *aimed* to examine the relationships between transformational leadership (TL), and job satisfaction (JS) among Nurses. *Design*: Cross-sectional	600 registered female nurses who have a minimum of 1-year experience and are directly working under head nurses or nurse managers at 17 government hospitals in Pakistan completed the survey. A total number of 386 participants completed the survey. response rate = 64.33%	*Measurements* Transformational leadership was evaluated using the 7-item scale developed by Carless, et al. [24]. A sample item for TL included my supervisor communicates a clear and positive vision of the future. Job Satisfaction was evaluated using the 3-item scale proposed by Cammann, et al. [25]). A sample item for JS was all in all, I am satisfied with my job. *Data Analysis* SPSS and AMOS version 25.0 (IBM, New York, NY, USA) chi-square (χ2), a comparative fit index (CFI), incremental fit index (IFI), Tucker-Lewis index (TLI), standardized root mean square residual (SRMR), and root means square error of approximation (RMSEA).	This study showed a positive relationship between transformational leadership and job satisfaction. The study showed a significant positive corelation (0.80) between transformational leadership and job satisfaction.
Ghorbanian, et al. [16] Iran This study *aimed* to explore the relationship between managers' leadership styles: Transformational, transactional, and laissez-faire leadership styles and job satisfaction among emergency medical technicians. *Design*: Cross-sectional	21 managers and 87 emergency medical technicians working in 23 stations in Isfahan city, Iran completed the survey. The questionnaire was prepared in two formats: one for the managers (to identify their leadership style in their own perspective) and one for the followers (to determine the leadership styles of their managers).	*Measurements* Leadership styles were assessed using the Multiple Leadership Questionnaire for evaluating leadership styles. job satisfaction was assessed using the Job Descriptive Index. *Data Analysis* SPSS software. Pearson correlation, student's t-test	This study showed a significant relationship (P<0.01) between the transformational and transactional leadership styles and job satisfaction. No significant relation was observed between the laissez-faire management style and job satisfaction.
Alqahtani, et al. [17] KSA This study *aimed* to explore the relationship between managers' leadership styles: Transformational, transactional, and laissez-faire	This study was carried out at 25 PHCCs in Abha and Khamis Mushait cities, Saudi Arabia. The study comprised 25 PHCCs managers (non-physicians) and 300 PHC providers.	*Measurements* Leadership styles were assessed by Multifactor Leadership Questionnaire, Form 6-S. Job satisfaction was assessed by the validated Arabic version of "Job Satisfaction Survey	Laissez-faire leadership significantly correlates with most job satisfaction items namely, "pay", "supervision", "co-workers", "nature", and "communication". Followed by

leadership styles and job satisfaction among healthcare workers in primary healthcare centres (PHCCs) *Design*: Cross-sectional	The sample size calculation showed that the total sample of health workers was 270 and 25 PHC managers from 25 PHCCs in Abha and Khamis Mushait cities. The number of PHC managers was fulfilled, while the number of participants PHC providers reached 300.	Questionnaire". *Data Analysis* Statistical Package for Social Sciences (IBM, SPSS version 25) Independent samples t-test, analysis of variance (ANOVA), Pearson's correlation, Structural Equation Modelling (SEM).	transactional that correlated with "promotion", "co-workers", and "nature" items of job satisfaction. Transformational leadership style correlated positively and significantly only with "nature" satisfaction item. Even though employees may prefer the inspiration and consideration aspects of TF leadership, or favour the contingent rewards aspect of TA leadership, the effectiveness of TA and TF leadership styles often vary from one situation to another.
Alrasheedi [18] KSA This study *aimed* to discover the effect of leadership styles (transformational vs. transactional) on work satisfaction among medical-surgical nurses. *Design*: Cross-sectional	The study recruited exactly 437 nurses by convenient sampling. This study was conducted in Ministry of Health hospitals; King Fahad Specialist Hospital (KFSH), Buraidah Central Hospital (BCH), and King Saud Hospital (KSH) in Qassim Region, KSA.	*Measurements* Leadership styles were assessed by Multifactor Leadership Questionnaire (MLQ) Job satisfaction was assessed by Job Satisfaction Survey (JSS). JSS was employed to quantify the nine scopes of work satisfaction. These dimensions included: promotion, fringe benefits, co-workers, communication, supervision, contingent rewards, operating procedure, and nature of work. *Data Analysis* SPSS software. Descriptive analysis, Cronbach's alpha, Pearson correlation, Cronbach's alpha and Linear regression.	There was a very strong and positive correlation between job satisfaction and the transformational leadership styles ($r=0.677$, $p<0.05$), also the relationship between the dimensions of the transformational leadership styles and job satisfaction were ranged from ($r=0.664$, $p<0.05$) for Idealized Attributes (IA), to ($r=0.637$, $p<0.05$) for Individual consideration (IC), which means that the more transformational leadership styles, the more job satisfaction. There was a very strong and positive correlation between job satisfaction and the Transactional leadership styles ($r=0.677$, $p<0.05$), also the relationship between the dimensions of the transactional leadership styles and job satisfaction. ($r=0.647$, $p<0.05$) for Management-by-Exception (Active) (MBEA), and ($r=0.643$, $p<0.05$) for Contingent Reward (CR), which means that the more transactional leadership styles, the more job satisfaction. The study also showed that transformational leadership ($t=3.50$, $p<0.01$) was more effective for

