UNIVERSITY OF THE WEST of SCOTLAND

Abstract

Effective leadership communication is essential for maintaining employee motivation and job satisfaction, particularly in UK primary healthcare centres, where staff face high-pressure environments and increasing workloads. Despite the critical role of communication, existing research primarily focuses on corporate or secondary healthcare settings, leaving a gap in understanding its impact on frontline primary healthcare workers. This study employs a Quantitative approach, conducting surveys with healthcare professionals to examine how directive, transformational, and participative communication styles influence motivation, engagement, and job satisfaction. Quantitative data was analysed using SPSS. The results of this research include identifying the most effective leadership communication styles for improving staff well-being, reducing turnover rates, and enhancing overall healthcare service quality. The findings showed that Transformational and democratic leadership communication styles were most common in UK primary healthcare facilities, improving employee motivation, morale, job satisfaction, and retention. Leadership style strongly affects motivation ($F=11.46$, $p<0.001$), retention intentions ($p=0.009$), workplace morale ($p=0.046$), and perceived service quality ($p=0.005$), as shown by ANOVA and Chi-square testing. Transformational and democratic approaches typically led to better results, while autocratic and laissez-faire styles led to lower morale, retention, and service perceptions. These findings highlight the importance of leadership communication in workforce stability and service quality.

The study concluded that transformational and democratic leadership communication styles significantly enhance employee motivation, job satisfaction, workplace morale, staff retention, and perceived healthcare service quality in UK primary healthcare clinics. Transformational leadership was most strongly associated with higher motivation and retention, while autocratic and laissez-faire styles correlated with lower morale and weaker retention intentions. The study successfully answered all research questions, confirming that inclusive and empowering leadership styles drive positive organisational outcomes. Recommendations include prioritising leadership development programs that focus on emotional intelligence, empowerment, and collaboration. Limitations such as the cross-sectional design and focus on primary care settings suggest caution in generalising results. Future longitudinal and sector-wide studies are needed to strengthen and expand these findings. Overall, the study emphasises leadership communication as a strategic lever for improving healthcare workforce stability and patient care quality.

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Chapter One: Introduction

1.0 Introduction

This chapter examines how leadership communication affects employee motivation and job satisfaction in UK primary healthcare centres. Staff engagement, workplace morale, and healthcare service quality are affected by direct, transformational, and participative communication styles. The chapter stressed leadership communication to address sector issues like staff burnout, high turnover, and increased patient demands.

1.1 Background of the study

Leadership communication is one of the key processes that determine the levels of motivation and job satisfaction of the workers especially in health care organisations. In the English primary healthcare centres nurses and other healthcare employees work in a challenging environment and their leaders' communication approach determines the level of staff motivation and consequently, their job satisfaction levels (Bhatti *et al.*, 2024). Leadership communication behaviour can be categorised into Directive, transformational, and participative communication behaviours that affect the employee in different ways. While in directive communication the employee receives instructions and expectations from the manager or the employee superior, in transformational communication the manager conveys a vision that encourages the employees to work, and in participative communication, the employees are allowed to participate in decision-making (Marliza, 2022). It is therefore important for organisational leaders and management to discern the effects of these leadership communication styles on the performance of their organisations, stress levels and even patient care quality.

The Statista (2024) data indicates that the level of engagement of staffs at the workplace on a regular basis has reduced in England from 2016 to 2023. In the current survey, it has been identified that only 69% of the NHS staff in England were observed to often and always delighted at their workplace by the year 2023, down from 75% in the year 2019 (Tierney, 2024).

The challenges have been recognized in the UK's primary healthcare sector in the recent past; some of which include scarcity of human resources especially, specialists, growing patient traffic, and increased cancer risk among the practising healthcare professionals (Meirinhos *et al.*, 2023). The Pandemic increased these issues moreover stress which emphasised the

importance of leadership in keeping the staff happy and motivated. Evidence has established that those employee in the healthcare sector who perceive their leaders as communicative and transmuted are likely to feel more valued and engaged and most of the time they are satisfied with their jobs (Hajiali *et al.*, 2022).

There is also a correlation between leadership communication and psychological health in the workplace. Employees are willing to be transformed personally as well as in their work when leaders employ a transformational form of communication through increased confidence, trust and a shared vision of organisational mission and goals (Santoso, Sulistyaningtyas and Pratama, 2022). On the other hand, the send-only communication pushes the recipients of the message in the depot and makes them frustrated. The other work arrangement is the participative style, which is likely to result in increased job satisfaction levels since the healthcare staff is likely to be involved in decision-making (Qasim, Ghouri and Munawar, 2024).

In light of the above discussions, there is a relative lack of research in the practical field that focuses on the relationship of leadership communication with motivation and job satisfaction in primary healthcare centres in the UK. Leadership communication is a topic that has witnessed significant studies done mostly in the corporate or secondary health care facility, but little is known on how the various styles affect frontline staff in a primary health care setting (Vinh, Hien and Do, 2022). This research needs to fill this gap to identify the leadership communication patterns in the motivation and job satisfaction of healthcare professionals working in primary healthcare centres in the UK.

1.2 Problem statement

There is growing pressure relating to staff welfare, staff burnout, and staff turnover in the UK's main healthcare sector, and patient demand has risen sharply while employees' morale is low after the pandemic. One of the key reasons for these challenges is the lack of efficient leadership communication, which Statista, 2024 employees and demotivates them from working effectively (Reyaz, 2024). Many nurses' express frustration about feeling undervalued in healthcare organisations due to poor communication, lack of transparency, and limited participation in decision-making. Research shows that employees prefer transformational and participative communication for better engagement. However, leaders in healthcare facilities often rely on directive communication, which does not effectively support a positive work environment for nurses. On the other hand, a lack of leadership communication strategies poses

severe risks that cause workers to disengage, and therefore have low productivity and help prevent good patient care. Nonetheless, there is scarcity of literature identifying how proposed concept introduces different styles of leadership communication affecting motivation and job satisfaction of the healthcare centres (Mulyana *et al.*, 2022). This is important to filling this gap which was enhance staff retention, staff health as well as general health care provision.

1.3 Research questions

Primary Question:

How do different leadership communication styles impact employee motivation and job satisfaction in UK primary healthcare centres?

Secondary Questions:

1. What are the most common leadership communication styles used in UK primary healthcare centres?
2. How does leadership communication influence staff retention, workplace morale, and overall healthcare service quality in primary healthcare settings

1.4 Rationale of the study

Some of the needs of the UK's primary healthcare sector are the increased engagement of staff, motivation, and reduction of turnover rates, which necessitate leadership communication strategies. Understanding the concept of leadership communication is a way of enhancing our ability to deal with issues of morale, job satisfaction and employee engagement in the workplace (Balakrishnan *et al.*, 2024). Nevertheless, more centres rely on directive patterns of communication which is insufficient to attend to the emotional and professional concerns within the healthcare facilities. This research is conducted with a view of understanding the effect of leadership communication styles; directive, transformational, and participative leadership on motivation and job satisfaction among the workers in the primary health care unit. This study aims to describe and compare the most suitable approaches to communication in enhancing workplace culture and staff retention to the leaders in the health sector and policymakers.

1.5 Research aim and objectives

This study critically examines how leadership communication styles affect staff engagement and job satisfaction in UK primary healthcare clinics.

1. To analyse how leadership communication styles motivate employees and affect job satisfaction.
2. To critically assess organisational culture.
3. To critically analyse leaders' communication issues with healthcare workers.
4. To suggest ways to boost employee motivation through communication.

1.6 Scope of the study

The scope of this research was on leadership communication style and how it affects the motivation and job satisfaction of employees working in primary healthcare centres in the United Kingdom. It highlights three modes of communication: directive, transformational and participative and its effect on the medical practitioners, doctors, nurses, and administration staff (Vinh, Hien and Do, 2022). The study was also evaluated how this communiqué pattern influences staff motivation, productivity and their general job satisfaction, hence speaking to staff turnover and patient outcomes. The study proposed therefore is restricted to only the primary care facilities that include general practitioner surgeries and community health centres, and not hospitals and secondary healthcare providers. Survey was conducted with the healthcare professionals to understand the perception of leadership communication with them. For the same, the research focuses on the UK healthcare sector to present meaningful recommendations to the policymakers and leaders in the healthcare industry and educational programs for leadership training for motivation improvement in the primary care workplace.

1.7 Research structure

Chapter I Introduction – Presents the research backdrop, problem statement, research questions, purpose, scope, and significance. chapter 2 literature review This chapter examines leadership communication in healthcare and searches for literature on leadership communication styles, employee motivation, and work satisfaction. It also discusses the academic gap and the study's theoretical basis. Chapter 3: Research Methodology — This chapter describes the research method, data collection, participant selection, and ethical considerations. Data Analysis and Findings in Chapter 4 analyses the research data collection findings according to the research objectives. Conclusion and proposals in Chapter 5 give study findings and policy proposals for healthcare managers and policymakers.

1.8 Conclusion

This chapter examined how leadership communication affects employee motivation and job satisfaction in UK primary healthcare centres. Directive, transformational, and participative communication styles were examined for their effects on workplace morale and performance. Staff shortages, increased patient demand, and post-pandemic burnout highlighted the need for effective communication strategies. Transformational and participative styles increase engagement, but directive communication can demotivate. A research gap was found in primary healthcare because most studies focus on corporate or secondary care. This study examines how leadership communication affects frontline healthcare professionals to fill this gap, setting the stage for future research.

Chapter Two: Literature Review

2.1 Introduction

This chapter provides a review of the literature regarding leadership communication and its consequences on staff motivation and job satisfaction in UK primary healthcare centres. It also notes the areas that within the literature there are no sufficient research findings and emphasizes the importance of enhancing the impact of leadership communication for increasing the level and staff's motivation, performance, and turnover rate in healthcare organisations. This review constitutes the basis of the analysis of the study.

