

THE ECONOMIC IMPACT OF TRANSACTIONAL-TRANSFORMATIONAL LEADERSHIP ON JOB OUTCOME: IMPLICATIONS FOR HEALTH PROFESSIONALS IN LEBANON

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Abstract

This paper aims at determining the impact of transactional and transformational leadership styles on job outcomes of healthcare professionals in hospitals in Lebanon. Research related to this subject has been limited in Lebanon. Therefore, analysis of the results of the different types of samples and settings will offer a better understanding of the relationship between the independent variables of transactional and transformational leadership styles and the dependent variables of job outcomes. Data for this paper have been solicited through questionnaires distributed to ten hospitals in all Lebanese regions. Survey questionnaires have been used to draw responses from 150 healthcare professionals in Lebanon. Collected data included demographic characteristics and the degree to which the two types of leadership styles were used as perceived by the managers and their impact on healthcare professionals' empowerment, productivity, satisfaction, and turnover. The findings show a similar trend to the original studies in other countries, such as the United States. Thus, uses of transactional and transformational leadership styles and job outcomes were significantly correlated. The findings also indicate a direct and positive relation between transactional leadership style and employee empowerment, satisfaction, productivity, and turnover. Moreover, the findings also indicate that transformational leadership styles have a significant and positive relation with employee

empowerment, satisfaction, but no relation with employee productivity and turnover in the healthcare sector in Lebanon.

Keywords: Transactional-Transformational leadership, Lebanon, Healthcare professionals, Multifactor Leadership Questionnaire (MLQ), Job outcome

INTRODUCTION

Leadership skills are essential in the provision of healthcare. Thus, it is important to develop different leadership styles in order to enhance job alignment, direction and commitment within the organization and its team members, staff and employees (Drath, McCauley, Palus, Van Velsor, O'Connor, McGuire, 2008). Developing leadership ensures agreement among people in relation to the organization's vision, strategies and values, as it provides commitment between staffs by taking actions and responsibilities to ensure patient's safety and the success of the organization or hospital as a whole, rather than focusing on their individual needs.

Having effective leaders in health services emphasizes constantly that safe, compassionate and high-quality care is the top priority. Moreover, they are able to ensure that the voice of the patients will be heard and that their needs, experience and concerns will be consistently attended by the team cohesion and collaboration. They ensure that every healthcare professional will be involved to give helpful performance and care including appreciation. Furthermore, effective leaders develop professionals' skills, knowledge and abilities in order to improve the quality of patients' care, compassion and safety. With the development of leadership styles, leaders are able to encourage and motivate employees to do their bests in order to improve the quality of work achieved within an organization. Implementing a successful leadership style will have a positive impact on the employees reaching their satisfaction and high productivity at work. Moreover, it will create a strong sense of team identity by articulating and inspiring a clear vision of the team's work, as it endorses appropriate decision making and responsibilities (Friedrich, Vessey, Schuelke, Ruark, & Mumford, 2009).

To sum up, implementing the right leadership style is essential for nurturing a positive culture in a healthcare organization by promoting staff proactivity and participation and by encouraging staffs to find themselves on the road of satisfaction, empowerment and commitment. So, in this research study we will focus on the importance of transactional and transformational leadership styles and its impact on healthcare professionals' empowerment, satisfaction productivity and turnover (Silversin, Kornacki, 2000)

Need of the Study

Why is leadership important in healthcare? Unlike other industries, the healthcare industry sector suffers from huge pressures on service provision. Leadership is the key to change, due to the rapid revolution and multiple pressures of increasing demand, with limited resources. It is essential to focus on leadership styles in healthcare, where the target is to achieve work in an innovative way in order to succeed. The organization needs new ways of working and developing strategies. In the past, the transactional leadership style was adopted, however, in order for hospitals' strategies to shine; new ways of leadership can be implemented such as the transformational leadership style. Since, businesses are changing, there is no need any more for traditional bureaucracies, and however, there are new ways to tackle things. To illustrate, recent studies suggested that the growth of healthcare organizations may provide opportunities for transformational leadership rather than following the transactional leadership style (Faye Barth and Antonio, 2014).