			predicting job satisfaction than transactional leadership (t=2.43, p<0.05).
Musinguzi, et al. [19] Uganda This study *aimed* to examine the relationship between transformational, transactional, and laissez-faire leadership styles and motivation, job satisfaction, and teamwork of health workers in Uganda. *Design*: Cross-sectional	564 health workers working in the outpatient and maternity departments at 4 health facility levels of the Government health system from 228 health facilities participated in the study using self-administered questionnaires that consisted of 4 sections: leadership style, job satisfaction, motivation, and teamwork. Data were collected on health workers' perception of leadership styles displayed by their facility leaders, their level of motivation, job satisfaction, and teamwork. response rate = 83.3%	*Measurements* *Leadership styles were assessed by* Multifactor Leadership Questionnaire (MLQ) Motivation was measured using a motivation questionnaire (22). 24 This instrument was composed of 23 items and 5 dimensions, that is, motivation due to supervision, pay, work done, demotivation due to burnout, and organization's administration. Job satisfaction was captured using a job satisfaction questionnaire that was adapted from 2 job satisfaction questionnaires (23,24). This instrument was composed of 23 items that sought to capture the social and psychological characteristics of their job satisfaction using a 4-point Likert scale. Teamwork was measured as level of team climate, that is, shared perceptions of organizational policies, practices, and procedures. For this study, we adapted a short form 12-item tool (25) to measure teamwork among health workers. *Data Analysis* Stata software version 13.0 (STATA Corp., College Station, TX, USA). Pearson correlation, multivariable logistic Regression.	Health workers in Uganda preferred leaders who were transformational (62%) compared with being transactional (42%) or laissez-faire (14%). Transformational leadership was positively correlated with motivation (r=0.32), job satisfaction (r=0.38), and teamwork (r=0.48), while transactional leadership was positively correlated with job satisfaction (r=0.21) and teamwork (r=0.18). Staff motivation, job satisfaction, and teamwork were positively correlated with transformational leadership whereas only staff job satisfaction and teamwork were positively correlated with transactional leadership. The study was able to conclude that the more transformational the health facility manager was, the more motivated, satisfied, and team-spirited the health worker subordinates will be compared with those whose health facility managers were transactional or laissez-faire.
Othman [20] Jordan The study *aimed* to investigate the relationship between transformational leadership (TL), job satisfaction, and organizational commitment (OC) in Jordanian nurses. *Design*: Cross-sectional	A sample of 253 registered nurses was recruited using a convenience sampling method from two government hospitals in Jordan. Nurses in the managerial positions were excluded because they have a different scope of practice which might have affected the validity of the results of this study.	*Measurements* Transformational Leadership style was assessed by The Global Transformational Leadership (GTL) scale. The scale consists of 7 items on a five-point Likert scale. The total scores range from7 to 35, where higher scores are associated with more perceived transformational leadership behaviours. Job satisfaction was captured using a job satisfaction survey.	The results showed that there was a significant and positive association between transformational leadership and job satisfaction (r= 0.297, P = 0.000).

