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## Leadership Effectiveness, Employee Job Satisfaction, and Organizational Performance in the Healthcare Industry

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# Walden University

College of Management and Technology

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Kena Bailey Taylor

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Walden University  
2021

Abstract

Leadership Effectiveness, Employee Job Satisfaction, and Organizational Performance in  
the Healthcare Industry

by

Kena Bailey Taylor

MBA, Grantham University, 2010

BS, Grantham University, 2009

Doctoral Study Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Business Administration

Walden University

May 2021

## Abstract

Eight percent of hospitals, whether rural or urban, are projected to close, resulting from contributing factors of poor organizational performance. Understanding the contributing factors of poor organizational performance is critical for healthcare leaders to improve operational outcomes to improve organizational performance. Grounded in the path-goal leadership theory and Herzberg's motivation-hygiene theory, the purpose of this quantitative ex post facto research study was to examine the relationship between leadership effectiveness, employee job satisfaction, and organizational performance. Archival data were analyzed for 86 individuals who completed the 2020 Employee Retention Satisfaction Survey. The multiple regression results indicated the full model, containing the 2 predictor variables (leadership effectiveness and employee job satisfaction), was able to predict organizational performance,  $F(2, 83) = 88.88, p < .001, R^2 = 0.68$ . Employee job satisfaction was the only significant contributor to the model. A key recommendation for leaders of healthcare organizations is to develop role-specific job descriptions that outline the position function and communicate expectations of performance to promote role clarity, thus increasing employee satisfaction and improving organizational performance. The implications for positive social change include adopting effective leadership behaviors and competencies to influence improvements in employee satisfaction and organizational performance in the healthcare industry in Mississippi, which can be translated to other hospitals.

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## Dedication

I would like to dedicate this enormous testament of perseverance, love, and effort to my parents, Clifford M. Bailey Jr. and Mona P. Ellison; to my husband, Robert L. Taylor; and to our children, Jazman Jones, Jada Jones, Tiera Jones, ReNeasha Taylor, Deshawn Taylor, Robert Taylor II, and Brandon Taylor. You all have been my support and motivation and have helped me stay focused on achieving my goal—especially during challenging times. I can never thank you enough for all the words of encouragement, laughs, and, when necessary, the push to keep me moving forward to achieve my lifelong dream. I am blessed to have you in my life. I love you all.

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I would like to thank my daughters, Jazman and Jada. You were young when I embarked on this journey, and you have been my True North as I persevered toward completing my goal. I wanted to be an example to both of you on the importance of education, setting goals, and moving forward. I love you!

I would like to thank my family for understanding, being supportive, and believing in me.

I would like to thank my committee chair, Dr. Annie Brown, for her support, feedback, and words of encouragement. It has been a pleasure to have her as my guide and I could never have done this without her. Thank you to my committee members, Dr. Jaime Klein and Dr. George Bradley, and my program director, Dr. Susan Davis, for your support and feedback.

I would also like to thank my friends and colleagues for their support and faith throughout this journey. There are so many people who have supported me along the way. I am truly grateful and touched by all who supported me and influenced my work on this study. Thank you, all.

## Table of Contents

List of Tables .....	iii
List of Figures .....	iv
Section 1: Background and Context .....	1
Historical Background .....	1
Organizational Context .....	2
Problem Statement .....	4
Purpose Statement.....	5
Target Audience.....	6
Research Question and Hypotheses .....	6
Significance.....	7
Contributions to Business Practice .....	8
Implications for Social Change.....	8
Theoretical Framework.....	9
Representative Literature Review .....	11
Leadership.....	12
Path-Goal Leadership Theory .....	13
Herzberg’s Motivation-Hygiene Theory.....	17
Alternative Leadership Theories.....	20
Organizational Performance Within the Healthcare Industry.....	28
Transition .....	38
Section 2: Project Design and Process.....	41



Method and Design .....	41
Method .....	41
Design .....	42
Power Analysis .....	46
Ethics .....	47
Summary .....	47
Section 3: The Deliverable.....	49
Executive Summary .....	49
Overview of the Study .....	49
Goals and Objectives .....	50
Overview of the Findings.....	51
Presentation of Quantitative Analysis.....	52
Results and Conclusions of Data Analysis .....	54
Summary .....	59
Recommendations for Action .....	60
Communication Plan.....	61
Implications for Social Change.....	61
Skills and Competencies .....	62
References.....	64
Appendix A: Employee Retention Satisfaction Survey.....	74

## List of Tables

Table 1. Full-Range Leadership Theory – Leadership Styles and Factors .....	22
Table 2. 10 Principles of Servant Leadership Theory.....	25
Table 3. Situational Leadership Theory: Leader Style to Follower Maturity Mapping ...	28
Table 4. Frequency Table for Nominal Variables .....	52
Table 5. Cronbach Alpha for Scales .....	53
Table 6. Summary Statistics Table for Interval Variables .....	53
Table 7. Variance Inflation Factors for Leadership Effectiveness and Employee Satisfaction.....	58
Table 8. Linear Regression with Leadership Effectiveness and Employee Satisfaction Predicting Organizational Performance .....	59

## List of Figures

Figure 1. Path-Goal Leadership Theory Behaviors .....	15
Figure 2. House and Mitchell (1975) Summary of Path-Goal Leadership Theory Relationship .....	15
Figure 3. Staempfli and Lamarche's (2020) Illustration Depicting Herzberg's Motivation- Hygiene Theory in relation to Maslow's Hierarchy of Needs .....	20
Figure 4. G*Power Analysis With Multiple Linear Regression .....	46
Figure 5. Scatterplot for Leadership Effectiveness and Organizational Performance .....	55
Figure 6. Scatterplot for Employee Satisfaction and Organizational Performance .....	56
Figure 7. Normal P-P Scatterplot for Relationship Between Leadership Effectiveness, Employee Satisfaction, and Organizational Performance .....	57
Figure 8. Residuals Scatterplot for Relationship Between Leadership Effectiveness, Employee Satisfaction, and Organizational Performance .....	57

## Section 1: Background and Context

### **Historical Background**

In the 21st-century healthcare landscape, old business concepts and methods of conducting business are colliding with new business concepts and methods. Areas affected by these conflicts include consumer engagement, demographics, societal values, healthcare payment reform, technology, innovation, politics, and regulatory changes. Changes in business practices within the healthcare environment have led to numerous efforts to reform healthcare organizations for greater efficiency and improved organizational effectiveness (Chreim et al., 2012). More than ever, business organizations need reliable and effective leadership equipped to guide and engage followers to complete tasks geared toward improving organizational performance (Hogan & Kaiser, 2005; Nagendra & Farooqui, 2016). Hogan and Kaiser (2005) noted that effective leadership leads organizations to not only thrive but prosper. The key to achieving organizational effectiveness and peak operational performance lies with effective leadership.

Organizational effectiveness is an outcome of effective leadership (Taylor et al., 2014). Ineffective leadership has harmful effects on productivity, financial performance, job satisfaction, employee engagement, and employee turnover in organizations (Shaw et al., 2011). Kim and Mauborgne (2014) expanded the blue ocean strategy to understand better organizational effectiveness, which is a plan designed to generate value creation opportunities, stimulate business growth at low cost, and provide businesses with a competitive advantage, to leadership. The transference of the blue ocean strategy to

leadership is referred to as *blue ocean leadership*. Blue ocean leadership is the application of ideas and structure that enable leaders to successfully execute plans releasing the blue ocean strategic effect, which is the unlocking of untapped and unrealized talents and capacity quickly with minimal costs (Kim & Mauborgne, 2014). Evidence-based medicine, which is common in the medical field, provides clinicians with proven guidelines, practices, and protocols by which they can make the best clinical decisions. Nonetheless, Pfeffer and Sutton (2006) suggested that more research is needed to adopt an approach for a consistent leadership model focusing on competencies. Such a model would engage the workforce in the delivery of results aligned with key performance indicators to drive organizational effectiveness.

### **Organizational Context**

XYZ Healthcare Network (a pseudonym for the client organization) is a member organization of an extensive healthcare system established in 1985 and headquartered in the Midwestern region of the United States that includes over 107 hospitals operating in 18 states. The XYZ Healthcare Network is a for-profit hospital network comprised of five hospitals operating in the state of Mississippi.

The overarching mission of XYZ Healthcare Network is to provide high-quality, patient-focused, cost-effective healthcare services to the communities served in the Mississippi. Four guiding strategic objectives support the organizational mission: (a) quality and safety, (b) operational excellence, (c) connected care, and (d) competitive position. These strategic objectives serve as a framework to aid leaders in effective decision making and alignment, organization of work efforts of various initiatives,

strategic planning, and enterprise communications on progress (Vice President, Market Services, personal communication, October 16, 2018). XYZ Healthcare Network is a hierarchical, matrixed organizational structure that includes a market-level corporate executive leadership team led by a market president, who serves as a regional chief executive officer with oversight responsibilities for all hospital facilities within their designated market, and a facility-level executive leadership team structure. The organizational structure of each facility-level organization within XYZ Healthcare Network consists of a chief executive officer, a chief operations officer, a chief nursing officer, and a chief financial officer. The facility-level executive leadership team reports to the market president.

Healthcare organizations face various external threats ranging from regulatory changes to social influences on healthcare consumerism to political changes impacting policy—all of which impact the profitability. External threats or influencers impacting the strategic direction, goals, profit margins, and overall organizational performance of XYZ Healthcare Network include (a) governmental and regulatory compliance, (b) declining reimbursements due to healthcare payment reform shifting from volume to value, (c) workforce shortages, (d) new and emerging technologies that may require significant investments and ongoing operational expenses to provide high-quality services and maintain competitive advantage and profitability, and (e) consumerism of healthcare services due to changes in patient engagement and behaviors. The examination of the relationship between leadership effectiveness, employee job satisfaction, and organizational performance may aid healthcare business leaders in identifying evidence-

based leadership competencies that could potentially result in improvements in the overall performance of the healthcare organization.

While Nagendra and Farooqui (2016) focused on the influence of leadership styles and organizational performance in the finance industry, Hogan and Kaiser (2005) noted that effective leadership is essential to the success of any organization. Moreover, Hogan and Kaiser (2005) reported that between 65% and 75% of employees, regardless of organization or industry, stated that their immediate supervisor negatively contributes to or influences aspects of their jobs, which is a result of managerial incompetence. Therefore, an examination of the relationship between leadership effectiveness and organizational performance is essential to the success of any organization in achieving goals and outcomes (Richard et al., 2009). In this study, I examined the relationship between leadership effectiveness, employee job satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating within the healthcare industry in Mississippi.

### **Problem Statement**

Destructive, toxic, and ineffective leadership is a common phenomenon in business that contributes to negative organizational performance (Saqib & Arif, 2017). Toxic leadership costs U.S. businesses \$23.8 billion annually (Pyc et al., 2017). The general business problem is that poor or ineffective organizational performance of healthcare organizations may result in loss of revenue, poor clinical and quality outcomes, a decline in patient satisfaction, an increase in employee turnover, and in some instances hospital closure—all of which adversely affect the healthcare industry. The

specific business problem is that some healthcare leaders lack understanding of the relationships between leadership effectiveness, employee job satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating.