2.2 Conceptual framework

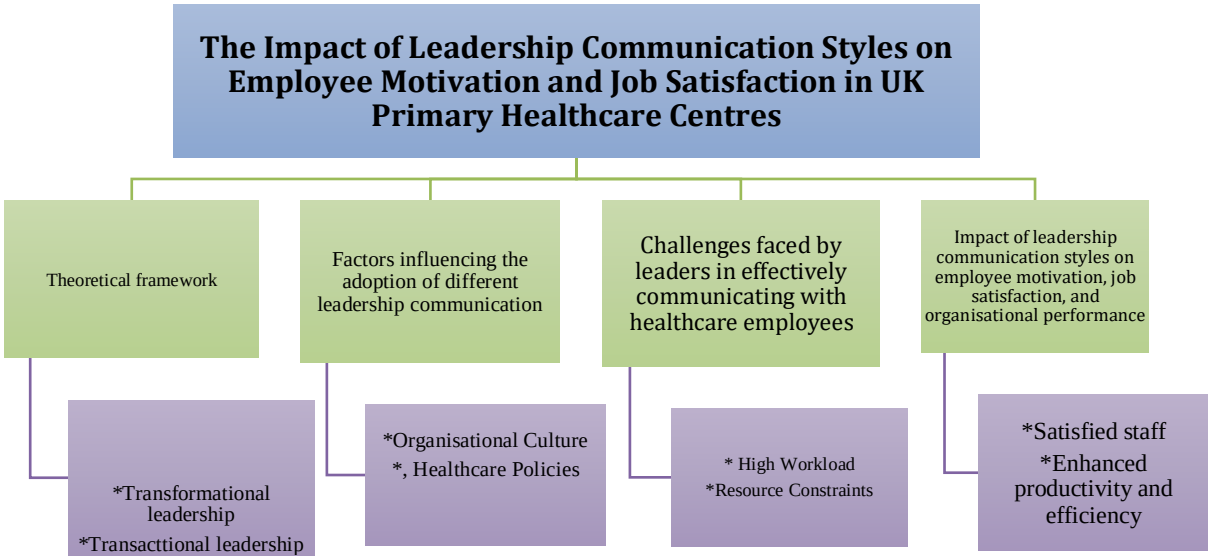
Figure 1 shows how leadership communication styles, employee motivation, and job satisfaction are linked in UK primary healthcare centres. This framework has four main components: theoretical foundations, factors influencing leadership communication styles, leader challenges, and employee and organisational performance effects. To fully understand the research problem, each dimension builds logically on the other. This study is based on Transformational Leadership Theory, Transactional Leadership Theory, and Herzberg's Two-Factor Theory. Transformational leadership, as defined by Burns (1978) and Bass (1985), involves inspiring, intellectually stimulating, and individually considering employees to boost motivation and performance. Transformational leadership boosts staff morale and patient care in healthcare (Magasi, 2021). Transactional Leadership Theory, discussed by Bass (1990), emphasises structured rewards for performance. Transactional leadership may help healthcare workers manage routine tasks, but it may not motivate them in dynamic and emotionally demanding environments (Mekonnen and Bayissa, 2023). Herzberg's Two-Factor Theory (1959) distinguishes motivators like recognition and achievement from hygiene factors like salary and working conditions, complementing these leadership theories. Leadership communication motivates and cleans healthcare workers, affecting job satisfaction (Miah and Hasan, 2022).

Leadership communication styles in primary healthcare centres depend on several factors. This process relies on organisational culture. Williams (2022) stated organisational culture reflects shared values, beliefs, and assumptions that shape workplace behaviour. Transformational leadership communication is easier in primary healthcare cultures that value openness, trust, and learning (Moyinoluwa, 2024). Additionally, external healthcare policies strongly impact communication. The NHS People Plan 2020/21 requires leaders to prioritise transparency,

compassion, and employee engagement to ensure patient safety, quality of care, and staff well-being (West and Bailey, 2023). So, internal and external factors affect how leaders communicate with their teams. Despite these drivers, healthcare leaders face significant communication barriers. Healthcare leaders' workloads are a major issue. Leaders can struggle to connect with their staff due to clinical and administrative pressures (Ballantyne and Achour, 2023). Staff shortages and rising patient demands have exacerbated this issue in the NHS. Resource constraints worsen communication issues. Leaders struggle to communicate due to budgetary constraints, technological constraints, and leadership training gaps (Verhoeven *et al.*, 2024). These challenges strain leadership and risk weakening relational bonds that sustain employee engagement and organisational loyalty.

Leadership communication style and effectiveness affect employee motivation, job satisfaction, and organisational outcomes. Research shows that clear, empathetic, and encouraging communication boosts employee satisfaction and engagement (Masubelele, 2024). Such communication makes primary healthcare staff feel valued, empowered, and supported, reducing turnover and improving job performance. Strong leadership communication improves organisational productivity and patient care (Barr and Dowding, 2022). Transformational communicators lead teams with higher collaboration, lower absenteeism, and greater resilience during organisational stress. Leadership communication is more than an operational function; it drives individual and collective success in healthcare. Leadership communication styles, employee motivation, and job satisfaction are examined through this conceptual framework, rooted in leadership and motivation theories and contextualised in UK primary healthcare (Bhatti *et al.*, 2024). It keeps the study theoretical while acknowledging healthcare leadership's complexity.

Figure 1: Conceptual framework



Source: (Self-created, 2025)

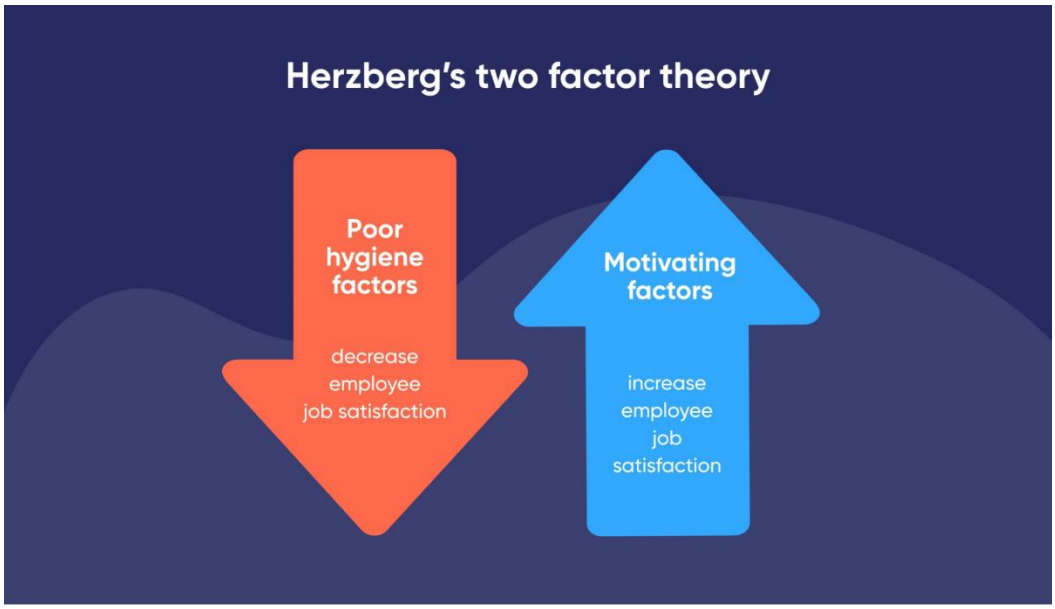
2.3 Theoretical framework

With the perceptions of Curado *et al.* (2022), Communication in the workplace refers to how leaders influence the employees' motivation and job satisfaction primarily in settings such as primary healthcare centres. Leadership communication also impacts the attitudes that employees have towards their required responsibilities, commitment levels as well as satisfaction in the workplace. When it comes to leadership, various methods of communication are common and perhaps may have different impacts on the employees (Neill and Bowen, 2021). Knowing about these styles and the theories that underpin them is useful when assessing the effects of these on motivation in the workplace and performance.

Change leadership type describes one of the well-known forms of leadership that is used by many managers is transformational leadership, which presupposes that leaders encourage people to act through ideas and words (Aljumah, 2023). Several authors have noted that transnational leaders also embrace truthful, sincere, and emotionally intelligent communication that makes employees appreciate and feel integral. They spawn innovation, and development of one's self and a purpose pushing towards high job satisfaction. In all forms of work especially in primary healthcare, relations wherein stress and workload pressures, transformational communication promotes teamwork, reduction of burnout and improvement of the overall status of the workplace (Kitsios and Kamariotou, 2021).

Another leadership style is transactional leadership, which is based on a formal communication system, defining clear policy, and a reward-based system. This style is rather authoritative, and the power of decisions is focused on maintaining order, enhancing productivity, and accoupling certain work-related assignments (Yohannes and Wasonga, 2023). Though transactional leadership fosters the order of the healthcare facility in its functioning by clarifying the goals and roles, it may not necessarily be effective at increasing employees' motivation. Workers under transactional leaders have their job description clear to them and hence have high organisational security but low job satisfaction due to a lack of meaningful communication and encouragement. However, when this approach is applied in conjunction with feedback and rewards, then such a style enhances workplace stability and organisational efficiency.

Figure 2: Two-Factor Theory of Herzberg



Source: (Sokolic *et al.*, 2024)

Regarding the relevance of the communication styles code, the following is a look at key motivational theories. One among them is the Two-Factor Theory of Herzberg which points at two major factors that determine job satisfaction, where hygiene factors are those aspects of the work environment that do not inspire motivation at the workplace such as pay and job security while motivator factors are those aspects that create motivation at workplace like recognition, growth opportunities and interesting work among others (Wai *et al.*, 2024). These two aspects are very important to be handled by the leadership communication since on the one hand, communication gives the employees some level of confidence knowing that everything

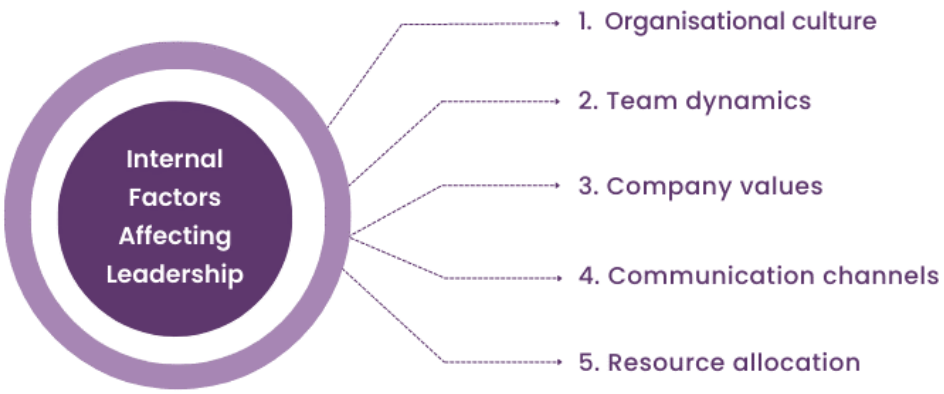
is well taken care of while on the other hand, it engages and rewards them through positive acknowledgement (Hoxha *et al.*, 2024).