This research paper was considered for another reason. Hospital management differs among healthcare institutions, and the same situation takes place when developing leadership. Each hospital has its own vision and strategy. But, what all hospitals agree on is the high turnover of the employees. Nursing is often defined as a hard job with long working hours and high job stress (Charnley, 199). Stressful jobs usually lead employees to rise in opposition, so imagine having a rigid and tough manager at work! Such high demand and stressful jobs usually have high rates of employee turnover, and because of that this research was considered, to reveal that leadership styles may affect employees' performance, productivity and job satisfaction and change the likely outcome which is a high rate of employee turnover.

Research Problem

Transformational and transactional leadership styles have shown significance in the workforce as have received a lot of attention in research on the work environment. Previously, it was measured and conceptualized in many different ways, but still it remains a challenging theory (Lok et al, 2007).

According to Bass (1985), transformational leadership is defined as a process where the leader's aim is to increase follower's awareness and to motivate them to perform "beyond expectation." However, according to Porter et al. (1974), the transactional style of leadership was first described to measure the employees' performance and productivity at the organization. This latter also focuses on the basic management process of controlling, organizing, and short-term planning.

Brockner et al. (1992) recommended that the ability of an organization, to successfully implement business strategies, to gain a competitive advantage and optimize human capital, mainly depends, among other factors, on the leadership styles that encourage employee commitment and empowerment.

Therefore, this paper will show the importance of the transformational-transactional leadership styles in hospitals and the likely effect on healthcare professionals' satisfaction, productivity, empowerment and turnover intentions.

LITERATURE REVIEW

In Lebanon, healthcare was and continues to be a jewel in the crown of the Lebanese Saga. Years ago, until now, the healthcare sector in Lebanon has proven itself in the entire region being the destination for people from all Arab countries for the fulfilment of their healthcare needs extending from medical operations, hospitalization to medical tourism. The Lebanese healthcare sector showed success at the level of health care quality and care. In spite of all the recurring wars, economic and political instabilities, diminishing government expenditure and shortage of resources, the healthcare sector showed high level of resilience and adaptation to such challenging situations. In addition to the brain drain and the migration of excellent medical talent to neighboring countries, the healthcare sector revealed excellence in providing patient care and treatment in most of the hospitals and adaptability and maintenance for its leading status (Syndicate of Hospitals in Lebanon, 2016).

Lebanese hospitals are classified into categories following an Alpha-Star rating system, where Alpha represents for medical services rating and stars corresponds for hotelier services. The Global rating is a combination of the two systems. A hospital may have the same Alpha but different number of Stars and vice versa.

There are around 163 hospitals in Lebanon which are spread throughout the country. There are 139 hospitals that fall under the private sector and 24 under the public sector.

Most of the largest hospitals in Lebanon are located in Beirut, the capital. The biggest, private and reputable hospital known in the capital is American University of Beirut Medical Centre (AUBMC). However, the largest public hospital in Lebanon, with a capacity of 450 beds is also located in Beirut. Lebanon has a potential to become a hub for medical tourism in the region, where Lebanese hospitals have a capacity of accepting around 200,000 patients per year. Most of the private hospitals in Lebanon have a capacity of 75 to 100 beds per hospital (Kyobe and Nakhle, 2012).

Lebanese doctors are highly qualified and competent; most of them get their degrees from abroad i.e., from United Kingdom, United States, Europe, and Canada. Moreover, in 2007,

there were around 9876 doctors in Lebanon, out of which 1961 were female healthcare professionals. Furthermore, the number of Lebanese nurses is continuously growing i.e., there are around 10,000 nurses in Lebanon (Syndicate of Hospitals in Lebanon ,2016).

Healthcare Expenditure in Lebanon

In Lebanon, the total expenditure per capita on healthcare reached an average rate of 3.81% between the years 1996 and 2011. Later on, the total expenditure per capita grew to double the average rate and reached 6.32% (MOPH, 2013).

Amongst the highest in the world, the present healthcare expenditure per capita in Lebanon stands at \$ 622. In 2011, the public share of total healthcare expenditure was estimated at 25.50%. Moreover, being a heavy burden on the household income, a portion of the healthcare expenditure has to be guaranteed by the public sector.

In 2005, the share of healthcare spending as a percentage of total government spending was 11.87% which then dropped to 5.80% in 2011(MOPH, 2013).