		Data Analysis Statistical Package for Social Science (SPSS), Version 25. Pearson r correlation.	
Sabbah, et al. [21] Lebanon The study *aimed* to assess the leadership styles (transformational, transactional, and Laissez-faire/passive avoidant) of nurse leaders as perceived by employees, and to explore the relationship between perceived leadership styles and the quality of life/wellbeing of nurses in Lebanese hospital settings. *Design*: Cross-sectional	The study involved a sample of 260 nurses chosen randomly in eight hospitals to represent all Lebanese hospitals using a simple random sampling method. A pilot study including 10 individuals was performed previously to pre-test the feasibility of the questionnaire. Of the 260 nurses who received an invitation to participate, 250 completed a survey. The calculated sample size equal 262. Response rate = 96.1%	*Measurements* The leadership styles were measured by the Arabic approved version of Multifactor Leadership Questionnaire 5X Short Form (MLQ 5X Short Form) to measure staff nurses´ opinions of their nurse managers. The questionnaire contains 45 items that measure nine characteristics of transformational, transactional, or Laissez-faire/passive avoidant leadership styles. Quality of life/wellbeing was measured with the Arabic version of the short form of the widely used 36-Item Short Form Health Survey (SF-36) called SF-12v2 Health Survey (Quality Metric Inc., Lincoln, RI, USA). This questionnaire contains 12 items clustered to yield eight domains of QOL: physical functioning (PF), Physical Role (RP), Bodily Pain (BP), General Health (GH), Vitality (VT), Social Functioning (SF), Emotional Role (RE) and Mental Health (MH). *Data Analysis* SPSS 22.0 package (IBM SPSS Statistics, USA). one way analysis of variance (ANOVA). Spearman´s correlation.	The transformational leadership style was statistically significantly associated to six of eight scales scores of quality-of-life SF-12v2 (RP, BP, GH, VT, RE, MH; $p < 0.001$) transactional leadership style influenced all SF-12v2 scales except PF ($p = 0.42$). The persons who perceived the leadership style of their manager as Laissez-faire/passive avoidant had lower RP ($p <0.01$), RE ($p < 0.001$), BP ($p < 0.05$).
Lin, et al. [22] Taiwan The study *aimed* to understand the influences of nursing transformational leadership style on the quality of lives/wellbeing and job satisfaction of nurses working in Taiwan. *Design*: Cross-sectional	A total of 807 nurses were contacted and 651 questionnaires were fully completed response rate = 80.7 %	*Measurements* Nursing leadership style was assessed by the Multifactor Leadership Questionnaire which measures certain dimensions of transformational leadership. The job satisfaction scale of the Occupational Stress Indicator (OSI; [41] was employed. It included 22 items in its original form. General health well-being/quality of life was measured using the 12-item General Health Questionnaire developed to measure non-specific psychiatric disorders.	Transformational leadership contributes significantly to quality of nurses working life of nurses and their satisfaction.

		Data Analysis SPSS version 16. Pearson correlations. Analysis of variance (ANOVA). Scheffe's post hoc test. SEM.	
Alkassabi, et al. [23] KSA The study *aimed* to examine the job satisfaction and influential factors among physiotherapists working in private and government hospitals in Riyadh, Saudi Arabia with a focus on leadership styles (transformational, transactional, and Laissez-faire/passive avoidant). *Design*: Cross-sectional	69 licensed physical therapists working in various health care settings in Riyadh were included in the study out of 123 physiotherapists approached. Response rate = 56%	*Measurements* Perceptions of leadership style was measured by the Multifactor Leadership Questionnaire. Job Satisfaction was measure by the job satisfaction questionnaire. *Data Analysis* SPSS-21. Chi-square and Pearson's correlation analysis	Job satisfaction correlated non-significantly with leadership style ($p > 0.05$). This study showed that leadership style does matter in the job satisfaction among physiotherapists in the kingdom of Saudi Arabia. The participants perceived their leaders to be motivating and interacting at different levels of the organization and were satisfied with their leaders' methods of working with others.

4. Results

4.1. Characteristics of the Studies

Table 3 shows that the studies (n=11) were conducted in eight countries: Saudi Arabia (n = 3), USA (n = 1), Iran (n = 1), New Zeeland (n = 1), Pakistan (n = 1), Lebanon (n = 1), Uganda (n = 1), Jordan (n=1), and Taiwan (n=1). The studies were cross-sectional studies. Collectively, they described 5 leadership styles (leadership behavior, resonant leadership, transformational leadership, transactional leadership, Laissez-faire /passive avoidant leadership. More than 10 instruments were used in them to measure different styles of leadership, job satisfaction, work engagement, quality of life/wellbeing, motivation, teamwork, burnout, and intent to leave. The number of participants per study ranged from 69 to 5416. Participants' background varied between physicians, primary care workers, physiotherapists, clerical staff and mostly nurses.