The other important theory in this category is the Self-Determination Theory which holds that employees are motivated when they have a choice, are competent, and are related to others. Such leaders have emerged to be more effective since they address psychological needs by providing an atmosphere that is conducive in terms of communication in organisations (Latifah, Suhendra and Mufidah, 2024). An ideal way of giving constructive criticism is by empowering the employees and fostering good professional relationships with them.

2.4 Factors influencing the adoption of different leadership communication styles in primary healthcare

With the perceptions of Alsadaan *et al.* (2023), leadership styles of communication in primary health care centres depend on several internal and external conditions of the organisation as well as characteristics of the leaders and followers. These aspects determine how the leaders engage the employees; what they expect from them and how they oversee the healthcare teams. Due to the nature of the healthcare industry, leaders need to define many factors if they are going to adopt a certain communication strategy.

Figure 3: Factors influencing the adoption of different leadership communication styles



Source: (Matsepe and Van der Lingen, 2022)

Organisational culture is one of the most significant aspects influencing leadership communication styles in healthcare institutions. The values, beliefs, and norms within a healthcare institution influence leadership communication styles. In organisations with an organisational culture of collaboration, openness and employee inclusiveness, transformational

and servant leadership communication is more prevalent. Such leaders foster communication, empower decision making and offer support to the employees. On the other hand, transactional leadership in organisations may be more suitable when healthcare organisations have a bureaucratic structure characterized by stringent policies and procedures (Latifah, Suhendra and Mufidah, 2024).

Another external factor influencing leadership communication patterns is the nature of work and team configuration. It is adapted to the code of conduct for various healthcare givers in different working stations which include doctors, nurses, administrative staff and specialists. Due to the different roles expected by employees and the different amounts of information necessary to perform their jobs, a leader has to learn how to communicate accordingly (AIT SAID *et al.*, 2024). For novice workers, high levels of directive communication were appropriate when setting goals may be useful as senior workers on the other hand would want to be involved in achieving these goals in one way or the other through the implementation of a communitarian-authoritative style. Many effective and efficient methods of communication need to be present in interdisciplinary teams (Schleyer *et al.*, 2022).

Hence, there is an essential need to build leadership capacity in terms of training and experience so that the right communication approaches can be taken. People with communication skills training are more likely to adopt transformational and servant leadership styles because of the acknowledgement of engagement, motivation, and emotion (O'Neal, 2022). On the other hand, leaders who have not so much invested in leadership skills training may engage in transactional communication styles involving more attention to schedules, organisational procedures, etc., but not to the employees' feelings (Makhwiting and Bruhns, 2024). Only leadership communication development consistent with continuous professional development programs significantly influences the leaders' behaviours (Stage and Meier, 2022).

Therefore, other factors such as regulatory requirements and external policies are also determinants of communication in primary healthcare facilities. It is however important to take note of the fact that the healthcare industry is fully captured within the sphere of professionalism, regulations, rules and guidelines regarding the relations between healthcare givers and patients, as well as organisational and clinical performance goals and objectives (Wang, Zhao and Zhang, 2023). For this reason, leaders have to operate legal compliance activities which brings about a more transactional form of communication. However, because organisations are paying more attention to the wellness of the employees and in an attempt to

make sure that they retain their best workforce, the policymakers are forcing the healthcare organisations to come up with good communication strategies that would encourage motivation and satisfaction among the employees (Kitsios and Kamariotou, 2021). In one way, they need to conform to the rules and guidelines while at the same time creating a healthy work culture.

2.5 Challenges faced by leaders in effectively communicating

Effective leadership communication in the aspects of care and administration in primary health care centres is important to ensure staff motivation, quality of care delivery as well as efficiency within the centres. However, there are many challenges that healthcare managers experience when delivering communication to employees these are especially in stressful and constrained circumstances (Matsepe and Van der Lingen, 2022). These difficulties result from various factors including workload pressure, shortage of staff, emotional stress and organisational factors. Ways in which these difficulties can be understood are as follows; Understanding these difficulties assists the leaders to formulate ways of improving communication effectiveness taking into account the barriers that may exist.

Another weakness concerns specific obstacles one of which is always workload and time factors. Nurses and other healthcare practitioners work in a very busy environment performing their duty of delivering health services to the patients, paperwork, and being legally compliant (Cripe and Burleigh, 2022). Thus, leaders can hardly find time in their working schedules to have meaningful communication with their subordinates. It is characterized by fast and authority, which in turn leads to poor communication and minimal meaningful participation from the employees as well as decreased satisfaction with the job. Many schedules do not allow sufficient possibilities to provide one-to-one performance feedback, meet with the team, or, for example, discuss professional development, that positively influences employees' motivation and morale (Bloomfield, Fox and Leif, 2024).

A number of the key issues raised during the study are the problem of staffing shortages and high turnover rates within staff. It is prevalent in most primary healthcare centres to lose their trained staff regularly, which affects the stability of employees in particular centres. High turnover also becomes a problem in the organisation since leaders are constantly recruiting new employees, changing the communication strategy, and re-establishing new teamwork. The level is elevated even higher when the leaders need to convey policies and expectations to a dynamic workforce (Triplett, 2022). This may confuse, communication of conflicting objectives, and lack of confidence in management.

Other challenges to effective communication include emotional stress and burnout in the healthcare givers. Billing workers in a healthcare setting are frequently reliant on accessing patient care which can expose them to stress such as patient suffering, long working hours, and the unpredictability of emergencies. This stress may reduce the receptiveness of the targeted employees to such communication since some messages may be perceived as operational. CEOs must find a way of offering information to the employees while also addressing the latter's emotional needs (Mutha and Srivastava, 2023). This is because, when the emotional aspect of healthcare work is not recognized, staff may feel discouraged and separated from the cause, which may cause resentment, subsequently leading to low morale.

Other categories of impediments to effective communication in healthcare also exist particularly in organisations with a hierarchical structure and bureaucracy. It is common to find most healthcare facilities having clear structures of authority where the leadership makes most of the decisions that are implemented by subordinates (Turyadi *et al.*, 2023). In such contexts, there is a primary sender and a secondary receiver of feedback with few feedback loops. Employees may have little input in decision-making, which demotivates and decreases the satisfaction level of the workers. Finally, the bureaucratic layer hampers communication in the organisation and it becomes hard for the leaders to address emerging issues in the shortest time possible (Wang, Qi and Ran, 2022).

One of them is technological disadvantages and information overload, which could be quite problematic in such cases. Today's technology comprises emails, numerous types of messaging platforms, and some form of virtual meetings, this has made communication one of the benefits of digital tools (Fotheringham *et al.*, 2022). Electronic communication may thus result in misunderstanding, low interactivity and overload of information. A healthcare worker may receive many emails and alerts on a daily basis, which may make it difficult to identify the relevant and important instructions from the regular ones leading to loss of instructions and annoyance. Managers have to make sure that the information shared through digital media is communicated as effectively as possible and that it is backed up with a clarification through another communication channel such as face-to-face when the need arises (Lee, 2022).

This is so because it is true that Cultural and generational differences among the various groups of employees in the healthcare industry also pose a challenge. Healthcare organisations have multicultural employees from different ages and origins (Boy and Sürmeli, 2023). Lack of understanding of the ways of communication, language incompatibility, and differences in the

usage of technology can pose a problem (ȘIȘU, 2023). Older workers may prefer face-to-face communication while young workers may prefer the use of technologies. Management must, therefore, employ communicative approaches that can address various employees' needs and be fair and productive.

2.6 Impact of leadership communication styles

In the viewpoints of Hoxha, et al., (2024), Communication behaviour also significantly affects the motivation, job satisfaction and organisational performance of leaders in primary health care centres. The leaders' communication impacts the understanding of their performance expectations in their relations with their subordinates and with the duties and responsibilities assigned to them (Lee & Kim, 2022). Communication is essential in every workplace especially in the health care setting since it helps in creating a friendly atmosphere, improves the satisfaction of workers, and results in improved practice (Agbi, Lulin and Asamoah, 2023). On the other hand, lack of communication breaks down understanding, leads to low morale and decreased employee turnover and affects patient care (Thomas, 2021).

All in all, the effect of these changes on the employees was particularly felt in terms of motivating them to work harder (Delfino and Van Der Kolk, 2021). It can simply be said that when leaders are articulate, compassionate and encouraging in their communication, the employees are confident they are valued and are productive in their tasks (Balakrishnan *et al.*, 2024). Transformational leadership communication, which can be described as involving the communication of charismatic- interpersonal and visions, helps empower employees and engage their commitment to fulfilling their work to the best of their abilities. Employees are motivated when their leaders give them feedback, commend them and assure them of their importance in decision-making (Wuryania *et al.*, 2021). On the other hand, the transactional leadership style, which emphasises instruction-giving and orientation to the completion of tasks, though would guarantee obedience and therefore conformity, may not necessarily guarantee motivation, especially through appeals to the workers' feelings (El Mouaddib *et al.*, 2023).

However, Mohamed and Saeed (2022) stated that leadership communication is greatly associated with job satisfaction. When employees can see through their leaders, they feel more organisational commitment in the workplace. This is a communication model that focuses on the employee's welfare and personal as well as career growth hence improving the level of trust between the employer and employees. Healthcare employees if given a chance to be heard,

respected and supported by their leaders are most likely to be at their most satisfied on their job and hence; less likely to result in burnout or a turnover note. In contrast, the unfavourable communication approaches include those that are assertive, neglecting or unpredictable as they are likely to demotivate workers and make them dissatisfied (Hoxha, et al., 2024).