### **Purpose Statement**

The purpose of this quantitative ex post facto research study was to examine the relationship between leadership effectiveness, employee job satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating. The targeted population consisted of secondary data obtained from healthcare organizations located in the state of Mississippi. An ex post facto design was appropriate for this research study because the design supported and aided in answering the research question through an examination of the relationship between the dependent and independent variables (Apuke, 2017). The independent variables were leadership effectiveness and employee job satisfaction. The dependent variable was organizational performance (as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating). The implications for positive social change include the potential for the study results to enhance the available body of knowledge on the influence of leadership effectiveness and employee job satisfaction in the improvement of organizational performance in the healthcare industry in the state of Mississippi.



### **Target Audience**

The key stakeholders in this portfolio included middle managers of member organizations within a large for-profit healthcare system operating in Mississippi focused on improving organizational performance. Examining the relationships among the variables of leadership effectiveness, employee job satisfaction, and organizational performance may identify evidence-based leadership competencies that may result in the reduction of employee turnover percentages, improved revenue growth (year over year), and improved patient satisfaction ratings. According to a 2016 Gallup survey, effective leadership can result in a more engaged workforce, resulting in 24% to 59% reduction in employee turnover, improved financial performance as evidenced by a 21% increase in profitability, and 10% higher customer satisfaction ratings (Nink et al., 2016). Singh et al. (2016) claimed that organizational performance is essential to achieving business outcomes, profitability, competitive positioning, and survivability. Effective leadership is vital to address challenges faced by healthcare organizations ranging from employee turnover, nursing shortages, and financial pressures resulting from changes in reimbursement models shifting from volume to value with quality, safety, and patient satisfaction results as contributing factors in reimbursement amounts and assessed penalties.

### **Research Question and Hypotheses**

The following research question and hypotheses helped to guide the research study:

RQ: Does a significant relationship exist between employee perceptions of leadership effectiveness, employee job satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating?

$H_0$ 1: There is no statistically significant relationship between leadership effectiveness, employee job satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating.

$H_a$ 1: There is a statistically significant relationship between leadership effectiveness, employee job satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating.

### **Significance**

This research study builds on two theoretical frameworks: (a) House and Evans' (1971) leadership effectiveness theory, which is the path-goal leadership theory, and (b) Herzberg's (1959) motivation-hygiene theory. The secondary data analysis is of value to healthcare organizations because it may enhance leadership effectiveness through the adoption and implementation of a leadership model geared toward improving employee job satisfaction and organizational performance (as evidenced by increased employee retention, reduced employee turnover, improved financial performance, and customer/patient satisfaction). The goal of this research study was to address the gap in

the available literature by contributing to and expanding the body of knowledge related to leadership effectiveness, employee job satisfaction, and organizational performance.

### **Contributions to Business Practice**

Effective leadership and organizational performance are vital to the success of any organization (Richard et al., 2009). As stated in the research problem, organizational effectiveness is an outcome or result of effective leadership (Taylor et al., 2014); however, there is a lack of understanding of the relationship between leadership effectiveness, employee job satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating. For this research study, I examined the extent to which significant relationships exists between leadership effectiveness and employee job satisfaction and organizational performance. In addition, I sought to determine if a significant positive impact exists between the leadership effectiveness behaviors and employee job satisfaction and organizational performance. This research study is significant to the business practices of healthcare organizations in that it may help identify evidence-based leadership competencies to improve organizational performance based on a better understanding of the relationship between effective leadership behaviors, employee job satisfaction, and organizational performance, as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating.

### **Implications for Social Change**

The implications for positive social change include the potential for the results from this study to enhance the available body of knowledge of the influence of leadership

effectiveness and employee job satisfaction to improve organizational performance in the healthcare industry in the state of Mississippi. The lack of current knowledge on this subject and between these variables limits the understanding of the extent to which specific leadership behaviors influence and impact healthcare organization performance (Richard et al., 2009). Additionally, further understanding of the relationship of leadership effectiveness, employee job satisfaction, and organizational performance may promote a culture in which evidence-based management or leadership competencies may increase the likelihood of enhanced organizational performance as indicated by a reduction of employee turnover, increased revenue growth, and improved patient satisfaction.

### **Theoretical Framework**

This research study builds on two theoretical frameworks: House and Evans' (1971) path-goal leadership theory and Herzberg's (1959) motivation-hygiene theory. The path-goal leadership theory by Robert House and Martin Evans (1971) was used to examine leadership effectiveness in support of this study. Herzberg's motivation-hygiene theory (1959) was used to examine two sets of factors that influence employees' attitudes toward their job and provided additional theoretical support for this study.

The path-goal leadership theory of House and Evans (1971) served as one of the core theories in support of this study; this theory was later extended and revised by House and Mitchell (1974). The key concept of the path-goal leadership theory states that leaders can influence employee performance, employee job satisfaction, and employee engagement by (a) providing clear guidance on the path to achieve organizational goals,

(b) eliminating barriers to performance, and (c) recognizing and rewarding employees for attaining performance goals (Szilagyi & Sims Jr., 1974). The core tenets of path-goal leadership theory are used to examine the behaviors of the following leadership styles: (a) directive leadership, (b) supportive leadership, (c) achievement-oriented leadership, and (d) participative leadership (Boone, 2019). Path-goal leadership theory supports an examination of leadership styles, leadership behaviors, productivity, organizational performance and outcomes, and employee job satisfaction (Schriesheim & Neider, 1996). Hence, path-goal leadership theory was an appropriate model to support a closer examination of the relationship between leadership effectiveness and employee job satisfaction and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating.

Herzberg's motivation-hygiene theory (1959), also referred to as *two-factor theory*, is based on Frederick Herzberg's seminal work. The core tenets of Herzberg's motivation-hygiene theory are used to theorize that key job factors contribute to employee attitudes toward job satisfaction or dissatisfaction (Herzberg, 1966). Hygiene job factors that lead to job dissatisfaction include (a) organizational policies and practices, (b) salary, (c) relationship with supervisor, and (d) interpersonal relationships. Motivation job factors that lead to job satisfaction include (a) meaningful work, (b) opportunities for advancement, (c) personal development and growth, (d) sense of achievement, and (e) recognition. Herzberg's motivation-hygiene theory supports employee job satisfaction, leadership style, and employee turnover in this study (Amiri et al., 2017). Furthermore, Jarupathirun and De Gennaro (2018) demonstrated that job

satisfaction contributes to employee turnover intentions. Hence, Herzberg's motivation-hygiene theory is an appropriate model to support a closer examination of the relationship between leadership effectiveness and employee job satisfaction and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating.

### **Representative Literature Review**

The purpose of this quantitative ex post facto research study was to examine the relationship between leadership effectiveness and employee job satisfaction and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating. The goal of this literature review is to provide critical analysis and synthesis of the relevant empirical literature grounded in the theoretical framework to address the business problem of this study.

The literature review consisted of peer-reviewed journal articles, books, and dissertations. The primary sections include literature review search strategy, theoretical framework, review of the literature, and summation and conclusion. Within the primary section of the literature review, I describe the concepts of leadership, present theoretical foundations, and explain various leadership styles. Finally, I address the linkage between leadership effectiveness and employee job satisfaction and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating.

I reviewed literature using various databases in the Walden University library, including ABI/Inform Complete, Academic Search Complete, Business Source

Complete, Theses at Walden University, eBook Collection (EBSCOhost), Google Scholar, Sage Journals Online, Sage Research Methods, PsycInfo, and ProQuest Psychology Journals. Both the professional and academic literature review consisted of sourced materials comprised of peer-reviewed journals, seminal sources, and other academic literature. Several search terms were used: *leadership*, *leadership effectiveness*, *path-goal leadership theory*, *Herzberg's motivational-hygiene theory*, *two-factor leadership theory*, *organizational performance*, *organizational performance in healthcare*, *employee turnover*, *employee job satisfaction*, *patient satisfaction*, *Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)*, *challenges to the path-goal theory*, *challenges to Herzberg's motivational-hygiene theory*, *servant leadership theory*, *full-range leadership theory*, *transformational leadership*, *transactional leadership*, and *situational leadership theory*.

## **Leadership**

Leadership is a broad and complex area of study. A lack of consensus exists on the conceptual definition of leadership. Silva (2016) conceded that a consensus does not exist on the definition of *leadership*. Despite the lack of an agreement on the definition of leadership, common themes exist when describing leadership: (a) the art of leadership encompasses the ability to influence others, (b) leadership is a method, (c) leadership engages a group of individuals, and (d) leadership identifies, establishes, and rallies a group of individuals around a shared or common goal (Northouse, 2018). Based on the common tenets of leadership, the need to advance information and knowledge on the

impact of leadership is essential to businesses to increase the likelihood of organizational success in achieving established goals and objectives.

Leadership plays a pivotal role in nearly every aspect of organizational success. Continued interest in the study of leadership, leadership styles, and leadership behaviors is evident based on the various theoretical frameworks and subsequent findings on the influence, impact, and importance of leadership (Northouse, 2018). Research into the study of leadership continues to underscore the importance of the influencing factor that effective leaders have on individuals and teams in achieving organizational performance and success (Ceri-Booms et al., 2017). The codependent relationship between effective leaders and followers emphasizes the dynamics between the importance of the leader and follower relationship toward organizational performance and the degree of success (Manning & Robertson, 2016). Effective leadership is essential in motivating followers and leveraging individual talents in the completion of duties necessary to successfully meet the objectives of a shared organizational or business goal.

### **Path-Goal Leadership Theory**

Path-goal leadership theory by House and Evans (1971) served as one of the core theories in support of this study; the theory was later extended and revised by House and Mitchell (1974). The key concept of path-goal leadership theory is that leaders can influence employee performance, employee job satisfaction, and employee engagement by (a) providing clear guidance on the path to achieve organizational goals, (b) eliminating barriers to performance, and (c) recognizing and rewarding employees for attaining performance goals (Szilagyi & Sims Jr., 1974). The core tenets of path-goal



leadership theory are used to examine the following leadership behaviors: (a) directive leadership, (b) supportive leadership, (c) achievement-oriented leadership, and (d) participative leadership (Boone, 2019). Path-goal leadership theory supports an examination of leadership styles, leadership behaviors, productivity, organizational performance and outcomes, and employee job satisfaction (Schriesheim & Neider, 1996). Figure 1 illustrates the path-goal leadership theory behaviors. Figure 2 provides an illustration summarizing the relationship between leader behaviors, contingency factors, and subordinates' behaviors in path-goal leadership theory (House & Mitchell, 1975, p. 9). Path-goal leadership theory was an appropriate model to support a closer examination of the relationship between leadership effectiveness and employee job satisfaction and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating.