As a conclusion, the public expenditure on healthcare as a percentage of total expenditure had been decreasing, and the total expenditure on healthcare per capita had been increasing, in Lebanon. This indicates that medical bills represent a load and a burden on households rather than being covered or handled by the government (MOPH, 2013). Below are figures 1 and 2 that indicate the percentage of private and public healthcare expenditure, in Lebanon, between the years 1995-2011.

Figure 1: Healthcare Expenditure, Private (% of GDP)

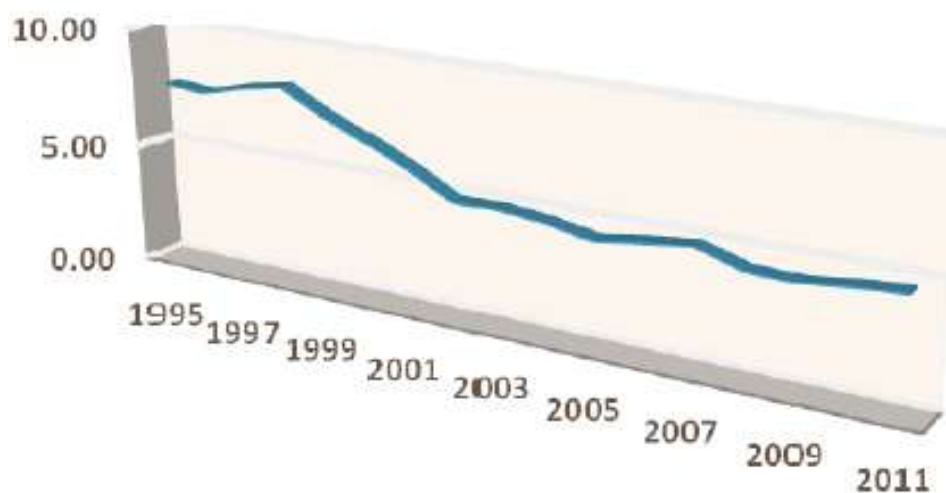
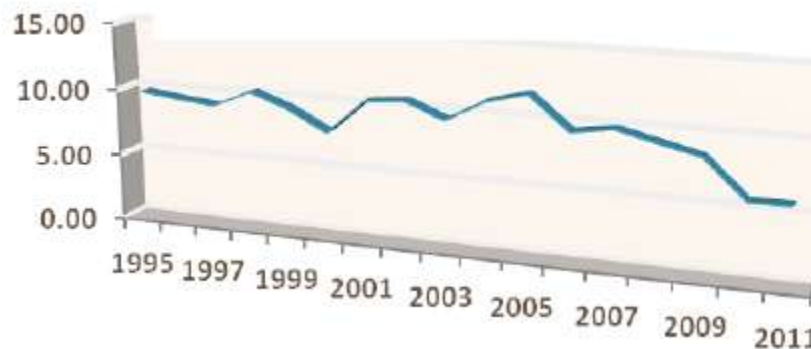


Figure 2: Healthcare Expenditure, Private (% of Government Expenditure)



METHODOLOGY

Research Objectives

The main objective of this paper is to establish the relationship between transformational and transactional leadership styles and employee empowerment, satisfaction, competency at the level of healthcare professionals covering the Healthcare industry in Lebanon. Furthermore, when employees are committed and are involved in every mission, they are also willing to give “something of themselves” for the organization’s well-being (Porter et al, 1979)

Research Questions

This paper will address the following main research question:

How and why do leadership styles (transformational, transactional) and job satisfaction affect healthcare professionals’ or employees’ empowerment, productivity and turnover through job satisfaction in a healthcare sector (the utilized questionnaire in this paper consists of 31 different questions to address the main objective of the study)?

Research Hypotheses

From the identification of the main objective of the paper, the specific hypotheses below are formulated:

H1.1: Transactional leadership style is negatively related to healthcare professionals’ empowerment.

H1.2: Transformational leadership is positively related to healthcare professionals' perceptions

H1.3: Transactional leadership style negatively relates with employee job satisfaction.

H1.4: Transformational leadership positively relates with employee job satisfaction.

H2.1: Transactional leadership style will have a negative impact on healthcare professionals' productivity.