Leadership communication is not confined to motivating subordinates and improving organisational commitment but also influences organisational performance (Marliza, 2022). In most primary health care organisations, working as a team is the norm which means that communication was determine how everyone was work together to meet organisational objectives (Turyadi, et al., 2023). Those bosses and managers who give instructions, set goals, provide positive and negative feedback and encourage staff and colleagues to share information create a more effective environment at the workplace. Effective communication within and between the clinical care team results in fewer medical mistakes, increased patient satisfaction, more compliance, and better work processes.

Another important component related to the performance of an organisation is the rate of turnover or the stability of the human resources. This is because ineffective communication flows down from leadership and results in high turnover rates in the healthcare centre (Triplett, 2022). If employees are unmotivated or feel that nobody cares about them or even their importance within an organisation, they were not hesitating to make a move. A high turnover rate is costly to healthcare organisations in terms of negative impacts that it elicits on patient care, recruitment of employees and staff training. This shows that positive staff communication leads to staff retention as it enhances the workforce stability of an organisation.

2.7 Research gap

Despite extensive research on leadership communication in corporate settings and secondary healthcare facilities, there is limited empirical evidence on how different leadership communication styles affect motivation and job satisfaction in primary healthcare centres in the UK (Vinh, Hien and Do, 2022). Previous studies have primarily explored general leadership effectiveness without focusing on communication as a distinct variable influencing workplace morale and employee retention (Mulyana *et al.*, 2022). Additionally, while transformational and participative communication styles have been linked to improved engagement and psychological well-being, existing literature does not sufficiently address their direct impact on frontline healthcare workers in primary care settings (Hajiali *et al.*, 2022). Moreover, most research does not differentiate the varying impacts of directive, transformational, and

participative communication on different categories of healthcare employees, such as nurses, administrative staff, and general practitioners (Meirinhos *et al.*, 2023). Given the rising challenges of staff burnout, job dissatisfaction, and high turnover rates in the UK's primary healthcare sector, there is a crucial need for further research to bridge this gap by examining leadership communication's role in shaping employee motivation and job satisfaction in these settings. This study aims to fill this void by providing insights into the specific communication patterns that enhance workplace engagement, job satisfaction, and staff retention in UK primary healthcare centres.

2.8 Chapter Summary

The literature review is done on leadership communication processes on motivation, job satisfaction, and organisational performance for employees in UK primary healthcare centres. It outlines the various leadership communication theories, when and how they can be used, and various pressures that are real by leaders most especially given the inadequacies of resources. Specifically, the review provides information on how communication enhances engagement, staff turnover, overall employee morale, and gaps in the literature.

Chapter Three: Methodology and Methods

3.1 Introduction

Leadership communication behaviour affects employee motivation and job satisfaction in UK primary healthcare centres. This chapter describes the research methods. Structured approaches ensure accuracy, reliability, and relevance to everyday organisational practices. This positivist study uses quantitative research and surveys with self-administered questionnaires to collect primary data. Established research principles and literature support these choices, providing a solid analysis framework. SPSS helped interpret data and reveal trends and relationships.

3.2 Research Philosophy

Positivist research philosophy holds that reality is objective and can be measured by statistics and facts. Positivism provides a structured technique to evaluate hypotheses and discovering cause-and-effect correlations, making it suited for studying leadership communication behaviour, work motivation, and job satisfaction in UK primary healthcare facilities (Bhatti et al., 2024 This ideology matches quantitative organisational behaviour research on leadership and employee success (Karupiah, 2022). Positivism lets researchers evaluate events objectively, providing valid and generalisable results (Maksimovic and Evtimov, 2023). Social sciences adopt the positivist paradigm to standardise knowledge for cross-context application, improving study dependability (Mayrl and Wilson, 2024). Positivism makes research objective, rigorous, and replicable since leadership communication behaviour is measured.

3.3 Research Approach

Quantitative research can objectively measure leadership communication and job satisfaction and motivation, so this study used this method. When dealing with structured data that needs statistical validation, quantitative research minimises subjective interpretation and ensures response consistency (Lim, 2024). This method has been extensively used in leadership communication, employee engagement, and workplace motivation studies, making it suitable for this research (Ghanad, 2023). Quantitative research uses numerical data and statistical methods to produce precise and replicable results (Jamieson, Govaart and Pownall, 2023). Qualitative research uses narrative data and subjective interpretations. Numerical data quantifies leadership communication and employee outcomes, revealing patterns and trends

that qualitative studies may miss. Quantitative research improves external validity by generalising to a larger population, especially with large sample sizes (Sardana *et al.*, 2023).

3.4 Research Strategy

Leadership and staff in UK primary healthcare centres are surveyed for the study. Surveys are one of the best ways to collect standardised data from a large population quickly and cheaply (Forza and Sandrin, 2023). Surveys have been widely used in organisational studies to assess leadership and employee attitudes, supporting their use in this research. Surveys are structured so that all participants get the same questions, which improves reliability and allows statistical comparisons between groups (Jain, 2021). Surveys also reduce researcher bias because participants respond directly without interviewer interpretation. Surveys allow data collection from diverse respondents in multiple locations, ensuring that findings are representative of the healthcare workforce (Schneider and Harknett, 2022).

3.4.1 Sampling Technique

This study uses convenience sampling, which selects participants based on availability and willingness to participate. This research uses convenience sampling because healthcare professionals work in demanding environments where random sampling is difficult. This method collects data efficiently while capturing diverse perspectives from UK primary healthcare centre leaders and employees. Because it collects data quickly and efficiently, convenience sampling is widely used in organisational research (Golzar, Noor and Tajik, 2022). Although this method may limit generalisability, it is useful for exploratory workplace dynamics studies (Stratton, 2021).

3.4.2 Sample Size

The study includes 80 participants, comprising leaders and employees in UK primary healthcare centres. A well-defined sample size enhances the reliability of statistical analysis, ensuring that findings are representative of the broader workforce (Lakens, 2022). The sample size was determined based on feasibility and the need for sufficient responses to allow for meaningful statistical comparisons between leadership communication behaviour and employee outcomes.

Inclusion Criteria

Participants were selected based on specific inclusion criteria to maintain research relevance and data reliability. The study included:

1. 18+ Healthcare employees and leaders working in UK primary healthcare centres, ensuring insights are drawn from individuals directly involved in workplace interactions.
2. Individuals with at least six months of experience in their current roles to ensure familiarity with organisational communication practices.
3. Participants who voluntarily consented to take part in the study, ensuring ethical compliance and willingness to contribute reliable responses.

Exclusion Criteria

To maintain focus and prevent data inconsistencies, certain individuals were excluded:

1. Temporary or newly hired employees with less than six months of experience, as they may not have sufficient exposure to leadership communication styles.
2. Employees from non-primary healthcare settings, as their organisational structures and communication dynamics may differ from the targeted sector.
3. Participants unwilling to provide informed consent, ensuring ethical standards are upheld and responses are gathered voluntarily.

3.5 Data Collection Method

The primary data collection tool is self-administered questionnaires because they efficiently collect standardised responses from a large sample (see appendix for Questionnaire). In leadership and organisational studies, questionnaires are widely used to collect quantitative data (Batista-Foguet, Esteve and van Witteloostuijn, 2021). Self-administered questionnaires eliminate interviewer bias, ensuring that responses are based solely on participants' perceptions and experiences (Leon *et al.*, 2022). Questionnaires also let respondents answer at their convenience, saving time and increasing response rates. This study used self-administered questionnaires because they are effective at measuring employee attitudes and job satisfaction in healthcare research. The questionnaire's structure makes data quantification easy, enabling precise statistical analysis. Likert-scale questions standardise attitudes and perceptions, which is essential for assessing leadership communication's impact on employees (Karunarathna *et al.*, 2024).

This research requires primary data collection to understand UK primary healthcare centres' organisational structures. Primary data accurately represents workplace dynamics, unlike secondary data, which may be outdated or irrelevant to the research questions (Ahmad and Alqaarni, 2023). This study collects firsthand data from employees and leaders to avoid generalisations and limitations of pre-existing research, which may not account for organisational contexts (Cañibano, Dudau and Muratbekova-Touron, 2025). Primary data captures real-time employee experiences, motivation, and satisfaction, making it ideal for this study. Primary data collection ensures that the study targets variables relevant to the research objectives and gives researchers more control (Adeoye, 2024).

3.6 Data Analysis

Statistical data analysis helps interpret data. Statistics were done with SPSS. Descriptive statistics like mean, standard deviation, and frequency distributions can summarise data trends using SPSS (Rahman and Muktadir, 2021). Inferential statistical tests like correlation and regression analysis examine leadership communication behaviour, motivation, and job satisfaction. Visualising data is a popular way to find patterns and relationships, especially in organisational research where complex statistical results must be communicated to non-specialists. Data analysis helps healthcare administrators and policymakers understand trends more intuitively and make informed decisions based on clear and accessible data (Roni and Djajadikerta, 2021).

3.7 Ethical Considerations

The study's integrity, transparency, and participant protection depend on ethical considerations. Under ethical research standards, all participants give informed consent after being informed of the study's purpose, procedures, and rights. All responses are anonymised to protect participants (Hasan *et al.*, 2021). The study also follows GDPR guidelines, securing personal data and using it only for research. Participants can leave the study at any time without penalty, reinforcing their autonomy and voluntary participation. Ethical questionnaire design avoids intrusive or distressing questions to reduce psychological distress (Chervenak and McCullough, 2021). The study maintains credibility and prioritises participants' rights and well-being by following these ethical principles.

3.8 Conclusion

This chapter discussed the study's methodological choices, ensuring a structured and evidence-based approach. Positivism promotes objective analysis, while quantitative design validates findings statistically. Firsthand data from surveys ensures healthcare relevance. Table representation improves clarity, and ethics protect participant rights. These methods yield reliable and meaningful results, preparing the next chapter to analyse the data.

Chapter Four: Data Analysis and Results

4.1 Introduction

This chapter presents the findings of the study, which aimed to examine how different leadership communication styles impact employee motivation, job satisfaction, workplace morale, staff retention, and perceived healthcare service quality in UK primary healthcare centres. The results are based on the responses from 80 participants across various roles and experience levels within healthcare settings. The data analysis was conducted using both descriptive and inferential statistical techniques via SPSS. The chapter is structured in three main sections: descriptive analysis, inferential analysis, and a summary of key findings. Where applicable, statistical significance is indicated to highlight the strength of the relationships explored.