**Figure 1**

*Path-Goal Leadership Theory Behaviors*



**Figure 2**

*House and Mitchell (1975) Summary of Path-Goal Leadership Theory Relationship*

Leader Behavior	and	Contingency Factors	cause	Subordinate Attitudes and Behavior
1. Directive		1. Subordinate Characteristics Authoritarianism Locus of Control Ability	influence	Personal Perceptions
2. Supportive				
3. Achievement Oriented		2. Environmental Factors The Task Formal Authority System Primary Work Group	influence	Motivational Stimuli Constraints Rewards
4. Participative				
				1. Job Satisfaction Job → Rewards
				2. Acceptance of Leader Leader → Rewards
				3. Motivational Behavior Effort → Performance Performance → Rewards

***Directive Leadership***

Directive leadership provides subordinates with the necessary support needed by providing feedback on work tasks or activities, explaining requirements of performance expectations, outlining steps for completing tasks or activities, and prescribing agreed-upon timelines (Cote, 2017).

***Supportive Leadership***

Supportive leadership focuses on leader behaviors, style, and interactions with subordinates in an open and friendly manner to address the subordinates' needs (Cote, 2017).

***Achievement-Oriented Leadership***

Achievement-oriented leadership focuses on leader behaviors geared toward strongly encouraging subordinates to define performance goals, identify opportunities for continuous improvement to stimulate and promote individual growth, and to aid in the development of subordinates' attitudes and confidence in building standards in achieving performance excellence (Cote, 2017).

***Participative Leadership***

Participative leadership focuses on engaging subordinates to obtain feedback, share ideas, promote collaboration and teamwork, and provide input into decision making.

Effective leadership, independent of industry, consists of an environment in which leaders cultivate an environment built on trust, equity, two-way communication, clearly defined goals, and support. Such an environment increases employee satisfaction, which

in turn improves organizational performance. Asamani et al. (2016) conducted a quantitative study and illustrated satisfaction and performance improvements among nurses and nurse leaders based on the introduction and application of leadership behaviors of path-goal leadership theory. The researchers examined the relationship between nurse leadership styles and the outcomes or performance of their staff (Asamani et al., 2016). The research study consisted of a sample size of 273 nursing personnel spanning five healthcare organizations located in the eastern region of Ghana (Asamani et al., 2016). Asamani et al. indicated that the dominant leadership style or behaviors exhibited included supportive leadership, followed by achievement-oriented leadership, and then participative leadership. Independent of industry, leaders who apply the principles of path-goal leadership theory provide clear goals for employees, outline how to successfully achieve goals, assist in the elimination of barriers, and support employees in achieving goals and enhancing performance. The findings of Asamani et al.'s study revealed that the leadership style of nursing leaders influenced 29% of the nursing staff's job satisfaction. Furthermore, the findings highlighted a nearly 30% opportunity to improve overall job satisfaction among nursing staff, thus reducing the likelihood of employee intent to leave and increasing job performance. Overall, Asamani et al.'s study illustrated the influence of leadership styles and leader behaviors on employee job satisfaction, which impacts job performance.

### **Herzberg's Motivation-Hygiene Theory**

The motivation-hygiene theory (1959) by Frederick Herzberg serves as the second core theory in support of this study. Herzberg's motivation-hygiene theory (1959) also

referred to as the two-factor theory, focuses on job satisfaction, which includes identifying the factors that influence employees' attitudes about their work. The core tenets of Herzberg's motivation-hygiene theory theorized that key job factors contribute to employee's attitudes towards job satisfaction or dissatisfaction (Herzberg, 1966). Furthermore, the motivation-hygiene theory classifies the factors that impact job satisfaction into two categories: motivator factors and hygiene factors. Therefore, leaders' ability to effectively decrease hygiene dissatisfier factors can increase the level of satisfaction among their staff.

Leaders establish the tone and define the culture of the organization through their behaviors and the daily demonstration of the organization's values in action. Hygiene job factors that lead to job dissatisfaction include the following: (a) organizational policies and practices, (b) salary, (c) relationship with supervisor, (d) interpersonal relationships, and (e) work conditions (Alshmemri et al., 2017). Motivation job factors that lead to job satisfaction include the following: (a) meaningful work, (b) opportunities for advancement, (c) personal development and growth, (d) sense of achievement, and (e) recognition (Alshmemri et al., 2017). According to Irwan (2018), a direct correlation exists between positive employee motivation and employee performance. Therefore, effective leadership focused on improving factors geared toward employee motivation will result in significant improvements in organizational performance and success (Putri, 2018). Hence, leadership behaviors and practices that support a work environment where employees feel valued, have an opportunity for career personal growth and development,

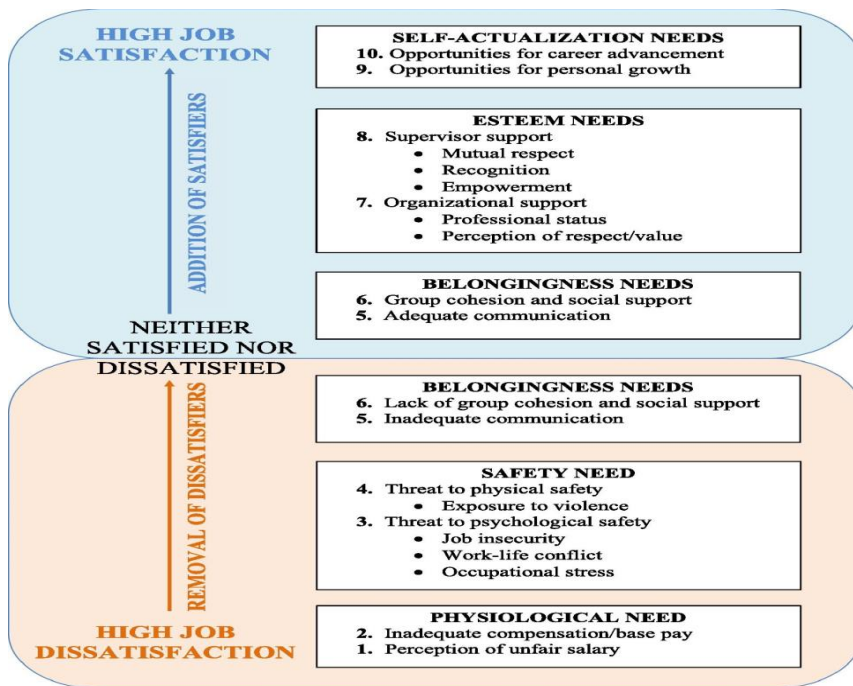
and whose work provides them with a sense of meaning and achievement will most likely increase performance towards achieving organizational goals and objectives.

Future theorists often build upon or expand existing theories in the formation of a new or enhanced approach that may result in the creation of a new or modernized theory. Maslow's hierarchy of needs influenced Herzberg's motivation-hygiene theory (1959). Figure 3 illustrates the factors of Herzberg's motivation-hygiene theory in relation to Maslow's hierarchy of needs (Staempfli & Lamarche, 2020). A review of the literature found that research studies based on the theoretical framework of Herzberg's motivation-hygiene theory (1959) are commonly conducted within the healthcare industry or among healthcare professionals (Alshmemri et al., 2017). One such study conducted by Amiri et al. (2017) examined job satisfaction and dissatisfaction factors affecting employee performance and productivity. Amiri et al. (2017) study posited that organizations should focus on implementing policies and practices that aim to improve motivator factors to increase overall job satisfaction. Moreover, job satisfaction and leadership style are both examples of variables that relate to Herzberg's theory that influences an employee's attitude towards their job. Irwan's (2018) research found that motivation factors have a direct positive correlation to employees' job performance; therefore, employers or leaders who focus on motivation factors can in turn improve overall performance. Hence the Herzberg's motivation-hygiene theory is an appropriate model to support a closer examination of the relationship between leadership effectiveness, employee job satisfaction, and organizational performance as measured by employee turnover

percentage, revenue growth year over year, and patient satisfaction rating as part of this study.

**Figure 3**

*Staempfli and Lamarche's (2020) Illustration Depicting Herzberg's Motivation-Hygiene Theory in relation to Maslow's Hierarchy of Needs*



### Alternative Leadership Theories

The examination of other complementary theories is beneficial to understand the similarities and alternatives views in the examination of the relationship between leadership effectiveness, employee job satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating. A review of the literature of complementary theories to House and Evan's path-goal leadership theory (1974) and Herzberg's motivation-hygiene theory

(1959) includes (a) full-range leadership theory, (b) servant leadership theory, and (c) situational leadership theory.

### ***Full-Range Leadership Theory***

A complementary theory to the House and Evan's path-goal leadership theory and Herzberg's motivation-hygiene theory in the examination of the influence of leadership styles or behaviors in the analysis of the relationship between leadership effectiveness, employee satisfaction, and organizational performance is the full-range leadership theory by Bass (1995), which was later expanded upon by Bass and Avolio (1990). While the transformational leadership style is one of the most reviewed frameworks or models of the full-range leadership theory in recent research studies on leadership, transformational leadership is only one of the three leadership styles that comprise the full-range leadership theory (Guy, 2018). In addition to transformational leadership, the core tenets of the full-range leadership theory (FRLT) examine the behaviors associated with transformational leadership and laissez-faire leadership (Avolio et al., 1999). Furthermore, Bass and Avolio identified the following key constructs underlying FRLT: (a) idealized attributes, (b) idealized behaviors, (c) intellectual stimulation, (d) inspirational motivation, (e) individualized consideration, (f) contingent rewards, (g) management-by-exception active, (h) management-by-exception passive, and (i) non-transactional laissez-faire (Antonakis et al., 2003).

Within the context of leadership, the continuous review and modernization of various leadership theories help to expand the available knowledge on a specific theory to address a business problem or opportunity for improvement. The expansion by Bass and



Avolio (2004) of the constructs of the full-range leadership theory not only modernized the research, but it also elevated the discussion on different styles and associated behaviors of leadership. Table 1 is a summation of the leadership styles and factors of FRLT. The theoretical framework of FRLT supports a thorough examination of the full range of leadership styles and behaviors (Richter et al., 2016). Hence FRLT is an appropriate model to support a closer examination of the relationship between healthcare middle managers' leadership styles (transformational, transactional, and laissez-faire) and organizational performance as measured by employee turnover percentage, employee overall satisfaction rating, and patient satisfaction rating as part of this study.

**Table 1**

*Full-Range Leadership Theory – Leadership Styles and Factors*

Leadership styles	Associated leadership style factors
Transformational leadership	Idealized influence – Attributed factor Idealized influence – Behavior factor Inspirational motivation factor Intellectual stimulation factor Individual consideration factor
Transactional leadership	Contingent reward factor Management by exception – Active factor Management by exception – Passive factor
Laissez-faire leadership	No associated factors

Within a hospital setting, the lack of effective leadership can adversely impact the level of performance, ranging from quality of services, employee engagement, and the ability to achieve desired goals and objectives. Spinelli's (2006) quantitative research study examined the applicability of the seminal work by Bass (1985) on the leadership theory to include the model of transformational, transactional, and laissez-faire leadership

styles within the scope of hospital administrative environment. The purpose of the study was to examine within the hospital administrative environment the relationship of leadership behaviors to subordinate managers' perception of outcomes through the lens of Bass (1985) model of transformational, transactional, and laissez-faire leadership styles.