Transformational leadership consistently showed the strongest positive association with employee experience, including higher job satisfaction, work engagement, wellbeing, and lower burnout and turnover intention. Resonant (relationship-oriented) leadership also demonstrated positive effects on engagement and satisfaction. Transactional leadership had mixed results, with some benefits in specific contexts (e.g., clear reward systems), but generally weaker long-term impact than transformational styles. Laissez-faire/passive-avoidant leadership was consistently associated with negative employee experience outcomes. One context-specific finding indicated that laissez-faire leadership was preferred when leaders and followers had dissimilar professional backgrounds.

5. Discussion

This systematic review sheds light on the variable styles of leadership and how this affects the experience of employees. This systematic review shall benefit a lot of decision makers in the healthcare sector. Also, it emphasizes the understanding of human cognitive behavior and the importance of the perception of employees in the successes and/or failures of organizations. Table 4 extensively elaborates the effect of different styles of leadership on many aspects regarding employee experience. From the results, we can tell the many studies that evaluated the effect of transformational leadership style on the experience of the employees. It showed that transformational leadership is very much collated with a positive experience. This agrees with many other studies including a recent large-scale study in China that reported that transformational leadership had a positive direct effect on physicians' performance by influencing their achievements motivation and coping styles [26]. Also, transformational leadership has been successful in fostering disaster resilient hospitals that are able to recover post-disaster beyond their original performance, suggesting its effectiveness in causing cohesiveness and satisfaction among the employees Mohtady Ali, et al. [27]. Bass and Riggio [28] reported that there are four dimensions (four I's) to transformational leadership as follows: Inspirational motivation, idealized influence, intellectual stimulation, and individual consideration [28]. All four dimensions clearly play an important role in the satisfaction of the employees in such a style. On the other hand, employee experience where transactional leadership is the essence of leadership is based on transactions (reward and punishment system). This style may be effective initially; however, it is very tiring in the long run [29]. Surprisingly, this review showed that certain populations prefer transactional leadership style where reward and punishment are the essence of this style.

Table 4.
The statistically significant association between leadership styles and Employee Experience.

Leadership style/ reference	Positive employee experience	Negative employee experience	Healthcare professionals	Association between leadership style & experience
Leadership behaviour Mete, et al. [13]	professional fulfilment	burnout intent to leave	Physicians	This multi-institution study demonstrates a strong relationship between leadership evaluations and burnout, professional fulfilment and intent to leave current organisation among US physicians. This study looks at the correlation between individuals' rating of the leadership behaviour of their supervisor and their own wellbeing, professional fulfilment, and intent to leave. Individuals who rated their supervisor's leadership behaviour in upper tertiles were more fulfilled professionally with less burnout and least intent to leave their organization.
Resonant leadership Parr, et al. [14]	Work engagement	-	Nurses & clerical staff	This study showed that resonant leadership, a relational style which focus on people and relationships to achieve the common goal (described as visionary, coaching, affiliative and democratic), is positively associated with staff experience/work engagement. Work engagement is defined as 'a positive, fulfilling, work-related state of mind that is characterized by vigour, dedication, and absorption. A persistent and pervasive affective–cognitive state that is not focused on any particular object, event, individual, or behaviour.'
Transformational leadership Asif, et al. [15]	Job satisfaction	-	Nurses	The results of this study indicate that nursing leaders who exhibit transformational behaviour significantly predict the desired patient's outcomes by reducing the possibility of adverse patient outcomes (APOs) and increase quality of care (QOC) through the intervening influence of structural empowerment (SE) and job satisfaction (JS). Job Satisfaction is an essential nurse's outcome that is highly influenced by the quality of the working atmosphere.
Ghorbanian, et al. [16]	Job satisfaction	-	Emergency medical technicians	This study showed a significant positive corelation between transformational leadership (where leaders and followers promote each other to a higher level of ethics and motivation) and job satisfaction. Transformational leadership style correlated positively and significantly only with "nature" job satisfaction item. TF style motivates employees to produce more than what is specified.
Alqahtani, et al. [17]	Job satisfaction	-	Healthcare workers and managers in Primary healthcare centres	Transformational leadership (t=3.50, p<0.01) was more effective for predicting job satisfaction than transactional leadership (t=2.43, p<0.05). Transformational technique improves staff job satisfaction, encourage them to stay in their current job, and enhance their self-progress in the profession.
Alrasheedi [18]	Job satisfaction	-	medical-surgical nurses	Transformational leadership had a statistically significant positive relationship with motivation (r=0.32), job satisfaction (r=0.38), and teamwork (r=0.48) Transformational styles had a positive impact on stimulating motivation,