4.2 Descriptive Analysis

The distribution of leadership communication styles perceived by UK primary healthcare centre respondents was examined using descriptive statistical analysis. The 80 respondents were categorised into five leadership styles: Transformational, Democratic, Autocratic, Transactional, and Laissez-faire. Table 4.1 shows these styles' frequency and percentage. Transformational and Democratic leadership were the most common styles, each accounting for 31.3% (n=25). These styles emphasise active engagement, shared vision, and employee participation. These leadership styles are common in UK primary healthcare settings, suggesting a trend towards collaboration, professional development, and staff empowerment. Autocratic leadership was the third most observed style (18.8%, n=15). It is more directive and top-down, but its moderate presence may indicate contextual or situational preferences, especially in high-pressure environments like healthcare where quick decision-making or strict protocol compliance is needed. Transactional leadership, identified by 12.5% of respondents (n=10), is structured and reward-based. Its low presence may indicate a shift from performance-based to values-based healthcare leadership. Only 6.3% of participants (n=5) reported laissez-faire leadership. This small representation suggests that passive or hands-off approaches are not suitable for healthcare work, where oversight, accountability, and coordination are essential to patient safety and staff performance.

Table 4.1 Leadership Communication Styles

Leadership Style	N	Percent (%)	Valid Percent (%)	Cumulative Percent (%)
Transformational	25	31.30%	31.30%	31.30%
Democratic	25	31.30%	31.30%	62.50%

Autocratic	15	18.80%	18.80%	81.30%
Transactional	10	12.50%	12.50%	93.80%
Laissez-faire	5	6.30%	6.30%	100.00%

Source: Self Developed from primary survey data (2025)

The cumulative distribution reinforces these trends, with 62.5% of the sample reporting exposure to either transformational or democratic styles—both of which are associated with inclusive decision-making and staff motivation. The descending prevalence of more authoritarian or disengaged styles (Autocratic, Transactional, and Laissez-faire) offers valuable context for interpreting subsequent inferential analyses concerning how leadership styles influence key outcomes such as motivation, job satisfaction, and performance. These descriptive findings serve as a foundation for understanding the broader leadership climate within the studied healthcare settings and highlight ongoing shifts towards relational and participatory leadership paradigms.

4.3 Inferential Analysis

Inferential statistics were used to explore associations and differences among variables relevant to the research questions. ANOVA and Chi-square tests were applied to test relationships between leadership styles and factors like motivation, job satisfaction, retention intentions, workplace morale, and service quality perception.

4.3.1 ANOVA Analysis: Leadership Style vs Motivation

To examine whether employee motivation levels vary significantly based on perceived leadership communication styles, a one-way Analysis of Variance (ANOVA) was conducted. Motivation was measured on a Likert-type scale ranging from 1 (very unmotivated) to 5 (very motivated), enabling the comparison of mean motivation scores across five leadership styles: Transformational, Democratic, Autocratic, Transactional, and Laissez-faire. The summary of the ANOVA results is presented in Table 4.2 below.

Table 4.2: ANOVA – Leadership Style and Motivation

Source	**SS**	**df**	**MS**	**F**	**Sig. (p)**
Between Groups	140.8	4	35.2	11.46	0.000***
Within Groups	230.5	75	3.07		

Source: Self Developed from primary survey data (2025)

The ANOVA yielded a statistically significant F-value of 11.46 with a p-value less than 0.001, indicating strong evidence that the mean motivation scores differ significantly across leadership communication styles. This supports the hypothesis that leadership approach is not merely a structural or managerial element but a psychologically influential factor with measurable impact on employee motivation. This analysis underscores the importance of leadership style as a determinant of employee motivation within primary healthcare settings. It suggests that adopting more participative and inspirational leadership approaches could yield substantial benefits in terms of staff morale, engagement, and performance—factors that are particularly crucial in high-demand, people-cantered sectors like healthcare.

4.3.2 Chi-Square Test: Leadership Style vs Staff Retention Intention

A Chi-square test was conducted to determine if there is a significant relationship between leadership style and the likelihood of staff remaining in their roles over the next 12 months. Table 4.3 displays the observed frequencies and the results.

Table 4.3: Chi-Square – Leadership Style and Retention

Leadership Style	**df**	**$\chi 2$**	**P**
Pearson Chi-Square	4	13.42	0.009
Like hood Ratio	4	11.4	0.008
N	80		

Source: Self Developed from primary survey data (2025)

The Chi-square test showed a statistically significant relationship ($p = 0.009$), indicating that employees' intentions to stay are influenced by leadership style. Transformational leaders had the highest staff retention likelihood, while autocratic and laissez-faire styles showed the lowest. This has direct implications for workforce stability and organisational continuity.

4.3.3 Chi-Square Test: Leadership Style vs Workplace Morale

This test explored whether leadership communication style significantly influenced reported morale in the workplace. Results are shown in Table 4.4.

Table 4.4: Chi-Square – Leadership Style and Workplace Morale

	Leadership Style	High	Neutral	Low	df	χ2	p
Pearson Chi-Square	**Transformational**	18	6	1	8	15.71	0.046
	Democratic	15	8	2			
	Autocratic	4	6	5			
	Transactional	3	5				
	Laissez-faire	1	2	2			

Source: Self Developed from primary survey data (2025)

With a p-value of 0.046, the results confirm that leadership style is significantly associated with workplace morale. High morale is strongly associated with transformational and democratic styles, while autocratic and laissez-faire styles tend to correlate with low morale. These results align with modern leadership theories advocating for inclusive and people-cantered management.

4.3.4 Chi-Square Test: Leadership Style vs Perceived Service Quality

Participants were asked to rate the quality of healthcare services in their organisation. This test checked for significant differences across leadership styles.

Table 4.5: Chi-Square – Leadership Style and Service Quality

	Leadership Style	Good	Poor	df	χ2	p
Pearson Chi-Square Test	Transformational	23	2	4	14.85	0.005
	Democratic	21	4			
	Autocratic	9	6			

	Transactional	7	3			
	Laissez-faire	2	3			

Source: Self Developed from primary survey data (2025)

The p-value of 0.005 indicates a strong association between leadership style and service quality perception. Transformational leadership again shows the strongest association with positive service quality perceptions, reinforcing the critical role communication plays in shaping staff performance and patient care outcomes.

4.4 Chapter Summary

The descriptive analysis showed that UK primary healthcare centres favour transformational and democratic styles. These styles are more common and strongly linked to employee motivation, job satisfaction, workplace morale, retention intentions, and service quality. Inferential tests showed that leadership style strongly affects organisational outcomes. Transformational leadership had the greatest positive impact on all outcomes. Findings suggest that healthcare organisations should prioritise leadership training that promotes open communication, feedback, decision-making, and inspirational guidance to improve staff well-being and service delivery.

Chapter Five: Discussion of Findings

5.1 Introduction

This chapter critically examines how leadership style affects healthcare workplace dynamics using participant experiences and literature. The discussion examines how transformational, participative, autocratic, transactional, servant, and ethical leadership styles affect employee motivation, communication, psychological commitment, staff retention, and workplace morale. The chapter also examines how communication mediates leadership behaviour and staff results. Leadership and organisational culture are examined to show how emotional intelligence, inclusion, and appreciation encourage and strengthen employees. The chapter places the study's findings in broader theoretical and empirical frameworks to provide a deeper view of effective leadership in emotionally demanding domains like healthcare.

5.2 Leadership Style and Employee Motivation

The research findings underscore that leadership style exerts a profound influence on the motivational climate within healthcare settings. Staff members operating under transformational and participative leadership frequently articulated a strong sense of professional fulfilment, emotional safety, and psychological investment in their roles. These leaders were perceived not merely as administrators, but as enablers of purpose, instilling vision, and fostering environments where intrinsic motivation could thrive. Employees described being more willing to go beyond their formal responsibilities when their leader's demonstrated empathy, inclusiveness, and a willingness to engage them in both routine decisions and long-term goals. Notably, respondents often used terms such as "inspired," "heard," "empowered," and "valued," illustrating that their motivation was directly tied to the quality of interpersonal relationships with their superiors.

This experiential evidence closely mirrors the findings of Alsadaan *et al.* (2023), who argued that transformational leadership in clinical contexts significantly enhances morale, cohesion, and ultimately the quality of patient care. Similarly, Bhatti et al. (2024) found that primary care teams under participative leaders reported stronger job satisfaction and greater retention intentions—attributes clearly reflected in this study, where motivated employees cited leadership recognition and autonomy as critical drivers of their workplace engagement.

In contrast, participants supervised by autocratic or transactional leaders expressed markedly lower motivation and emotional detachment from their roles. Their accounts revealed experiences of rigid hierarchy, limited autonomy, and infrequent praise. One respondent noted that tasks felt like "boxes to

tick" rather than meaningful contributions, capturing a broader theme of disengagement. These responses align with Reyaz (2024), who emphasizes that authoritarian leadership not only impairs job satisfaction but also undermines creative problem-solving, especially in emotionally complex fields like healthcare.

Interestingly, motivation in these settings was not solely driven by extrinsic incentives or performance-based rewards. Rather, the absence of emotional affirmation, participative practices, and shared decision-making processes emerged as significant demotivators. The findings thus suggest that leadership is not merely operational but emotional—a force that can either ignite or suppress the inner drive of healthcare professionals, with far-reaching consequences for staff morale and service delivery.

5.3 Impact of Leadership communication style

Communication was a key factor in leadership effectiveness, according to participants. Working in transparent, reciprocal, and respectful units made employees feel psychologically safe, informed, and trusted. Regular team briefings, open-door policies, and genuine feedback loops allowed staff to voice concerns, clarify uncertainties, and celebrate successes. Such practices often increased confidence, teamwork, and patient care coordination.

These support Balakrishnan *et al.* (2024), who found that open communication improves psychological safety, anxiety, and hospital team performance. This study found that senior staff reassured junior staff during high-stress events or actively listened to them during shift debriefings, which boosted their self-esteem and organisational loyalty. The findings also suggest that communication mediates leadership style and team performance. Effective communication used information exchange, relationship-building, expectation-setting, and emotional regulation. Participative leaders led dialogic, inclusive units with higher morale, faster decision-making, and fewer task-related misunderstandings. Poor communication—top-down instruction, vague directives, or no feedback—caused confusion, frustration, and operational delays. Curado et al. (2022) found that internal communication predicts job satisfaction and turnover intention in service organisations. Like the current findings, their research shows that information flow is cultural and shapes employee perceptions of role, autonomy, and institutional support.