Spinelli (2006) utilized the Multifactor Leadership Questionnaire - Form 5 (MLQ-5X) to examine leadership behaviors of healthcare CEOs and subordinate managers' extra effort, satisfaction with the leader, and perception of leader effectiveness. As noted by Avolio and Bass (2004), the MLQ-5X is a validated instrument utilized in the data collection of behaviors and characteristics of leadership styles based on the full range leadership model, which consists of transformational, transactional, and laissez-faire leadership styles. Although the MLQ-5X is a standard instrument used to examine leadership behaviors, Tejeda's research study concluded that the psychometric properties of the MLQ resulted in varying research results (2001). Therefore, while the results of the research indicated that a relationship exists between leadership styles and performance outcomes, additional research is warranted to increase the understanding of what factors contributes to effective leadership to identify, define, and develop management competencies to increase the likelihood of replicating and achieving outcomes demonstrative of leadership effectiveness in other organizations (Spinelli, 2006).

### ***Servant Leadership Theory***

Servant leadership is a modern leadership theory that has observed in practice in various industries. Servant leadership theory by Robert Greenleaf (1970) complements

House and Evan's path-goal leadership theory and Herzberg's motivation-hygiene theory in the examination of the influence of leadership styles or behaviors in analyzing the relationship between leadership effectiveness, employee satisfaction, and organizational performance. The core tenet servant leadership is that practitioners of servant leadership fervently believe in putting the needs of their employees and stakeholders first (Hoch et al., 2018). Servant leaders believe that the act of investing in the development and growth of their employees or others first results in establishing trust and connectedness, which motivates employees in the achievement of organizational goals (Hoch et al., 2018). There are ten principles of the servant leadership theory, which includes: (a) listening, (b) empathy, (c) healing, (d) awareness, (e) persuasion, (f) conceptualization, (g) foresight, (h) stewardship, (i) commitment to the growth of others, and (j) building community (Hoch et al., 2018). Table 2 is the summation of the principles of the servant leadership theory.

**Table 2***10 Principles of Servant Leadership Theory*

Principle name	Principle description
Listening	Active and attentive listening to subordinates
Empathy	Ability to recognize and understand the feelings of others to promote a sense of connectedness
Healing	Focus on the holistic well-being of subordinates
Awareness	Taking a keen interest in subordinates to support and aid in their development and growth
Persuasion	Ability to influence others in achieving goals
Conceptualization	Big-picture or strategic planning
Foresight	Apply lessons learned to enhance the likelihood of positive future outcomes
Stewardship	Leader activities build trust, commitment, and focus on social awareness and responsibility
Commitment to the growth of others	Commitment to the personal growth and development of others
Building community	Develop communities of shared interests and tasks within the organization

The introduction and scrutiny of new leadership theories or models benefit from the comparative evaluation of existing, highly researched leadership theories.

Washington (2007) research study examined the relationships between the theories of servant leadership, transformational leadership, and transactional leadership styles. The research study aimed to encourage additional support for servant leadership theory by analyzing the relationship between servant leadership style and transformation leadership styles that are more widely recognized and researched. Additionally, while not in-depth, the researcher conducted a cursory review of the relationship between servant leadership and laissez-faire leadership style, which is the third leadership style identified as part of

Bass's (1985) leadership theory or model (Washington, 2007). The research design was a quantitative research study that utilized the following two instruments to measure and analyze collected data: (a) Liden et al. (2005) 28-item servant leadership instrument, and (b) Avolio and Bass' (2004) Multifactor Leadership Questionnaire (MLQ—Form 5X) to measure transformational, transactional, and laissez-faire leadership styles (Washington, 2007). The research population consisted of 473 research participants spanning five diverse industries, which included daycare, community foundation, newspaper, and municipal public works facilities, located within the Southern United States (Washington, 2007). The research indicated a complementary, non-competing relationship exists between servant leadership and transformational leadership styles. However, the researcher proposes additional and more in-depth research to advance the understanding and linkage between "people-focused" theories and *organizational-focused* theories (Washington, 2007, p. 6). Servant leadership theory, path-goal leadership theory, and motivation-hygiene theory are examples of theories that focus on people or subordinates, whereas transformational leadership theory focuses on organization.

### ***Situational Leadership Theory***

Another complementary theory to the House and Evan's path-goal leadership theory and Herzberg's motivation-hygiene theory in the examination of the relationship between leadership effectiveness, employee satisfaction, and organizational performance is the situational leadership theory. Paul Hersey and Kenneth Blanchard authored the situational leadership theory in 1972. The foundational principle of the situational leadership theory is that there is not a single leadership style that fits every situation and

that leaders must adapt their response and approach in response to the situation (Campbell, 2018). The situational leadership theory consists of two dimensions: (a) dimension 1, which encompasses leadership approaches regarding task behaviors and relationship behaviors, and (b) dimension 2, which classifies followers or subordinates maturity level (Campbell, 2020). Table 3 maps the leadership style to the follower maturity level as part of the situational leadership theory or model.

The four leadership behaviors within dimension 1 (D1) of the situational leadership model include: telling, selling, participating, and delegating (Campbell, 2020). Telling or director (S1) leadership style describes a directive leadership approach whereby the leader prescribes the actions to be completed by his/her subordinates. Additionally, the leader maintains the sole decision-making authority when practicing this style of leadership or behavior (Campbell, 2020). Selling or coaching (S2) leadership style maintains decision-making authority, in the selling leadership approach, the leader employs the art of persuasion to garner buy-in and support from subordinates (Campbell, 2020). Participating or supporting (S3) leadership style encompasses a shared responsibility and collaboration between leader and follower in making decisions (Campbell, 2020). Under delegating, although the leader maintains oversight when operating in delegating leadership style, leaders give decision-making rights and responsibilities to their team (Campbell, 2020).

The four follower level of maturity within Dimension 2 (D2) of the situational leadership model which assesses the followers' or subordinates' ability, commitment, and level of confidence to complete tasks include (a) Maturity level 1 or M1, low competence

and low commitment; (b) maturity level 2 or M2, low competence but high commitment; (c) Maturity level 3 or M3, high competence, but low commitment and confidence; and (d) Maturity level 4 or M4, high competence and high commitment and confidence (Campbell, 2020).

**Table 3**

*Situational Leadership Theory: Leader Style to Follower Maturity Mapping*

Leadership style	Follower maturity
S1 Telling or director	Level 1 (M1)
S2 Selling or coaching	Level 2 (M2)
S3 Participating or supporting	Level 3 (M3)
S4 Delegating	Level 4 (M4)

### **Organizational Performance Within the Healthcare Industry**

Organizational performance is one of the key contributing factors that predict the viability and success of an organization; however, a review of the literature does not provide a concise definition of the constructs of organizational performance. Earlier definitions of organizational performance limited the scope to financial performance indicators, however, as noted by Richard et al. (2009) leveraging the concept of organizational effectiveness expands the scope of how businesses or organizations measure performance by leveraging a balanced scored methodology to include customer service, employee satisfaction, quality improvement and other performance metrics (Richard et al., 2009). Singh et al., (2016) defined organizational performance as the continuous process by which organizations assess, monitor, and review the financial and

non-financial performance in support of established organizational strategic goals and objectives. Furthermore, Allen and Helms (2002) posited that organizational performance could be defined to include variables that encompass overall performance and success metrics in comparison to market competition, as indicated by organizational leaders and industry standards. Therefore, organizational performance, as defined within this study, includes employee turnover percentage, revenue growth year over year, and patient satisfaction rating.

Effective leadership has a direct impact on the performance of organizations. Liu and van Dooren (2015) conducted a comparative case study using a mix-method research design to explore how to measure leaders' impact on organizational performance. The researchers' mix-method included documentation research, interview, and observations as part of the qualitative aspect of the data collection. Additionally, the researchers employed a quantitative research design element utilizing the Organizational Citizenship Behavior instrument to test its hypothesis and measure the organizational performance to understand further the linkage and impact of leadership and organizational performance. The findings from Liu and van Dooren (2015) case study found evidence that supported a relationship exists between leadership and organizational performance. Moreover, the data analysis from the quantitative aspect of the case study utilizing the Organizational Citizenship Behavior instruments indicated substantial implications that support their proposition of demonstrative linkage of a leader's impact on the performance of the organization (Liu & van Dooren, 2015). While the research findings based on the Organizational Citizenship Behavior instrument indicated a relationship exists between



leadership and organizational performance, the MLQ instrument explains between 45% to 60% of the variance in organizational performance (Avolio & Bass, 2004). This research may be beneficial to most businesses to identify and expand the organizational knowledge of how their respective leaders within their organization impact and influence organizational performance about achieving stated and objectives.

### ***Employee Turnover***

Employee turnover is an essential metric in the assessment of organizational performance. Employee turnover represents the percentage of employees who voluntarily or involuntarily leave an organization and replaced within the organization's performance or plan year (Dixon & Hart, 2010). As noted by Hultman (2019), employee turnover is very costly for businesses as costs could range from "20% to 150% of an employee's annual salary" (p. 180). Various leadership styles to include path-goal leadership, transformational leadership, and authentic leadership among others demonstrate the relationship and influence of leaders on creating a work environment that may increase job satisfaction and reduce the likelihood of employee turnover (Dixon & Hart, 2010; Gyensare et al., 2016; Oh & Oh, 2017). Therefore, leadership behaviors are essential in establishing a work environment that enables employees to be successful.

Leaders whose behaviors are genuine or authentic are more likely to influence employees' turnover intentions positively. Oh and Oh (2017) research examined authentic leadership style and employee turnover intention. The purpose of this quantitative research study was two-fold: (a) to understand whether authentic leadership behaviors negatively influence employees' turnover intention as a result of increasing

employees levels of affective commitment, and (b) to assess the impact of whether the size of an organization serves to as guardrail or boundary condition to mediate the effects of affective commitment about authentic leadership and employee turnover intentions (Oh & Oh, 2017). Leaders and followers who operate, interact genuinely have a high degree of self-awareness, self-esteem, and confidence, which contributes to the leader and follower performance (Leroy et al., 2015). The research consisted of 375 participants from seven different manufacturing firms located in the Seoul Capital Area in South Korea (Oh & Oh, 2017). The researchers utilized the Authentic Leadership Inventory (ALI) instrument, which was developed by Neider and Schriesheim, to collect the necessary data to conduct confirmatory factor analysis (CFA) to examine the relationship between authentic leadership style and employee turnover intention (Oh & Oh, 2017). The results of the research supported the hypothesis that employees believe that their leaders are authentic demonstrates higher degrees of affective commitment towards their employer; therefore, their turnover intentions are reduced (Oh & Oh, 2017). Additionally, about organization size as the mediating factor, the researchers found that the environment of smaller organizations is more conducive to the effects of authentic leadership in employee retention efforts (Oh & Oh, 2017).