Musinguzi, et al. [19]	Job satisfaction Motivation Teamwork	-	Health workers working in the outpatient and maternity departments	assuring job satisfaction, and consolidating teamwork among health workers compared with those who demonstrated transactional skills or laissez-faire styles.
Othman [20]	Job satisfaction		Nurses	The study found a significant and positive association between the transformational leadership and job satisfaction. Nurse managers who demonstrate transformative leadership in the workplace have more capacity to create conditions that facilitate high-quality care and encourage nurses to be more involved and committed to their organization.
Sabbah, et al. [21]	Quality of life/wellbeing	-	Nurses	The subordinates tend to have a higher level of quality of life when they perceive leader support as a specific behaviour of transformational leadership styles. In this study, transformational leadership style plays an important role in the mental health of their subordinates. This study revealed a positive relationship between nursing transformational leadership and general health status, quality of life/wellbeing and the level of satisfaction.
		-		All dimensions of transformational leadership style showed moderate to highly strong correlation with job satisfaction. total scores as obtained for idealized attributes (r = 0.765), idealized behaviours (r = 0.979), inspirational motivation (r = 0.978), intellectual stimulation (r = 0.664), and individual consideration (r = 0.783).
Lin, et al. [22]	Quality of life/wellbeing Job Satisfaction		Nurses	
Alkassabi, et al. [23]	Job satisfaction	-	Physiotherapists	
Transactional leadership Ghorbanian, et al. [16]	Job satisfaction	-	Emergency medical technicians	This study showed a significant positive corelation between transactional leadership (including the provision of motives and incentives by the leader to attract the support of followers. The main goal of such leadership is to come to an agreement on a series of actions that meet the separate and immediate aims of both the leader and the followers) and job satisfaction.
Alqahtani, et al. [17]	Job Satisfaction	-	Healthcare workers and managers in Primary healthcare centres	Transactional leadership style correlated with the following job satisfaction items: "promotion", "co-workers", and "nature". TA leaders apply rewards or punishments according to extent of achieved targets. Rewards can be in the form of promotion and salary increments, while punishments may be in the form of termination or a cut in salary increments. Although transactional leadership was significantly effective in predicting job satisfaction, it was (t=2.43, p<0.05) less effective than transformational leadership (t=3.50, p<0.01) for predicting

Alrasheedi [18]	Job satisfaction	-	medical-surgical nurses	job satisfaction. Transactional leadership had a statistically significant positive relationship with job satisfaction (r=0.21) and teamwork (r=0.18).
Musinguzi, et al. [19]	Job satisfaction Motivation Teamwork	-	Health workers working in the outpatient and maternity departments	Wellbeing of nurses was positively associated with transactional leadership style adopted by their managers and confirms that nursing management has been identified as a challenge in the Lebanese hospitals.
Sabbah, et al. [21]	Quality of life/wellbeing		Nurses	All dimensions of transactional leadership style showed moderate to highly strong correlation with job satisfaction total scores as obtained for contingent reward (r = 0.804) and active management by-exception (r = 0.914).
Alkassabi, et al. [23]	Job satisfaction	-	Physiotherapists	
Laissez-faire /passive avoidant leadership Ghorbanian, et al. [16]	Job satisfaction	-	Emergency medical technicians	This study showed no significant relation between Laissez-faire leadership (also known as delegative, free reign, or non-communicational leadership that is a type of leadership style in which followers are given complete freedom to make decisions in the leader's absence. That is why it is considered the most passive type of leadership within the leadership spectrum) and job satisfaction.
Alqahtani, et al. [17]	Job Satisfaction	-	Healthcare workers and managers in Primary healthcare centres	Laissez-faire leadership significantly correlated with most job satisfaction items namely, "pay", "supervision", "co-workers", "nature", and "communication". This finding may be explained by that none of the participant 25 PHC managers were physicians, but most of them were health administrators with little or moderate previous clinical qualifications.
Musinguzi, et al. [19]	Job satisfaction Motivation Teamwork	-	Health workers working in the outpatient and	Laissez-faire leadership was negatively correlated with motivation, job satisfaction, and teamwork; however, this was not statistically significant. The persons who perceived the leadership style of their manager as Laissez-faire/passive avoidant showed lower quality of life parameters RP (p <0.01), RE (p < O.001), BP (p < 0.05).
Sabbah, et al. [21]	Quality of life/wellbeing		maternity departments Nurses	All passive avoidance leadership style dimensions showed average to highly strong correlation with job satisfaction total scores as obtained for passive management-by-exception (r = 0.990) and laissez-faire (r = 0.596).
Alkassabi, et al. [23]	Job satisfaction		Physiotherapists	