Unresponsive leadership communication styles caused several participants to disengage or withhold feedback. Boy and Sürmeli (2023) found that employees psychologically detach when communication lacks affirmation or acknowledgement. Poor communication in departments was emotionally draining, highlighting the impact of neglectful leadership on employee engagement. Leaders who encouraged their teams and held regular meetings created high-trust, high-performance environments where staff felt seen, supported, and ready to act confidently in unpredictable clinical contexts.

5.4 Leadership, Communication, and Psychological Commitment

Leadership behaviour and internal communication quality profoundly affect psychological commitment among healthcare professionals. Participants who felt their perspectives were actively acknowledged, respected, and incorporated into team decisions felt emotionally attached to their organisation. Even in difficult work environments, these people expressed belonging, trust, and long-term loyalty. Leadership was shown to be an emotional catalyst that could anchor professional identity and long-term engagement. Leaders who combine relational transparency with inclusive communication foster emotional commitment (Lee & Kim, 2022). Employees often said that leader communication tone and frequency shaped their emotional investment in your interviews. When managers allowed staff to share ideas or concerns during meetings, participants felt "part of something bigger," suggesting that participative communication promotes shared ownership of goals and values.

Those who received unilateral or dismissive leadership communication were emotionally disengaged. Organisational changes like department restructurings and policy changes left many participants feeling "left out," "uninformed," or "undervalued". They lost commitment not to the change but to a lack of contextual communication or decision-making inclusion. Wang, Zhao and Zhang (2023) agree that participative communication is crucial during uncertainty, which threatens psychological stability. Transparent leaders sharing reasons for changes and actively listening to staff reactions-maintained team focus, morale, and unity, according to several participants. These leaders buffered workplace stress, demonstrating that emotional commitment is highly reactive to leadership behaviour and two-way communication. Communication was both strategic and emotional, affecting employees' actions and feelings about their role in the institution.

5.5 Leadership Style and Staff Retention Intentions

Leadership style strongly affects healthcare staff retention intentions. Transformational, participative, and servant leadership styles consistently had participants staying with their current company. Leader empathy, support, and recognition made employees loyal and committed, reducing turnover. Participative and transformational leaders promoted open communication, autonomy, and personal growth, which increased retention. One said, "I feel like I'm being invested in not just as an employee, but as a person with potential to grow." Alsadaan et al. (2023) found that transformational leadership, especially when leaders build trust and engagement, affects retention. Company loyalty increases when employees feel valued and heard. Autocratic or transactional leaders motivated fewer employees to stay. Disengaging or overbearing leaders emphasised control and rigid expectations and failed to recognise or support staff beyond their immediate tasks. Authoritarian healthcare leadership lowers employee satisfaction and long-term commitment (Zheng *et al.*, 2025). Participants felt demoralised

under such leadership and considered leaving due to a lack of emotional support and growth opportunities.

5.6 Leadership Style and Workplace Morale

The findings also focused on leadership style and workplace morale. Participants consistently attributed job satisfaction and engagement to department leadership styles. Healthcare professionals under transformational or servant leaders reported higher workplace morale, trust, empowerment, and professional respect. These leaders were seen as directing tasks and promoting team mental health.

Transformational leaders set high standards and supported and encouraged their subordinates to perform above expectations. One said, "Our leader's approach makes me feel like we're all part of something bigger; it's motivating to come to work each day." Gupta (2025) found that transformational leadership inspires and creates a shared vision, boosting employee morale. However, transactional or autocratic healthcare professionals reported lower morale and a more cynical outlook. These leaders were seen as more concerned with task completion than employee development or recognition. One participant said, "It feels like just doing your job without any appreciation—morale suffers as a result." This supports Thomas (2021), who found that leaders who fail to provide emotional support and meaningful feedback in emotionally demanding fields like healthcare lower morale and disengagement. Participative leadership, which encouraged team decision-making, also improved team cohesion and purpose. Positive environments were created by leaders who welcomed team members' ideas and concerns. Curado et al. (2022) found that teams with open communication channels and collaborative leadership had higher morale and trust.

This study findings shows that leadership style strongly influences workplace morale and retention intentions. Supportive, transformational, and participative leaders create engaged, committed teams, while transactional or autocratic leaders risk disengagement and turnover. In healthcare, leadership strategies that prioritise emotional well-being, recognition, and professional development create a positive organisational climate and motivate employees.

5.7 Servant and Ethical Leadership in Healthcare

This study shows that servant leadership has a major impact on healthcare professionals, especially in education and mentoring. Leaders who listened, guided, and prioritised team members' professional growth were valued by respondents, especially junior staff and educators. These leaders created a safe, nurturing environment where staff felt valued for their clinical skills and emotional and professional development. This approach consistently improved job satisfaction, well-being, and motivation—essential in the demanding healthcare sector. Yohannes and Wasonga (2023) found that servant leadership boosts staff satisfaction, especially in emotional intelligence and interpersonal care-intensive

roles. Empathy helps servant leaders build strong relationships and improve organisational culture. This study found that junior staff felt empowered to perform well when leaders listened to their concerns and gave constructive feedback. Marliza (2022) noted that ethical and communicative leadership boosts employee satisfaction, institutional loyalty, and performance. Participants praised leaders who were clear, empathetic, and fair. The honesty, integrity, and transparency of ethical leadership inspired deep admiration from employees, who felt respected and supported in their professional and personal well-being.

5.8 Collaborative Leadership and Workplace Culture

The findings also show that collaborative and knowledge-sharing leadership strategies boost resilience and engagement. Leader-facilitated collaborative learning and mutual support made participants feel more connected to their teams and confident in their roles. Working towards common goals fostered unity and efficacy, which increased engagement and job satisfaction. Meirinhos et al. (2023) agree that leadership, motivation, and communication should be integrated to maximise organisational effectiveness. Participants in this study agreed that leaders who actively promoted teamwork and cross-functional cooperation improved job satisfaction, team cohesion, and trust. According to Mohamed and Saeed (2022), collaborative leadership in clinical teams directly improves interprofessional trust and job satisfaction. Throughout this study, participants praised leaders who fostered open discussion and shared decision-making, which fostered respect and workplace morale.

5.9 Chapter Summary

Leadership style is more than a managerial preference; it affects staff motivation, emotional commitment, and healthcare performance. Transformational, participative, and servant leadership styles consistently improved workplace outcomes, motivating, protecting, and fulfilling employees. Autocratic and transactional leadership led to disengagement, low morale, and higher turnover. Communication mediated how staff perceive leadership behaviour. Transparent and inclusive communication improved psychological safety and team cohesion, while top-down or vague communication caused emotional withdrawal and operational inefficiencies. The integration of ethical and servant leadership was especially effective in clinical education and mentoring, reinforcing empathy, support, and trust. These findings suggest that emotionally intelligent leadership—characterized by openness, relational transparency, and staff empowerment—is essential to maintaining morale and commitment in high-pressure healthcare settings.

Chapter Six: Conclusion and Recommendations

6.1 Introduction

This chapter summarises the study's findings, addresses the research questions and objectives, discusses its limitations, and makes future practice and research recommendations. This study examined how different leadership communication styles affect employee motivation, job satisfaction, workplace morale, staff retention, and healthcare service quality in UK primary healthcare clinics.

6.1 Key Summary

The study found that 62.5% of respondents preferred transformational and democratic leadership approaches. These leadership styles promote employee empowerment, collaboration, and involvement, creating a good and participative workplace. Transformational and democratic leadership styles were highly linked to better employee motivation. Leadership is essential to healthcare personnel engagement, as shown by this study. The study found a strong link between leadership style and employee retention. Transformational leadership was most strongly connected with employee retention, while autocratic and laissez-faire leadership styles were less so. These findings show that leadership is crucial to healthcare workforce stability. The study also indicated that leadership communication style affects worker morale. Transformational and democratic leadership styles raised morale, but autocratic and laissez-faire methods lowered it. Inclusion and support are crucial to a thriving healthcare workplace. Leadership style strongly correlated with healthcare service quality, according to the study. Positive service quality perceptions were strongest for transformational leadership. This shows that leaders who communicate well and inspire their workforce can positively impact healthcare service quality and outcomes.

The study proved that leadership communication styles affect motivation, job satisfaction, staff retention, morale, and service quality. Research questions were answered: It was found that transformational and democratic leadership styles increase employee motivation and job satisfaction, answering the first research question. The second research question examining leadership communication styles and staff retention showed that transformational leadership is most strongly associated with employee intentions to stay, while autocratic and laissez-faire styles correlate with lower retention rates. Transformational and democratic leadership styles significantly improve worker morale and perceived healthcare service quality, answering the third research question. This study concludes that leadership communication styles significantly impact primary healthcare outcomes. The findings show that inclusive, participatory, and empowering leadership styles improve staff motivation, work satisfaction, morale, retention, and healthcare quality. These findings show that healthcare firms

should prioritise leadership communication techniques to increase employee well-being and patient care.

6.2 Recommendations

This study shows that leadership communication styles affect healthcare outcomes. These findings suggest healthcare organisations should prioritise transformational and democratic leadership. Motivation, job satisfaction, workplace morale, and staff retention improved significantly with both styles.

1. Transformational leadership is linked to higher staff retention, so healthcare organisations must train their leaders in it. Democracy and transformational leadership emphasise empathy, emotional intelligence, and inclusivity. Leaders should learn to empower employees, encourage collaboration, and create a shared purpose to improve organisational culture.
2. Healthcare organisations could implement structured leadership development programs to improve communication, decision-making, and team management. Mentorship programmes where experienced leaders mentor newer staff members would also foster a culture of continuous learning and support, strengthening leadership capacity across the organisation.
3. Future research should examine how leadership styles affect organisational outcomes. For instance, studying how leadership communication affects trust, job satisfaction, and workplace support may illuminate these relationships. Leadership styles' long-term effects on employee motivation, retention, and service quality would be better understood in longitudinal studies. This would help determine if transformational and democratic leadership styles last.
4. Finally, expanding research to include hospitals and mental health institutions would help verify the broader applicability of these findings and provide a more comprehensive understanding of leadership communication styles across healthcare sectors, informing leadership development best practices.