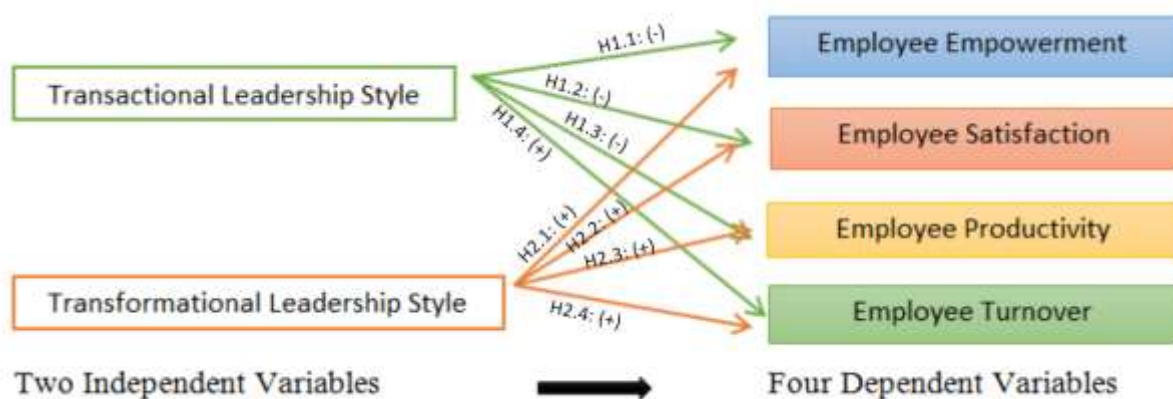
H2.2: Transformational leadership style will have a positive impact on healthcare professionals' productivity.

H2.3: There is a positive relationship between transactional leadership style and employee turnover.

H2.4: There is a positive relationship between transformational leadership style and employee turnover.

Figure 3, shows the relationship between the independent and dependent variables of this paper.

Figure 3: Relationship between the Independent and Dependent Variables



Sampling Technique and Sample Size

This research uses non-probability sampling method for data collection; such non-random processes use convenience sampling, where there is no structured way in selecting the respondents. In addition, this sampling is used because the sample is limited to a specific group and field namely: Healthcare Professionals; every person who provides healthcare for patients. So, the sample consists of doctors, nurses, residents, etc.

The sample size reached 270, out of which 100 were considered non-response, 20 included errors and were not counted, and the remaining 150 were successfully filled and returned. The 150 survey respondents included doctors, nurses, Operating room supervisors, residents, and other healthcare professionals working in the hospital. The researchers found that it was a suitable size to collect data within the time and scope constraints. The

questionnaires were distributed to ten hospitals in different regions and cities in Lebanon. Moreover, questionnaires were distributed to respondents taking into consideration the different ages of the respondents, backgrounds, medical specialties, and departments at different hospitals of Lebanon. The structure of the questionnaire is divided into six sections:

- Section A: includes demographic information
- Section B: includes questions that show transactional-transformational leadership styles implemented at work through the leader's behaviors and the way he/she manages things.
- Section C: includes questions that test the level of productivity at work.
- Section D: includes questions that test the level of employees' job satisfaction at work.
- Section E: includes questions that evaluate the level of employee empowerment at work.
- Section F: includes questions that show the reasons behind employee retention or turnover.

Data Analysis Techniques

This research considers quantitative data selection which can be analyzed using mathematical and statistical methods and techniques. Hence, in this research, the researchers use the Statistical Package for the Social Sciences (SPSS), version 23, to conduct the statistical analysis, data management and data documentation. The researchers will compute both descriptive and inferential statistics.

Descriptive Statistics is used to describe the features of the data in a research with the help of simple graphics analysis (pie charts, graphs, scatterplots, frequency tables, and others) that ease describing the data and the sample by showing measures and results. In descriptive statistics, the nature of the data collected and its results are described as they are shown (Aldrich and Cunningham, 2015). Most of the major inferential statistics come from a general family of statistical models known as the General Linear Model; this includes the t-test, Analysis of Variance (ANOVA), regression analysis, and many other multivariate methods (Trochim, 2006).