Similar to the authentic leadership, leaders who exhibit behaviors attributed to transformational leadership styles can garner a higher degree of employee commitment, therefore, increasing employee retention. Gyensare et al. (2016) research examined the transformational leadership style and employee turnover intention. The purpose of this quantitative research study was to examine the impact of transformation leadership

behaviors or style on employee turnover intention when supported by affective commitment (Gyensare et al., 2016). Transformational leadership behaviors significantly influence employee satisfaction and intention to leave an organization (Shabane et al., 2017), which is essential as replacement costs related to employee turnover adversely affect organizational performance. The research consisted of responses from 340 participants from 13 Ghanaian SLCs located in the Greater Accra and Ashanti regions (Gyensare et al., 2016). The researchers utilized the multifactor leadership questionnaire form 5 (MLQ-5X) instrument, which was developed by Avolio and Bass, to collect the necessary data to conduct a confirmatory factor analysis (CFA) to examine the relationship between transformational leadership style and employee turnover intention (Gyensare et al., 2016). Unlike previous research findings, the results of this research study found an indirect relationship existed between transformational leadership style and employee turnover intention through the lens of affective commitment as a mediator variable (Gyensare et al., 2016). The researchers recommended that business investment in leadership coaching and training efforts to increase transformational leadership behaviors would yield a positive return on investment as measured by the decrease in employee turnover and increase in employee organizational commitment and performance (Gyensare et al., 2016).

Employees who are highly satisfied with their job are less likely to leave their employers. Lee et al. (2017) research examined the relationship between job satisfaction factors and turnover intention among early-career employees. The purpose of the research was to study how factors related to job satisfaction influence early-career employee's

intent to resign from their job. The targeted population included early-career employees located in the Shandong Province, Shanghai, and Jiangsu Province of China working in the following industries: (a) communication services, (b) petrochemical processing, and (c) manufacturing industry (Lee et al., 2017). Using a stratified random sampling method as part of this quantitative research study, the researchers collected data from 418 participants using a Likert questionnaire (Lee et al., 2017). The findings from the study indicated that developing and implementing processes that would lead to improved job satisfaction would enable leaders to more effectively control and decrease the likelihood of turnover intentions of early-career employees, which is demonstrative of the influence of leadership effectiveness towards organizational performance (Lee et al., 2017).

### ***Financial Performance***

Financial performance or health is another crucial metric that contributes to measuring organizational performance. Not only are the results of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey critical to assessing the patient's perception of quality and level of satisfaction of the hospital experience, but the Centers for Medicare and Medicaid Services also uses the results in the calculation of the hospital's reimbursement, which can directly impact the financial performance of the organization (McFarland et al., 2017). Several factors influence the financial performance of healthcare organizations, which include patient satisfaction results, patient safety, quality performance, and competition related to a shrinking market share.

The two primary drivers by which healthcare organizations generate revenue include reimbursement for the rendering of direct patient care, and through sales of

indirect patient care services. A hospital primarily generates revenue based on payments received based on rendering healthcare-related services (Sacarny, 2018). Alternative sources of revenue include income from indirect service lines, for example, cafeteria services, gift shops, sale of support services, which may consist of information technology support services, or other retail services (Sacarny, 2018). Financial performance is vital to the healthcare organization's ability to carry out its core mission, which is to impact the health of the patient population served positively. As part of this study, financial performance will be evaluated based on the hospital's revenue growth year over year.

### ***Patient Satisfaction and HCAHPS***

Patient satisfaction is one of the most important measures of organizational performance in healthcare organizations. Patient satisfaction is an indicator of the level of satisfaction that a patient has with quality of treatment in services received from their healthcare provider or the healthcare organization for which services were rendered based on measures from the HCAHPS survey (Mazurenko et al., 2017). The HCAHPS survey uses a standardized instrument and methodology to capture data to assess the patient's perception of quality and satisfaction level with the care received in hospital settings, which is publicly available to healthcare consumers (McFarland et al., 2017). The HCAHPS survey consists of 29 questions that focus on various aspects encompassing the total hospital experience ranging from communication with nurses and doctors to cleanliness of the environment to overall rating of hospital experience (McFarland et al., 2017).

Understanding factors that increase patient satisfaction results are essential to improving organizational performance. Mazurenko et al. (2017) research examined patient satisfaction predictors as measured by the HCAHPS. The purpose of the research study aimed to show a relation between HCAHPS characteristics and patient satisfaction results through the examination of available peer-reviewed literature. This quantitative research study used the “Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines” methodology (p. 274). The review of available peer-reviewed literature spanned from January 2007 to February 2015, which resulted in the identification and inclusion of 41 peer-reviewed studies (p. 272). The research indicated several key predictors associated with patient satisfaction. The researchers grouped the predictors of the study into three categories: (a) patient level, (b) hospital level, and (c) market level. For example, the patient’s perception of effective pain management indicates a strong relationship with patient satisfaction on both the patient and the hospital level. Effective pain management resulted in higher patient satisfaction ratings on the HCAHPS survey; whereas, inadequate pain management resulted in lower patient satisfaction (Mazurenko et al., 2017). Since patient satisfaction results as measured by HCAHPS impacts hospital reimbursement, the practical implications of this study provide hospital leadership with key predictors and areas of focus to improve patient satisfaction (Mazurenko et al., 2017). The adoption and implementation of best practices that contribute to improvements in patient satisfaction results translate to improved organizational performance.

Changes in healthcare organizations reimbursement models that rely on patient satisfaction performance results from the (HCAHPS) survey continue to drive organizational performance focus towards improving the patient experience. Carter and Silverman (2016) conducted research to study how the utilization of the (HCAHPS) data can result in improved patient care quality within a hospital setting. The purpose of this research study was two-fold: (a) provide a mechanism by which hospital leadership can increase reimbursement as part of the value-based purchasing through a greater understanding of the use of HCAHPS patient experience survey results in the calculation of hospital reimbursements, and (b) analyze and identify predictors of patient care dimensions that have a significant impact on overall patient satisfaction results as measure by HCAHPS and reimbursement (Carter & Silverman, 2016). The researchers used a quantitative research design and secondary published data from the Centers for Medicare and Medicaid Services. The researchers conducted correlation and regression analysis of available raw data from 2,984 hospitals to highlight the relationship between the raw scores and patient satisfaction (Carter & Silverman, 2016). As part of the data analysis, the researchers conducted a Pareto analysis test to determine and identify how each domain within the HCAHPS survey influences patient satisfaction results (Carter & Silverman, 2016). Using a stepwise regression technique, the most significant finding based on this study indicated that the Nursing Communications domain within the HCAHPS survey accounts for “75% of the variance” about patient satisfaction results (Carter & Silverman, 2016, p. 974). The results of this survey are essential for hospital administrators as it highlights key areas of focus and opportunities for improvement

based on influential factors or predictors of patient satisfaction results as measured by the HCAHPS survey to improve patient satisfaction and in turn improve the hospital financial bottom line as measured by increased reimbursements.

Nurses can significantly influence the patient experience within a hospital setting. McCay et al. (2018) conducted a systematic review of available literature on nursing leadership style, nurse satisfaction, and patient satisfaction. The purpose of this research study was to enhance the understanding of the relational impact between nurse leadership styles and behaviors on nurse and patient satisfaction levels. The research study used a quantitative research design. The researchers identified peer-reviewed studies based on a search of Cochrane Library, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PubMed using the following search terms: (a) *nurse leadership and patient satisfaction*, and (b) *nurse leadership and staff satisfaction* (McCay et al., 2018, p. 363). The exhaustive search of the available literature identified over 1357 articles; however, based on the use of the inclusion criteria, only 14 articles were included as part of this study (McCay et al., 2018). The inclusion criteria included: (a) peer-reviewed articles, (b) articles must have been written in English, (c) the targeted population must have included acute care hospital, (d) use of a quantitative research design methodology, (e) the research must have been focused on the examination or study of the relationship between nurse leadership and patient and nurse satisfaction, and (f) published between January 2009 and September 2016 (McCay et al., 2018). The research findings indicated that a relationship exists between leadership style and behaviors on nursing satisfaction and identified a nurse satisfaction relationship on



patient satisfaction. However, the researchers identified that further longitudinal study is warranted to enhance available knowledge and increase the depth of understanding of leadership styles and appropriate strategies in the improvement of organizational outcomes within the healthcare setting.

The literature indicates that the concept of organizational performance is inconsistent. While earlier definitions of organizational performance limited the scope of organizational performance primarily to financial performance indicators, additional research on organization performance broadens the scope of business key performance indicators or measurements based on an organizational-defined balanced scored methodology to include customer service, employee satisfaction, quality improvement and other performance metrics (Richard et al., 2009). As part of this study, the concept of organizational performance included three subthemes to measure the key performance of healthcare organizations: (a) employee turnover percentage, (b) revenue growth year over year, and (c) patient satisfaction rating. These three subthemes, or key performance indicators of organizational performance, as defined as part of this study, are measured by healthcare organizations to gauge organizational success. Finally, while the literature differs on which leadership style employed is most effective, the literature indicated that the effectiveness of leadership and employee satisfaction directly impacts organizational performance (Manning, 2016).

### **Transition**

In this section, I described historical background, the organizational context, problem statement, the purpose of the research study, target audience, research question

and hypothesis, the significance of the study, outlined the theoretical framework, and conducted a review of the literature. Radical changes within the healthcare landscape have resulted in swift changes in the focus of various key performance indicators to improve organizational performance beginning with the recognition that effective leadership is pivotal to achieving and maintaining success. The specific business problem is some healthcare leaders lack understanding of the relationships between leadership effectiveness, employee job satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating. The purpose of this quantitative ex post facto research study is to examine the relationship between leadership effectiveness, employee job satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating.

Additionally, within this section, a thorough review of the literature on organizational performance of healthcare organizations as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating was presented to address the research question. For the proposed secondary data analysis, House and Evan's path-goal leadership theory (1974) and Herzberg's motivation-hygiene theory (1959) provided a theoretical framework. Both frameworks offer insight into the relationship between leadership effectiveness, employee job satisfaction, and organizational performance. This research study is significant to the business practices of healthcare organizations in that it may identify evidence-based leadership competencies to improve organizational performance based on a better understanding of the

relationship between effective leadership behaviors, employee job satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating. Section 2 includes the research method and design, and Section 3 will consist of the research deliverable or presentation of findings.

## Section 2: Project Design and Process

The focus of this ex post facto study was to examine the relationship between leadership effectiveness and employee job satisfaction and organizational performance, as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating, within the healthcare industry. I used data sets that were previously collected from XYZ Healthcare Network's organizational employee retention satisfaction survey to analyze employee perceptions of leadership effectiveness, employee satisfaction, and overall employee job satisfaction rating. I compared the body of literature on leadership effectiveness, employee job satisfaction, and organizational performance (as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating) to suggest future research.