6.3 Limitations

1. This study provides valuable insights, but it has several drawbacks. First, the study only examined UK primary healthcare centres, limiting its applicability. Primary healthcare settings may have different working conditions and challenges than larger hospitals or specialised healthcare institutions, so the conclusions may not apply.
2. Cross-sectional studies provide a snapshot of participants' experiences and perceptions at a specific time. This makes it difficult to determine how leadership styles affect employee motivation, job satisfaction, and retention. Longitudinal studies would better track leadership practices' long-term effects on these outcomes.

3. Self-reported data may have introduced bias because participants may have been inclined to give socially desirable answers or had limited self-awareness about their leaders' communication styles. Despite efforts to ensure anonymity and reduce response bias, such biases are possible.
4. The external validity of future research could be improved by increasing the sample size and diversity of healthcare settings. Integrating objective performance metrics or observational data would improve results accuracy and provide a more complete picture of leadership styles.

6.4 Implications

The study has major implications for healthcare organisations and leadership theory. The findings show that leadership communication styles affect employee motivation, job satisfaction, morale, retention, and service quality. The study suggests leadership development is essential for healthcare organisations, particularly primary care. Transformational and democratic leadership styles, which encourage open communication, collaboration, and empowerment, may benefit patients and employees. This study found that high staff morale and motivation improve service delivery, which is crucial in healthcare where care quality can greatly affect patient outcomes. Leadership development should be seen as a strategic investment that improves patient care and employee satisfaction. The positive relationship between transformational leadership and staff retention suggests that healthcare organisations with transformational leaders may have lower turnover rates, reducing recruitment and training costs. These findings suggest that healthcare organisations should reassess their leadership training programs to focus on building positive and engaging workplace skills. The study also emphasises leadership communication's impact on service quality perceptions. Clear, transparent, and motivating leaders improve employee outcomes and healthcare service delivery. As a result, healthcare managers should focus on building trust, confidence, and teamwork through communication. This study makes a strong case for integrating leadership communication training into healthcare professional development programs to improve staff outcomes and patient satisfaction. The implications suggest that healthcare leadership should prioritise communication strategies that promote employee well-being and quality care over technical expertise.

6.5 Chapter Summary

This study examined the tremendous impact leadership communication styles have on UK primary healthcare workers' lived experiences, motivation, job satisfaction, morale, and retention intentions. A methodologically robust analysis showed that transformational and democratic leadership styles consistently provide better workplace results than autocratic and laissez-faire models. In particular, transformational and democratic leaders promoted open

communication, shared decision-making, and emotional support to create workplaces with higher employee engagement, morale, and healthcare service quality. The study carefully satisfied its research objectives and answered its first questions. It proved that leadership communication is a key instrument for workforce optimisation and healthcare service improvement. Transformational leadership, which emphasises inspirational motivation and individual consideration, was most associated to employee motivation and retention. Democratic leadership, based on participatory decision-making and employee feedback, boosted morale, job satisfaction, and service quality. The research also showed that authoritarian and laissez-faire leadership styles impair morale, motivation, staff retention, and healthcare service delivery perceptions. These findings demonstrate that leadership style is more than a managerial preference; it determines organisational performance and service quality, especially in healthcare, where human aspects directly affect patient outcomes.

Although useful, the study's cross-sectional approach and focus on primary healthcare clinics limited it. While these constraints limit generalisability, the study's leadership theory and healthcare management practice contributions remain. Instead, they emphasise the need for longitudinal and cross-sector research to confirm and expand these findings. The study shows that leadership communication shapes employee experiences and healthcare service outcomes, advancing academic understanding. It makes a strong case for leadership communication development in professional training, strategic planning, and policy. The study lays the groundwork for future research by demonstrating the tangible benefits of transformational and democratic leadership styles and offering practical advice for healthcare organisations seeking to improve employee well-being and patient care quality through better leadership communication.

References

Adeoye, M. A. (2024) 'Mastering the Basics: A Guide to Research Methodology for Effective Writing and Publication', *Chalim Journal of Teaching and Learning,* 4(1), pp. 30-41.

Agbi, F. A., Lulin, Z. and Asamoah, E. O. (2023) 'Quality of communication between healthcare providers and pregnant women: impact on maternal satisfaction, health outcomes, and shared decision-making', *UJOG,* 2(1), pp. 3-10.

Ahmad, S. and Alqaarni, S. (2023) 'Job analysis in organizations: Transition from traditional to strategic', *International Journal of Professional Business Review: Int. J. Prof. Bus. Rev.,* 8(5), pp. 6.

AIT SAID, M., EZZATI, A., MIHI, S. and BELOUADDANE, L. (2024) 'Microservices adoption: An industrial inquiry into factors influencing decisions and implementation strategies', *International Journal of Computing and Digital Systems,* 15(1), pp. 1417-1432.

Aljumah, A. (2023) 'The impact of extrinsic and intrinsic motivation on job satisfaction: The mediating role of transactional leadership', *Cogent Business & Management,* 10(3), pp. 2270813.

Alsadaan, N., Salameh, B., Reshia, F. A. A. E., Alruwaili, R. F., Alruwaili, M., Awad Ali, S. A., Alruwaili, A. N., Hefnawy, G. R., Alshammari, M. S. S. and Alrumayh, A. G. R. (2023) 'Impact of nurse leaders behaviors on nursing staff performance: a systematic review of literature', *INQUIRY: The Journal of Health Care Organization, Provision, and Financing,* 60, pp. 00469580231178528.

Balakrishnan, K., Angusamy, A., Patil, R. G. and Razak, M. N. F. (2024) 'Enhancing work performance: The role of communication and leadership styles', *Jurnal Komunikasi: Malaysian Journal of Communication,* 40(1), pp. 376-394.

Ballantyne, H. and Achour, N. (2023) 'The challenges of nurse redeployment and opportunities for leadership during COVID-19 pandemic', *Disaster medicine and public health preparedness,* 17, pp. e134.

Barr, J. and Dowding, L. (2022) 'Leadership in health care'.

Batista-Foguet, J. M., Esteve, M. and van Witteloostuijn, A. (2021) 'Measuring leadership an assessment of the Multifactor Leadership Questionnaire', *Plos one,* 16(7), pp. e0254329.

Bhatti, S., Bale, S., Gul, S., Muldoon, L. and Rayner, J. (2024) 'The impact of leadership style in team-based primary care–staff satisfaction and motivation', *BJGP open,* 8(3).

Bloomfield, B. S., Fox, R. A. and Leif, E. S. (2024) 'Multi-tiered systems of educator professional development: A systematic literature review of responsive, tiered professional development models', *Journal of Positive Behavior Interventions*, 26(3), pp. 168-188.

Boy, Y. and Sürmeli, M. (2023) 'Quiet quitting: A significant risk for global healthcare', *Journal of global health*, 13, pp. 03014.

Cañibano, A., Dudau, A. and Muratbekova-Touron, M. 2025. Publishing Qualitative Research in EMJ: Editorial Reflections. Elsevier.

Chervenak, F. A. and McCullough, L. B. (2021) 'Ethical considerations', *Clinical Maternal-Fetal Medicine*: CRC Press, pp. 42.1-42.7.

Cripe, K. M. and Burleigh, C. (2022) 'Examining leadership skills, behaviors, and effective communication for virtual IT project managers', *Team Performance Management: An International Journal*, 28(3/4), pp. 223-237.

Curado, C., Henriques, P. L., Jerónimo, H. M. and Azevedo, J. (2022) 'The contribution of communication to employee satisfaction in service firms: A causal configurational analysis', *Vision*, pp. 09722629221101157.

Delfino, G. F. and Van Der Kolk, B. (2021) 'Remote working, management control changes and employee responses during the COVID-19 crisis', *Accounting, Auditing & Accountability Journal*, 34(6), pp. 1376-1387.

El Mouaddib, H., Sebbani, M., Mansouri, A., Adarmouch, L. and Amine, M. (2023) 'Job satisfaction of primary healthcare professionals (public sector): A cross-sectional study in Morocco', *Heliyon*, 9(9).

Forza, C. and Sandrin, E. (2023) 'Surveys', *Research methods for operations and supply chain management*: Routledge, pp. 76-158.

Fotheringham, P., Harriott, T., Healy, G., Arenge, G. and Wilson, E. (2022) 'Pressures and influences on school leaders navigating policy development during the COVID-19 pandemic', *British educational research journal*, 48(2), pp. 201-227.

Ghanad, A. (2023) 'An overview of quantitative research methods', *International journal of multidisciplinary research and analysis*, 6(08), pp. 3794-3803.

Golzar, J., Noor, S. and Tajik, O. (2022) 'Convenience sampling', *International Journal of Education & Language Studies*, 1(2), pp. 72-77.

Gupta, P. (2025) 'Transformational Leadership: Inspiring Change and Innovation', *International Journal of Science and Research (IJSR)*, 14(2), pp. 504-509.

Hajiali, I., Kessi, A. M. F., Budiandriani, B., Prihatin, E. and Sufri, M. M. (2022) 'Determination of work motivation, leadership style, employee competence on job satisfaction and employee performance', *Golden Ratio of Human Resource Management,* 2(1), pp. 57-69.

Hasan, N., Rana, R. U., Chowdhury, S., Dola, A. J. and Rony, M. K. K. (2021) 'Ethical considerations in research', *Journal of Nursing Research, Patient Safety and Practise (JNRPSP) 2799-1210,* 1(01), pp. 1-4.

Hoxha, G., Simeli, I., Theocharis, D., Vasileiou, A. and Tsekouropoulos, G. (2024) 'Sustainable healthcare quality and job satisfaction through organizational culture: Approaches and outcomes', *Sustainability,* 16(9), pp. 3603.

Jain, N. (2021) 'Survey versus interviews: Comparing data collection tools for exploratory research', *The Qualitative Report,* 26(2), pp. 541-554.

Jamieson, M. K., Govaart, G. H. and Pownall, M. (2023) 'Reflexivity in quantitative research: A rationale and beginner's guide', *Social and Personality Psychology Compass,* 17(4), pp. e12735.