ANALYSIS AND FINDINGS

Here, the purpose of the analysis is to examine and test the hypotheses as well as the dependent variables of the models adopted by the study (Figure 3). The analysis explores and answers the following questions:

1. What are the employees' perceptions about transformational-transactional leadership styles in healthcare workforce?

2. How and why does a transformational-transactional leadership style affect job satisfaction?
3. How and why does the leadership style (transactional, transformational) affect employees' empowerment in healthcare?
4. How do the leadership styles affect the employees' productivity on the quality of care or service provided?
5. Is there a relationship between the healthcare managers' leadership styles (transformational-transactional) and healthcare professionals and staffs intent to turnover?
6. To what extent does transformational-transactional leadership styles relate to employee retention among Lebanese healthcare professionals?

The descriptive statistics of the sampled respondents are presented. This demographic information is important for providing a vivid picture of the respondents. Multiple linear regression is also presented to verify the relationship between the independent and the dependent variables of the models considered (Figure3).

Descriptive Statistics

Of the 270 questionnaires that were distributed, 150 (55.55 percent) were completed and consistent valid. The biographical information of the 150 respondents is illustrated in Table 1.

Table 1: Descriptive Statistics of the Demographic Variables

Demographical Variable	Frequency	Percent
Gender		
Female	75	50.0
Male	75	50.0
Education Level		
Bachelor	109	72.7
Masters	31	20.7
PhD	10	6.7
Job Position		
Nurse	117	78.00
Resident	3	2.0
Doctor	13	8.7
Operational	4	2.7
Administrative	7	4.7
Supervisor	6	4.0

Table 1...

Age		
20-35	91	60.7
36-49	52	34.7
50 and above	7	4.7
Employment Status		
Full Time	141	94.0
Part Time	9	6.00

Gender

Table 1 shows that 50 percent of the respondents are male and 50 percent are female. The percentages for gender in the Lebanese hospital and medical sector are similar. In Lebanon, women are considered to have equal rights and freedom as men. Lebanese women are able to dress liberally, work and enroll themselves in different organizations and institutions of higher educations. Because of that, the presence of women in the work field or business is obvious. This reflects the culture and the openness of mentality of Lebanese people. In addition, Lebanese women are considered privileged compared to others in other Arab countries.

Educational Level and Job Position

Table 1 also displays that 6.7% of the healthcare professionals in hospitals hold a PhD degree, 20.7% of the respondents hold a master's degree, and 72.7% hold a bachelor degree. The reason behind this fluctuation is that in Lebanon, there is a high number of medical healthcare professionals mainly nurses in hospitals, most of them are bachelor degree (BS) holders.

Among the respondents, 78 percent are nurses, 2 percent are residents, 8.7 percent are doctors, 2.7 percent are in operational tasks, 4.7 percent are in administrative tasks, and 4.0 percent are supervisors. Due to the diversity of job positions in hospitals, being a medical healthcare professional requires taking care of patients, satisfying their needs and providing special treatments and services.

Age

Among the respondents, 60.7 percent are between 20 and 35 years of age; 34.7% percent are between 36 and 49 years of age, and 4.7 percent are 50 years and above. The high percentage of age lies between 20 and 35, because hospitals prefer youthful fresh graduate healthcare professionals to work at the organization, and since, most hospitals are university hospitals, they require hiring fresh graduates to serve

Employment Status

Table 1 shows that 94 percent of the respondents have a full time job and 6% percent have a part time job. This indicates the persistence of the Lebanese people to work in order to satisfy their needs, reach their goals and be able to live a life full of responsibility and accountability.

Validity & Reliability Test

Validity and reliability are very important, and usually describe the extent to which a measure precisely represents the concept it claims to measure (Punch 1998). Reliability is the test and retest where it refers to the repeatability of test findings, however, validity measures the accuracy of a calculation or assessment.

There are two types of variable validity: the convergent and discriminant. The convergent validity or internal consistency is essential, since it measures the degree to which all items in a specific variable measure the same attribute. The internal consistency reveals that all the different items should measure the same variable and should correlate positively with one another. Usually the Cronbach's Alpha is used to measure the internal consistency; therefore it was used in this study. As a rule of thumb, the acceptable Cronbach's alpha should range from 0.7 to 0.95 (De Vellis, 2003). In this study, the validity analysis for all independent variables and dependent variables reveals a moderate to a good level of internal consistency, as shown in Table 2 below.