### **Method and Design**

The research was a quantitative ex post facto study. A research method is selected based on the nature of the study, research question, and purpose of the research (Saunders et al., 2016). The selected research design for this study allowed me to examine the relationship between leadership effectiveness and employee job satisfaction and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating.

### **Method**

Three primary research design methodologies are used: (a) qualitative, (b) quantitative, and (c) mixed (Saunders et al., 2016). Qualitative research methods are best suited for research rooted in discovery, exploration, and idea generation to gain deeper

insights into the nature of phenomena through open-ended questions and observations (Parks & Parks, 2016; Saunders et al., 2016). Therefore, the qualitative methodology was not appropriate for this study, as I was not exploring phenomena through analysis of data from interviews, observations, or document reviews. Mixed-method research is a combination of approaches and techniques of both qualitative and quantitative research within a single research study using both numerical and textual data (Saunders et al., 2016). Therefore, the mixed methodology was not appropriate for this study because the purpose was to examine the relationship between variables using statistical analysis; I did not use interviews, observations, or document reviews, which are data collection methods used as part of qualitative research.

Quantitative research uses statistical data and hypotheses aimed at examining the relationships between independent and dependent variables (Parks & Parks, 2016). Subsequently, one of the disadvantages associated with the quantitative research method is that it often lacks the contextual depth or narrative related to the research problem (Yin, 2014). However, unlike qualitative research, the primary advantages of quantitative research are objectivity and the predictive nature of the methodology (Bloomfield & Fisher, 2019). Therefore, the quantitative method was the most appropriate method for this research study in which I examined the relationship between independent and dependent variables (Saunders et al., 2016).

### **Design**

The purpose of this quantitative ex post facto research study was to examine the relationship between leadership effectiveness and employee job satisfaction and

organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating. The overarching research question and hypotheses that guided the research study were:

RQ: Does a significant relationship exist between employee perceptions of leadership effectiveness and employee job satisfaction and organizational performance, as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating?

$H_01$ : There is no statistically significant relationship between leadership effectiveness and employee job satisfaction and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating.

$H_a1$ : There is a statistically significant relationship between leadership effectiveness and employee job satisfaction and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating.

This study was an ex post facto study (secondary data analysis) or *after-the-fact* research. The use of an ex post facto study methodology using secondary data analysis supports the examination of the relationship between variables leveraging existing data. Ex post facto research designs are the type of study in which examination and data analysis are conducted retrospectively without interference by the researcher. Ex post facto research is a conventional design in social research studies, which is an acceptable approach in the examination of cause-and-effect relationships among variables that are

not able to be manipulated (Salkind, 2010). Due to the nature of using previously collected data, the lack of control of the independent variables is a disadvantage of the ex post facto research design (Salkind, 2010). Despite this limitation, the advantages of conducting research using an ex post facto design include (a) the ex post facto design applies the same underlying logic of inquiry, (b) it is less time consuming as the researcher can use existing collected data to conduct research, and (c) it eliminates the requirement to enroll research participants associated with experimental research designs (Salkind, 2010).

I used data sets that were previously collected from the XYZ Healthcare Network's organizational employee retention satisfaction survey to analyze employee perceptions of leadership effectiveness, employee job satisfaction, and organizational performance. The independent variables, which were intervals scale of measurement, were leadership effectiveness and employee job satisfaction. The dependent variable was organizational performance (as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating) and classified as a ratio scale of measurement.

Reliability and validity are essential in data collection and analysis. Reliability is the consistency or repeatability of the measure, whereas validity refers to the accuracy of the measure. The reliability and validity of research is an outcome of the appropriate and correct measure tool as part of the data collection and analysis aspect of the research study, which is determined by the type of data or variables within the research (Mishra et al., 2018). Missing data, instrumentation, and testing errors can all adversely impact the

reliability and validity of a study (Mohajan, 2017). I used appropriate statistical testing to address these potential obstacles.

The data assumptions of this study were that (a) all data represented in the data set were truthful and not manipulated to achieve specific outcomes; (b) all data obtained as part this data set were obtained ethically; (c) secondary archival data were valid, credible, and reliable; and (d) outliers, linearity, normality, multicollinearity, and homoscedasticity are error-free. I addressed potential Type I or Type II errors resulting from critical assumptions, such as outliers, linearity, normality, multicollinearity, and homoscedasticity as follows: (a) Cronbach's alpha test of internal consistency was used to examine the reliability of the scales, (b) scatterplots were used to test linearity, (c) P-P scatterplot was used to test normality, (d) variance inflation factors (VIFs) were used to test multicollinearity, and (e) a residuals scatterplot was used to test homoscedasticity.

I used multiple linear regression to determine the relationships among the independent variables (leadership effectiveness and employee satisfaction) and the dependent variable (organization performance). Researchers use multiple linear regression to examine the relationship between a set of predictor variables and a numerical dependent variable (Sheposh, 2018). Moreover, multiple linear regression tests, which are not a predictor of cause and effect, are used in experimental and non-experimental research designs (Laureate Education, 2016c; Green & Salkind, 2017). Therefore, multiple regression testing is an appropriate statistical test to use for data analysis.

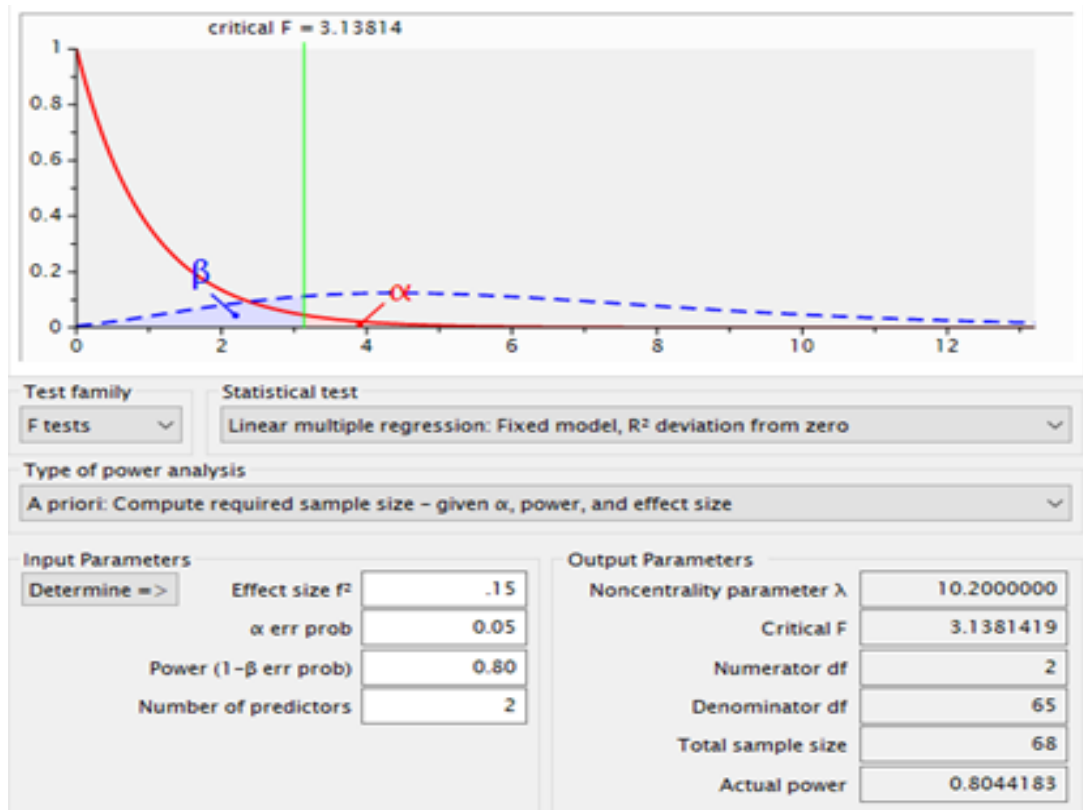


### Power Analysis

When sampling data for inferential statistics, it is necessary to collect data from an ample pool of participants. A power analysis was run in G\*Power 3.1.7 to calculate the minimum sample size requirement (Faul et al., 2014). The data analysis of my research will consist of multiple linear regressions with two predictors. I used a power of .80, a medium effect size ( $f^2 = .15$ ), and an alpha of .05 to determine the sample size requirements. As shown in Figure 4, a G\*Power analysis identified that a minimum of 68 participants would be sufficient for the data analysis.

**Figure 4**

*G\*Power Analysis With Multiple Linear Regression*



**Ethics**

At no time was any compensation received to complete any portion of this study. The archival data used as part of this study will not contain any personally identifiable information of any survey participants. Also, the use of a pseudonym, the XYZ Healthcare Network, will be used to protect the privacy and confidentiality of the participating facilities. While archival data will not contain personally identifiable information, the archival data collected and used as part of this study will be stored using an appropriate encryption storage media for a minimum of five years in accordance with the research compliance guidelines. Furthermore, I am functioning under the assumption that the data set obtained for use as part of this research study was ethical, and that survey participants were anonymous and voluntary. The information obtained from the study will advance research on leadership effectiveness, employee job satisfaction, and organization performance.

**Summary**

Section 2 of this doctoral study includes supporting rationalization for the appropriateness in the selection of a quantitative ex post facto research methodological design. In this section, I described the research method and design to address the research question. Specifically, I discussed the secondary data source and the data collection to be used as part of the research analysis. Furthermore, Section 2 includes statistical tests, sampling procedures, and ethical research protocols to safeguard the data and resource participants. In Section 3, I will present an executive summary as part of the deliverable, which includes quantitative data analysis with applicable graphs and figures, and

presentation of research findings and conclusions. Additionally, in Section 3, I will provide recommendations for action, communication plan, social change implications, and skills and competencies.

### Section 3: The Deliverable

#### **Executive Summary**

##### **Overview of the Study**

The purpose of this quantitative ex post facto research study was to examine the relationship between leadership effectiveness and employee job satisfaction and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating. The independent variables were leadership effectiveness and employee satisfaction. The dependent variable was organizational performance of healthcare organizations in the state of Mississippi. A multiple linear regression analysis was used to determine if there was a statistically significant relationship between the variables.

A correlational design was the most appropriate quantitative research design for this study. I used archival data from the participating organization. Data included demographic variables including role classification and years of service. Organizational performance was the dependent variable pulled from the participating organization's employee retention satisfaction survey. I used a multiple regression analysis to determine if there was a relationship between leadership effectiveness and employee satisfaction and organizational performance within the healthcare industry. Information gathered from this study may identify evidence-based leadership competencies to improve organizational performance based on a better understanding of the relationship between effective leadership behaviors, employee job satisfaction, and organizational performance, as measured by employee turnover percentage, revenue growth year over

year, and patient satisfaction rating. The employee retention survey data were collected by the participating organization to serve as a tool to obtain feedback on employee perceptions on leadership effectiveness, employee onboarding, employee satisfaction, employee intent to leave, and overall organizational health.