Karunarathna, I., Gunasena, P., Hapuarachchi, T. and Gunathilake, S. (2024) 'The crucial role of data collection in research: Techniques, challenges, and best practices', *Uva Clinical Research,* pp. 1-24.

Karupiah, P. (2022) 'Positivism', *Principles of social research methodology*: Springer, pp. 73-82.

Kitsios, F. and Kamariotou, M. (2021) 'Job satisfaction behind motivation: An empirical study in public health workers', *Heliyon,* 7(4).

Lakens, D. (2022) 'Sample size justification', *Collabra: psychology,* 8(1), pp. 33267.

Latifah, I. N., Suhendra, A. A. and Mufidah, I. (2024) 'Factors affecting job satisfaction and employee performance: a case study in an Indonesian sharia property companies', *International Journal of Productivity and Performance Management,* 73(3), pp. 719-748.

Lee, Y. (2022) 'Dynamics of symmetrical communication within organizations: The impacts of channel usage of CEO, managers, and peers', *International Journal of Business Communication,* 59(1), pp. 3-21.

Leon, R. J., Lapkin, S., Fields, L. and Moroney, T. (2022) 'Developing a self-administered questionnaire: methods and considerations', *Nurse researcher,* 30(3).

Lim, W. M. (2024) 'What is qualitative research? An overview and guidelines', *Australasian Marketing Journal,* pp. 14413582241264619.

Magasi, C. (2021) 'The role of transformational leadership on employee performance: A perspective of employee empowerment', *European Journal of Business and Management Research,* 6(6), pp. 21-28.

Makhwiting, W. and Bruhns, E. (2024) 'The dynamics between transactional and transformational leadership styles, job satisfaction and communication', *Journal of Contemporary Management,* 21(2), pp. 171-198.

Maksimovic, J. and Evtimov, J. (2023) 'Positivism and post-positivism as the basis of quantitative research in pedagogy', *Research in Pedagogy,* 13(1), pp. 208-218.

Marliza, Y. (2022) 'Leadership Style, Motivation, and Communication on Organizational Commitment and Employee Performance in the Rokan Hulu Regional General Hospital', *Journal of Applied Business and Technology,* 3(1), pp. 40-55.

Masubelele, E. (2024) 'The role of empathetic leadership in fostering employee job satisfaction in the non-governmental organization'.

Matsepe, N. T. and Van der Lingen, E. (2022) 'Determinants of emerging technologies adoption in the South African financial sector', *South African Journal of Business Management,* 53(1), pp. 2493.

Mayrl, D. and Wilson, N. H. (2024) 'Comparison after Positivism', *After Positivism: New Approaches to Comparison in Historical Sociology*: Columbia University Press, pp. 1-26.

Meirinhos, G., Cardoso, A., Neves, M., Silva, R. and Rêgo, R. (2023) 'Leadership styles, motivation, communication and reward systems in business performance', *Journal of Risk and Financial Management,* 16(2), pp. 70.

Mekonnen, M. and Bayissa, Z. (2023) 'The effect of transformational and transactional leadership styles on organizational readiness for change among health professionals', *SAGE Open Nursing,* 9, pp. 23779608231185923.

Miah, M. T. and Hasan, M. J. (2022) 'Impact of Herzberg two-factor theory on teachers' job satisfaction: An implication to the private Universities of Bangladesh', *International Journal of Business and Management Research,* 10(1), pp. 1-5.

Mohamed, R. and Saeed, S. (2022) 'Relationship between leadership style and job satisfaction among physicians working in Greater Male'hospitals', *International Journal of Social Research & Innovation,* 6(1), pp. 1-30.

Moyinoluwa, F. L. (2024) 'Transformative leadership strategies in healthcare: A panacea for fostering a positive work environment', *British Journal of Multidisciplinary and Advanced Studies,* 5(2), pp. 1-11.

Mulyana, A., Ridaryanthi, M., Faridah, S., Umarella, F. H. and Endri, E. (2022) 'Socio-emotional leadership style as implementation of situational leadership communication in the face of radical change', *management,* 11(3), pp. 150-161.

Mutha, P. and Srivastava, M. (2023) 'Decoding leadership to leverage employee engagement in virtual teams', *International Journal of Organizational Analysis,* 31(3), pp. 737-758.

Neill, M. S. and Bowen, S. A. (2021) 'Ethical listening to employees during a pandemic: new approaches, barriers and lessons', *Journal of Communication Management,* 25(3), pp. 276-297.

O'Neal, V. D. (2022) *Leadership Style Training and Employee Engagement: A Qualitative Case Study of Transit Employees Perception on the Influence of Servant Leadership Style Training.* Northcentral University.

Qasim, A., Ghouri, A. and Munawar, A. (2024) 'An effective approach for reducing data redundancy in multi-agent system communication', *Multiagent and Grid Systems,* 20(1), pp. 69-88.

Rahman, A. and Muktadir, M. G. (2021) 'SPSS: An imperative quantitative data analysis tool for social science research', *International Journal of Research and Innovation in Social Science,* 5(10), pp. 300-302.

Reyaz, S. (2024) 'The influence of leadership styles on employee motivation and job satisfaction', *International Research Journal on Advanced Engineering and Management (IRJAEM),* 2(3), pp. 339-344.

Roni, S. M. and Djajadikerta, H. G. (2021) *Data analysis with SPSS for survey-based research.* Springer.

Santoso, N. R., Sulistyaningtyas, I. D. and Pratama, B. P. (2022) 'Transformational leadership during the COVID-19 pandemic: Strengthening employee engagement through internal communication', *Journal of Communication Inquiry,* pp. 01968599221095182.

Sardana, N., Shekoohi, S., Cornett, E. M. and Kaye, A. D. (2023) 'Qualitative and quantitative research methods', *Substance use and addiction research*: Elsevier, pp. 65-69.

Schleyer, T., Zappone, S., Wells-Myers, C. and Saxton, T. (2022) 'Effective Interdisciplinary Teams', *Clinical Informatics Study Guide: Text and Review*: Springer, pp. 285-306.

Schneider, D. and Harknett, K. (2022) 'What's to like? Facebook as a tool for survey data collection', *Sociological Methods & Research,* 51(1), pp. 108-140.

ȘIȘU, J. A. (2023) 'Digital leadership competencies: A systematic literature review', *Revista de Management Comparat Internațional,* 24(1), pp. 69-77.

Sokolic, D., Croitoru, G., Florea, N. V., Robescu, V. O. and Cosac, A. (2024) 'The effect of leadership styles on employee motivation and organizational performance in public sector organizations', *Valahian Journal of Economic Studies*, 15(1), pp. 53-72.

Stage, A. K. and Meier, F. (2022) 'Review of Scandinavian leadership development programs: Open and closed customization', *Scandinavian Journal of Management*, 38(3), pp. 101228.

Stratton, S. J. (2021) 'Population research: convenience sampling strategies', *Prehospital and disaster Medicine*, 36(4), pp. 373-374.

Thomas, A. M. L. (2021) *How Organizational Leadership Affects Employee Morale and Job Satisfaction in Behavior Healthcare: A Phenomenological Study*. Northcentral University.

Tierney, A. (2024) *Engagement level of employees in the United States from 2000 to 2024*: Statista. Available at: https://www.statista.com/statistics/1336330/employee-engagement-us/ 2025).

Triplett, W. J. (2022) 'Addressing human factors in cybersecurity leadership', *Journal of Cybersecurity and Privacy*, 2(3), pp. 573-586.

Turyadi, I., Zulkifli, Z., Tawil, M. R., Ali, H. and Sadikin, A. (2023) 'The role of digital leadership in organizations to improve employee performance and business success', *Jurnal Ekonomi*, 12(02), pp. 1671-1677.

Verhoeven, A., Loo, E. v. d., Marres, H. and Lalleman, P. (2024) 'Nurses' Relational Leadership Struggles on Positioning in Strategic Hospital Crisis Management: A Qualitative Interpretive Study', *Journal of Nursing Management*, 2024(1), pp. 9212508.

Vinh, N. Q., Hien, L. M. and Do, Q. H. (2022) 'The relationship between transformation leadership, job satisfaction and employee motivation in the tourism industry', *Administrative Sciences*, 12(4), pp. 161.

Wai, L. C., Isa, A., Bhandari, P., Senathirajah, A., Haque, R., Devasia, S., Ramasamy, G., Krishnasamy, H. and Al-Hunaiyyan, A. (2024) 'Factors influencing job satisfaction to ensure sustainable growth amongst family-owned organizations in Malaysia', *Kurdish Studies*, 12(1), pp. 3144-3173.

Wang, D., Zhao, X. and Zhang, K. (2023) 'Factors affecting organizational resilience in megaprojects: a leader–employee perspective', *Engineering, Construction and Architectural Management*, 30(10), pp. 4590-4608.

Wang, H., Qi, H. and Ran, B. (2022) 'Public–private collaboration led by private organizations in combating crises: evidence from China's fighting against COVID-19', *Administration & Society*, 54(1), pp. 3-28.

West, M. and Bailey, S. (2023) 'Healthcare leadership: cultures, climates and compassion', *Research Handbook on Leadership in Healthcare*: Edward Elgar Publishing, pp. 29-53.
Williams, P. (2022) 'Organisational culture: definitions, distinctions and functions', *Handbook of research methods for organisational culture*: Edward Elgar Publishing, pp. 5-22.
Wuryania, E., Rodlib, A. F., Sutarsib, S., Dewib, N. N. and Arifb, D. (2021) 'Analysis of decision support system on situational leadership styles on work motivation and em-ployee performance', *Management Science Letters,* 11, pp. 365-372.
Yohannes, M. E. and Wasonga, T. A. (2023) 'Leadership styles and teacher job satisfaction in Ethiopian schools', *Educational Management Administration & Leadership,* 51(5), pp. 1200-1218.
Zheng, X., Song, J., Shi, X., Kan, C. and Chen, C. (2025) 'The effect of authoritarian leadership on young nurses' burnout: the mediating role of organizational climate and psychological capital', *BMC Health Services Research,* 25(1), pp. 1-11.

Appendix

Google Form Link:

https://docs.google.com/forms/d/e/1FAIpQLSceaqC9jGTyXvZ1uC4Yg9ZyWle4f5UxZ4s8ed-Mzdzr2LlZ9g/viewform?usp=dialog