There are many other styles of leadership that may influence the experience of employees. Collaborative leadership, for example, encourages open and trustworthy conversations between the team members and the leader who is willing to let go of control and listen to the ideas and suggestions of the team. This does not mean that collaborative leadership is not goal oriented, on the contrary, collaborative leaders aim to reach their goals through involving their employees in creating these goals from the start, and by being mindful of their employees' needs. They believe that all employees have the right to develop themselves just like them, and they encourage that. All the above characteristics of a collaborative leader make him/her one of the best candidates where employees seek to work with/for, considering the ethical aspects of this style of leadership [30]. Also, laissez-faire leadership (hands-off approach) where employees are allowed to have the autonomy to make their own decisions and set their own rules is associated with negative employee experience, performance, and leader effectiveness [31]. Consistently, this review showed that Laissez-faire /passive avoidant leadership style was the least preferable style for healthcare professionals. However, in situations where managers/leaders were not from the same educational background of the people they lead, Laissez-faire /passive avoidant leadership style is preferable. Also, resonant leadership, a relational style which focuses on people and relationships to achieve the common goal (described as visionary, coaching, affiliative and democratic), positively associated with staff experience/work engagement. A positive employee experience is an experience where the employee is satisfied and has no intent to leave the job. Also, a job that takes into consideration the employee quality of life and wellbeing is a job to keep since it allows the employee to flourish and give the best that he/she can. In conclusion, the best leadership style is where healthcare professionals are empowered. feel safe and respected. Consequently, this will be positively correlated with staff experience and eventually patient outcomes and the "quality of life" for all.

One limitation of this review that might appear to the surface is the relatively limited number of eligible studies since the concept of employee experience is relatively new in healthcare professionals' studies compared to other parameters. However, the employee experience shows a more holistic approach where it can be positive or negative and yield more in-depth information about the situation. Another limitation is the possible lack of studies showing negative employee experiences and relating them to a certain style of leadership because of the sensitivity of the topic. Also, most of the studies population were nurses and few concentrated on other healthcare professionals. Hence it is recommended for further studies targeting broader aspects of healthcare professionals be conducted. Leaders who can sustain their employees and provide them with the best experience ever for them to flourish and feel that they are part of the healthcare system, since it is proven scientifically that when the employees perceive that they are part of the healthcare organization, they will thrive for it to success. Consequently, this systematic review fulfils the essence of Vision 2030's health sector transformation program that aims to restructure the health sector in Saudi Arabia to be a comprehensive, effective, and integrated health system that is based on the health of the individual and society [32].

6. Conclusion

This systematic review of 11 high-quality cross-sectional studies confirms that leadership style is a powerful determinant of employee experience among healthcare professionals in hospital settings. Transformational and resonant leadership emerged as the most effective approaches, consistently associated with higher levels of job satisfaction, engagement, wellbeing, motivation, and teamwork, as well as reduced burnout and intent to leave. Transactional leadership offers short-term compliance but lacks the inspirational and relational depth needed for sustained positive employee experience. Laissez-faire or passive-avoidant leadership is detrimental in most circumstances and should be avoided, except in rare cases where professional background differences between leader and team make a hands-off approach temporarily acceptable. In the era of Saudi Arabia's Vision 2030 health sector transformation, fostering a positive employee experience is not merely a human resource priority, it is a strategic imperative for delivering value-based, cost-effective, and high-quality care. Healthcare organizations that empower their professionals through transformational and resonant leaders will benefit from higher retention, greater resilience, and improved patient outcomes. Decision makers are strongly encouraged to invest in leadership development programs that cultivate idealized influence, intellectual stimulation, individualized consideration, and emotional intelligence. By prioritizing these evidence-based leadership competencies, the Kingdom can build a motivated, committed, and flourishing healthcare workforce capable of realizing the ambitious goals of a comprehensive, effective, and integrated health system centered on the health and wellbeing of both society and its caregivers.

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