### **Goals and Objectives**

The goal of this study was to determine if there is a relationship between leadership effectiveness, employee satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating. The participating organization's 2020 employee retention survey consisted of 86 employees surveyed in the 2020 employee retention satisfaction survey. I used archival data from the participating organization to perform a multiple linear regression analysis. The satisfaction survey study consists of a total of 18 questions asked to employees about the establishment of goals and objectives, leadership communication, overall leadership effectiveness, role clarity, training, overall job satisfaction, patient satisfaction focus, quality, employee intent to leave, financial health, and overall organizational performance and other metrics impacting employee work life. In this study, I used data specific to leadership effectiveness, employee satisfaction, and organizational performance. The satisfaction survey uses a 5-point rating system: 5 = *strongly agree*, 4 = *agree*, 3 = *neither agree nor disagree*, 2 = *disagree*, and 1 = *strongly disagree*. In this study, the researcher used the following questions to analyze the data: (a) Questions 1–7 were used to determine overall leadership effectiveness, (b) Questions 8–13 were used to determine overall employee satisfaction, and (c) Questions 14–18

were used to determine overall organizational performance. Furthermore, in the participating organization's employee retention satisfaction survey, the statement "I have confidence in the future of this organization and intend to stay" was used to determine turnover intention as a subtheme to organizational performance.

### **Overview of the Findings**

The purpose of this quantitative ex post facto research study was to examine the relationship between leadership effectiveness and employee job satisfaction and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating. A total of 91 participants participated in the organization's employee retention satisfaction survey. Five of these participants did not respond to a majority of the questionnaire and were removed from additional analysis. The final sample size consisted of 86 participants. A majority of participants classified their role as clinical (n = 65, 75.6%). Most participants had experience of less than 6 months (n = 24, 27.9%). Table 4 is a presentation of the descriptive statistics for the nominal-level variables.

**Table 4***Frequency Table for Nominal Variables*

Variable	n	%
Role classification		
Management	3	3.5
Non-clinical	12	14.0
Clinical	65	75.6
Other	15	17.4
Years of service		
Less than 6 months	24	27.9
6 months to 1 year	20	23.3
1-2 years	20	23.3
2-3 years	13	15.1
Greater than 3 years	9	10.5

*Note.* Percentages on role classification do not sum to 86 because participants could indicate multiple roles.

### **Presentation of Quantitative Analysis**

Frequencies and percentages were used to examine the nominal-level variables. A Cronbach's alpha test of internal consistency was used to examine the reliability of the scales. Means and standard deviations were used to examine the trends of the scales. A multiple linear regression was conducted to examine the relationship between leadership effectiveness, employee satisfaction, and organizational performance. Statistical significance was evaluated at the confidence level,  $\alpha = .05$ .

Cronbach's alpha test of internal consistency and reliability was used to analyze the survey scales: leadership effectiveness, employee satisfaction, and organizational performance. The strength of the alpha values interpretations used guidelines suggested by George and Mallery (2016), in which  $\alpha \geq .9$  *excellent*,  $\alpha \geq .8$  *good*,  $\alpha \geq .7$  *acceptable*,

$\alpha \geq .6$  *questionable*,  $\alpha \geq .5$  *poor*, and  $\alpha < .5$  *unacceptable*. All three scales had excellent reliability ( $\alpha \geq .90$ ). Table 5 is a presentation of the reliability statistics of the scales.

**Table 5**

*Cronbach Alpha for Scales*

Variable	Number of survey items	A
Leadership effectiveness	7	.97
Employee satisfaction	6	.91
Organizational performance	5	.96

Leadership effectiveness scores ranged from 1.00 to 5.00, with  $M = 3.97$  and  $SD = 1.06$ . Employee satisfaction scores ranged from 1.00 to 5.00, with  $M = 3.69$  and  $SD = 1.01$ . Organizational performance scores ranged from 1.00 to 5.00, with  $M = 3.37$  and  $SD = 1.23$ . Potential outliers were examined using standardized values or  $z$ -scores.

Tabachnick and Fidell (2013) suggest that data that exceed  $\pm 3.29$  standard deviations from the mean should be removed as univariate outliers. None of the three variables had  $z$ -scores exceeding this range; therefore, no outliers were removed in the data analysis.

Table 6 is a presentation of the descriptive statistics of the scales.

**Table 6**

*Summary Statistics Table for Interval Variables*

Variable	n	Min	Max	M	SD
Leadership effectiveness	86	1.00	5.00	3.97	1.06
Employee satisfaction	86	1.00	5.00	3.69	1.01
Organizational performance	86	1.00	5.00	3.37	1.23



RQ1: Does a significant relationship exist between employee perceptions of leadership effectiveness, employee job satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating?

$H_0$ 1: There is no statistically significant relationship between leadership effectiveness, employee job satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating.

$H_a$ 1: There is a statistically significant relationship between leadership effectiveness, employee job satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating.

### **Results and Conclusions of Data Analysis**

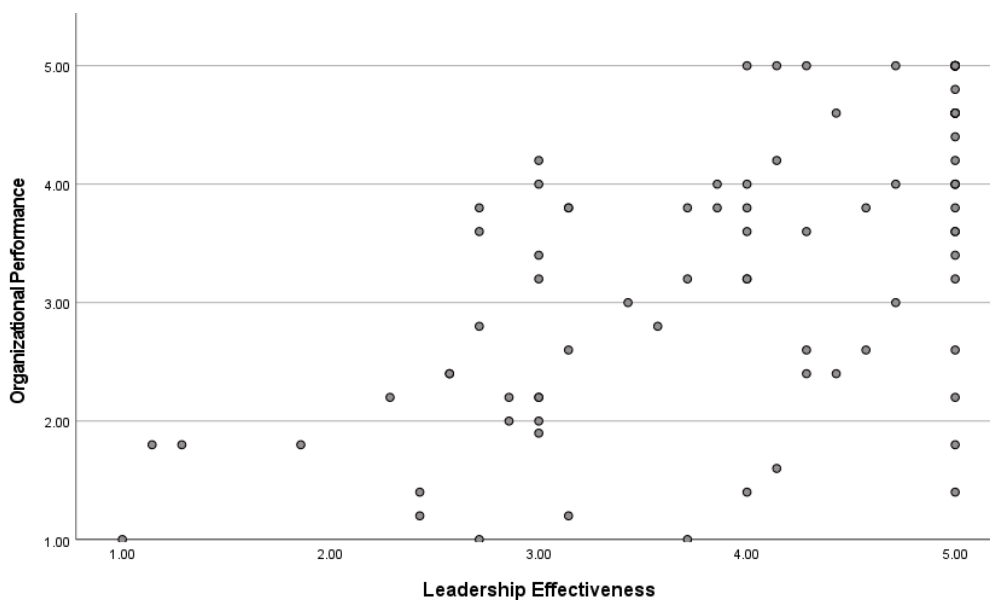
A multiple linear regression was conducted to examine the relationship between leadership effectiveness and employee satisfaction and organizational performance. A multiple linear regression is appropriate when testing the predictive relationship between a series of independent variables on a continuous dependent variable (Tabachnick & Fidell, 2013). Leadership effectiveness and employee satisfaction were the independent variables in the analysis. Organizational performance was the dependent variable.

Prior to analysis, the assumptions of a multiple linear regression were assessed. Linearity was tested with two scatterplots: one between leadership effectiveness and organizational performance and a second between employee satisfaction and

organizational performance. As depicted in both scatterplots (see Figures 5 and 6), there was an approximate positive trend for both relationships. Employee satisfaction appeared to have a more evident linear trend with organizational performance.

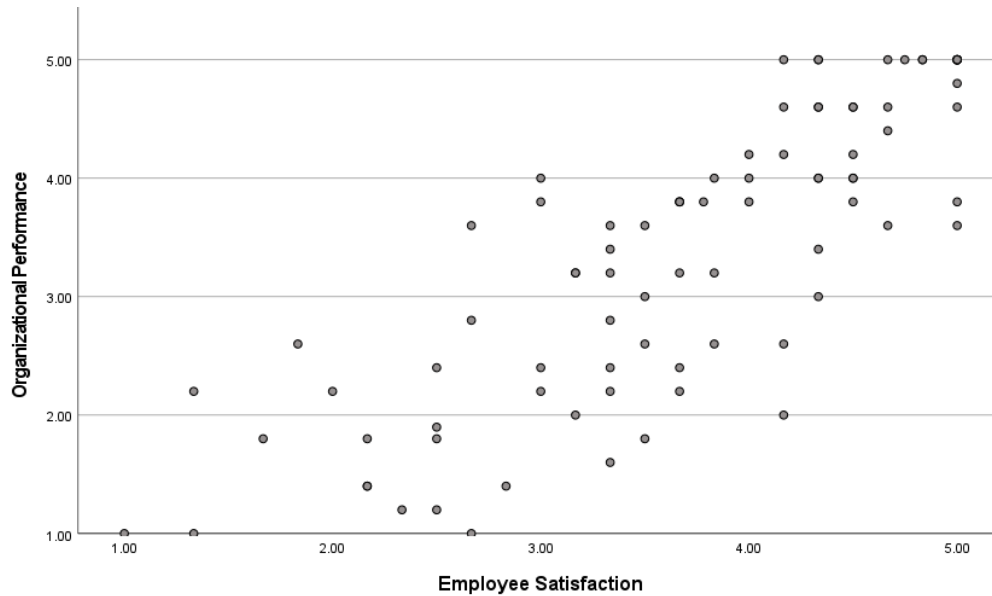
**Figure 5**

*Scatterplot for Leadership Effectiveness and Organizational Performance*



**Figure 6**

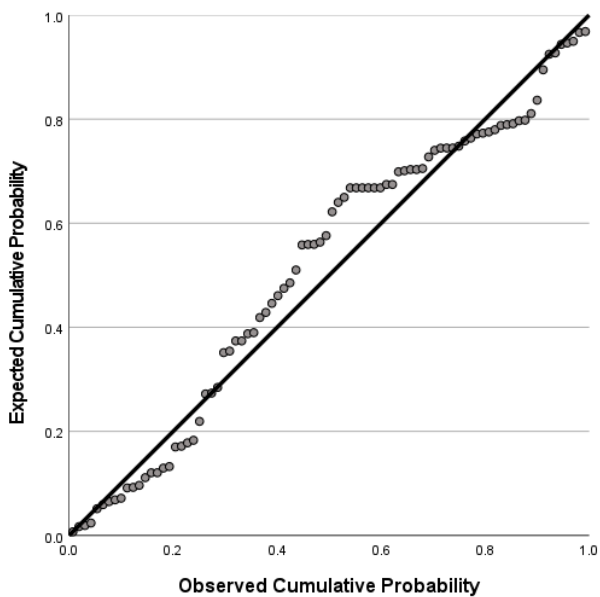
*Scatterplot for Employee Satisfaction and Organizational Performance*



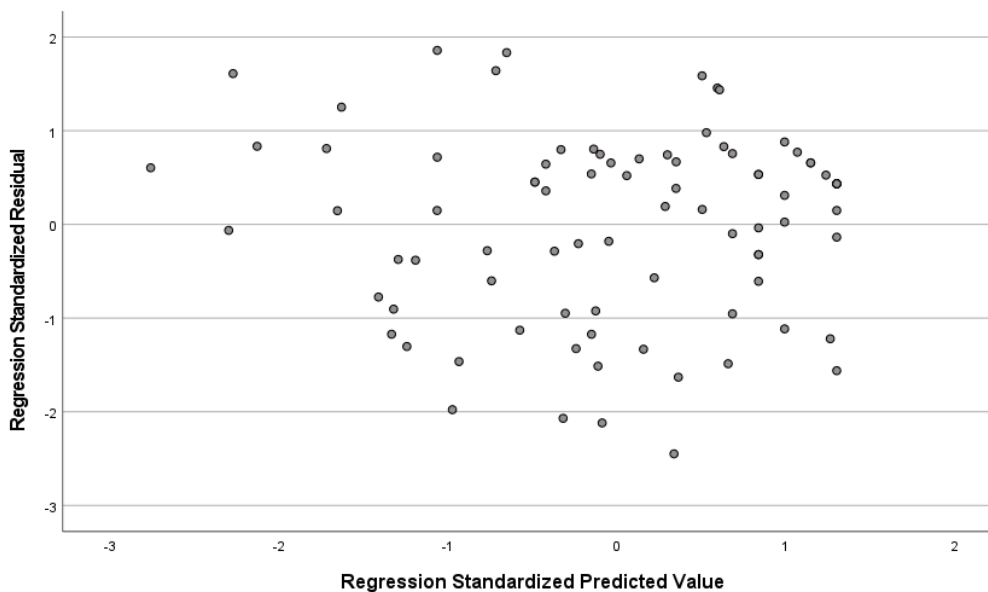
Normality was tested with a P-P scatterplot. The data closely followed the diagonal trend line, which indicates the data were approximately normal (see Figure 7). Homoscedasticity was tested with a residuals scatterplot. The assumption was met due to the absence of a distinct pattern in the scatterplot (see Figure 8).

**Figure 7**

*Normal P-P Scatterplot for Relationship Between Leadership Effectiveness, Employee Satisfaction, and Organizational Performance*

**Figure 8**

*Residuals Scatterplot for Relationship Between Leadership Effectiveness, Employee Satisfaction, and Organizational Performance*



VIFs were examined to test the absence of multicollinearity assumption. Stevens (2010) suggested that VIFs lower than 10 indicate a low association among the predictor variables and absence of multicollinearity. The VIFs for the predictor variables were 1.96, indicating that the assumption for absence of multicollinearity was supported. Table 7 is the presentation of the findings of the VIFs.

**Table 7**

*Variance Inflation Factors for Leadership Effectiveness and Employee Satisfaction*

Variable	VIF
Leadership effectiveness	1.96
Employee satisfaction	1.96

The results of the linear regression model were significant,  $F(2, 83) = 88.88$ ,  $p < .001$ ,  $R^2 = 0.68$ , indicating that there was a significant relationship between employee satisfaction, leadership effectiveness, and organizational performance. The coefficient of determination,  $R^2$ , indicates that approximately 68% of the variance in organizational performance can be explained by employee satisfaction and leadership effectiveness.

Due to significance of the collective regression model, the individual predictors were examined further. Leadership effectiveness ( $B = 0.09$ ,  $t = 0.91$ ,  $p = .368$ ) was not a significant predictor in the regression model. Employee satisfaction ( $B = 0.94$ ,  $t = 8.86$ ,  $p < .001$ ) was a significant predictor in the regression model. With every one-unit increase in employee satisfaction scores, organizational performance scores increased by approximately 0.94 units. The null hypothesis can be partially rejected due to the

significance of employee satisfaction on organizational performance. Table 8 is the summary of the results of the regression model.

**Table 8**

*Linear Regression with Leadership Effectiveness and Employee Satisfaction Predicting Organizational Performance*

Variable	<i>B</i>	<i>SE</i>	<i>B</i>	<i>t</i>	<i>p</i>
Leadership effectiveness	0.09	0.10	.08	0.91	.368
Employee satisfaction	0.94	0.11	.77	8.86	<.001

*Note.* Overall model:  $F(2, 83) = 88.88$ ,  $p < .001$ ,  $R^2 = 0.68$

### Summary

The purpose of this quantitative ex post facto research study is to examine the relationship between leadership effectiveness, employee job satisfaction, and organizational performance as measured by employee turnover percentage, revenue growth year over year, and patient satisfaction rating. In this section, the findings of the data analysis were presented. Frequencies and percentages were used to identify trends in the nominal-level variables. Cronbach alpha test of internal consistency was used to identify that all three scales met the acceptable threshold for reliability. Means and standard deviations were used to examine the range, mean, and standard deviation of the scales. A multiple linear regression was conducted to examine the relationship between leadership effectiveness, employee satisfaction, and organizational performance. Employee satisfaction ( $B = 0.94$ ,  $t = 8.86$ ,  $p < .001$ ) was a significant predictor in the regression model. With every one-unit increase in employee satisfaction scores, organizational performance scores increased by approximately 0.94 units. Leadership effectiveness ( $B = 0.09$ ,  $t = 0.91$ ,  $p = .368$ ) was not a significant predictor in the

regression model. The null hypothesis can be partially rejected due to the significance of employee satisfaction on organizational performance.

### **Recommendations for Action**

Overall, the results of the linear regression model were significant,  $F(2, 83) = 88.88$ ,  $p < .001$ ,  $R^2 = 0.68$ , indicating that there was a significant relationship between employee satisfaction, leadership effectiveness, and organizational performance. In a more in-depth analysis of the data, this study support that a significant relationship exists between employee satisfaction and organizational performance. With every one-unit increase in employee satisfaction scores, organizational performance scores increased by approximately 0.94 units. Whereas, the findings indicated that leadership effectiveness was not a significant predictor in relation to organizational performance. Leadership continues to serve as an important and influencing factor on individual and teams on overall performance (Ceri-Booms et al., 2017).

Since this study indicated there is a significant relationship between employee satisfaction, leadership effectiveness, and organizational performance, I recommend further research into specific leadership behavioral traits and gender in other business industries. Furthermore, as a statistically significant relationship exists between employee satisfaction and organizational performance, it is recommended that human resources departments and leaders focus on ensuring role clarity, providing the tools and equipment need to perform required tasks, effective employee onboarding and training, and engaging employees in establishing individual development goals to measure to improve employee satisfaction and organizational performance. The third recommendation is to

develop or incorporate into existing leadership development programs training that focuses on effective communication, performance management, and leadership mentorship. Finally, limitations of the current study could be used to identify additional opportunities for further research to advance the understanding between leadership effectiveness, employee satisfaction, and organizational performance.

### **Communication Plan**

I plan to communicate these findings with the leadership team of the participating healthcare organization. Additionally, I will pursue opportunities to share the findings of this study through participation in conferences. Furthermore, I will share the results of this study to other healthcare leaders by leveraging social media platforms to promote social change in the healthcare industry related to improving organizational performance through effective leadership and strategies to improve employee job satisfaction.

### **Implications for Social Change**

The implications for positive social change include identifying and implementing leadership behaviors and best practices to enhance employee satisfaction and organizational performance of healthcare organizations. According to an article reported in Bloomberg News, 8% of hospitals, whether urban or rural, are at risk of closing with ongoing projections of at least 30 per month (Williams, 2019). Therefore, healthcare organizations must invest in developing policies, protocols, and engagement strategies to create a culture of excellence to increase organizational performance through effective leadership and employees who are satisfied with their job. By helping business leaders improve healthcare institutions' organizational performance, the study results may



promote hospitals' sustainability by enabling those organizations with additional guidance needed to continue to deliver healthcare services to those in need within the communities for which they serve. Additional implications for positive social change are promoting a healthy economy by creating financially stable healthcare organizations, resulting from peak organizational performance.

### **Skills and Competencies**

The increasing changing healthcare landscape which consists of radical collisions of old business concepts and the way of conducting business versus new business concepts and how healthcare organizations conduct business in 2020 ranging from consumer engagement, to politics, shifting demographics, payment reform driven by a shift from volume to value, technology & innovation to name a few have created an environment that requires effective leadership with defined skills and competencies to navigate these changes. Effective leadership skills and competencies include leadership competencies, interpersonal skills, performance management, communication, technological skills, social skills, decision-making skills, and the ability to create and articulate a shared vision and purpose to influence and direct the individual strengths and talents of others toward a collective goal. The current study illustrates the need to focus on leadership effectiveness and employee satisfaction to improve organizational performance within healthcare organizations. Austin (2019) identified various leadership skills and competencies necessary to create and promote an environment by which employees are engaged, satisfied, and have a desire to contribute to achieving stated goals. A few of those leadership skills and competencies need to navigate and be

successful within the ever-changing healthcare environment include people skills, communication and listening skills, investing in the development and professional growth of others, collaborative skills, accountability and transparency (Austin, 2019). The application of leadership skills and competencies may differ depending on the industry and the experience of the leader; however, strategies, tactics and programs geared towards leadership development, engaging workforce, job satisfaction can positively impact the organization performance.

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## Appendix A: Employee Retention Satisfaction Survey

### 2020 Employee Retention Satisfaction Survey

'On a scale of 1 - 5' with 5 being strongly agree and 1 being Strongly Disagree  
Strongly Agree, Agree, Neither Agree or Disagree, Disagree or Strongly Disagree then please set  
a score value for each of those as well.

#### Beneficial General Information

- a. Role Classification: Management, Non-Clinical, Clinical, or Other
- b. Years of Service:
  - Less than 6 months
  - 6months to 1 year
  - 1 – 2 years
  - 2 – 3 years
  - Greater than 3 years

#### Survey Questions

1. The person I report to sets clear goals and expectations.
2. The person I report to actively works with me to develop my job skills and abilities.
3. The person I report to is a good communicator.
4. The person I report to gives me useful feedback.
5. The person I report to demonstrates fair and equal treatment.
6. I respect the abilities of the person to whom I report to.
7. Overall, I feel confident in the effectiveness of leadership of the person I report to.
8. My job responsibilities are clear.
9. I am provided with the tools and equipment I need to do my job.
10. I was given a proper orientation and training that I need to do my job.
11. I am satisfied with my job security.
12. I am paid fairly.
13. Overall, I am satisfied with the job.
14. This organization cares about its clients/patients.
15. This organization makes every effort to deliver safe, error-free care to patients.
16. Management's action supports this organizational mission and values.
17. I have confidence in the future of this organization and intend to stay.
18. The financial health and performance of this organization improves year over year.