Table 2: Reliability Analysis

Independent Variables and Measurement Items	Cronbach's Alpha
Transformational Question_1, 3, 5, 7, 8	.755
Transactional Question _2,4,6,9	.752
Productivity Question _10, 11, 12, 13, 14	.822
Satisfaction Question _15, 16, 17, 18,19	.722
Empowerment Question _20, 21, 22, 23,24	.783
Turnover Question _25, 26, 27, 28, 29, 30,31	.771

Pearson Correlation

The discriminant validity shows that measurement items of different variables are not so highly correlated as to lead to the conclusion that they measure the same variable, which could occur if there were definitional overlaps between variables. Correlations of all pairs of measurement items of each variable were calculated. The value should be between -0.5 and +0.5 (Hamdar, Hamdan, kinawi, 2017). The relation between the variables is checked, by the Pearson Correlation Test as shown in Table 3. The test demonstrates a Pearson correlation coefficient of value +1, where 1 indicates total positive linear correlation between the variables (Hejase and Hejase, 2013).

Table 3: Pearson Correlation Test

	Average Transactional	Average of Transformational	Average Productivity	Average Job Satisfaction	Average Empowerment	Average Turnover
Average Transactional	1					
Average of Transformational	.379	1				
Average Productivity	.328	.051	1			
Average Job Satisfaction	.263	.478	.015	1		
Average Employee Empowerment	.375	.494	.135	.453	1	
Average Turnover	.245	-.126	.087	.070	-.013	1

Normal Distribution

The normal distribution of each variable was checked by calculating the values of kurtosis and skewness; these were within the acceptable levels, as shown in Table 4 below: Table 4 shows that skewness and kurtosis values are between -1 and +1, reflecting an acceptable level.

Table 4: Descriptive Statistics of all Variables

	Mean	Std. Deviation	Variance	Skewness	Kurtosis
	Statistic	Statistic	Statistic	Statistic	S.E.
Average Transactional	3.3135	.57163	.327	.670	.195
Average of Transformational	3.587	.6202	.385	.667	.195
Average Productivity	3.324	.6638	.441	.348	.195
Average Job Satisfaction	3.9100	1.07661	1.159	.294	.195
Average Employee Empowerment	3.5033	1.00333	1.007	.101	.195
Average Turnover	4.2933	1.17127	1.372	.871	.195

Hypotheses Testing

I - The independent variable is Transactional Leadership Style, and Employee Empowerment is dependent variable.

In this stage, a linear regression is utilized where the Transactional Leadership Style is the independent variable and Employee Empowerment is the dependent variable, as demonstrated by table 5 and table 6. The linear regression outcome in the Transactional Leadership Style with Employee Empowerment gave an R^2 value of .141, suggesting that the final model can explain 14% of variability, as shown below.

Table 5.Hypothesis 1.1 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.375	.141	.135	.79095

Table 6 delineates the relationship between Transactional Leadership Style and Employee Empowerment Based on the significant relationship, the supported hypothesis is as follows:

H1.1: Transactional leadership style is negatively related to healthcare professionals' empowerment. (Not Supported)

Table 6: Coefficient Values when Employee Empowerment is Dependent Value and Transactional Leadership Style is Independent Value

Model	B	Std. Error	Beta	T	P
Average					
Transactional Leadership Style	.515	.105	.375	4.924	.000

Dependent Variable: Employee Empowerment.

II - The independent variable is Transactional Leadership Style, and Employee Satisfaction is dependent variable.

At this stage, a linear regression analysis is used where the Transactional Leadership Style is the independent variable and Employee Satisfaction is the dependent variable, as demonstrated by tables 7 and 8.

The linear regression outcome in the Transactional Leadership Style relationship with Employee Satisfaction gave an R^2 value of .069, suggesting that the final model can explain 6% of variability, as shown in table 7.

Table 7: Hypothesis 1.2 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.263	.069	.063	.72398

Table.8 delineates the relationship between Transactional Leadership Style and Employee satisfaction Based on the significant relationship, the supported hypothesis is as follows:

H 1.2: Transactional leadership style negatively relates with Employee job satisfaction. (Not Supported)

Table 8. Coefficient Values when Employee satisfaction is Dependent Value and Transactional Leadership Style is Independent Value

Model	B	Std. Error	Beta	T	P
Average					
Transactional Leadership Style	.318	.096	.263	3.317	.001

Dependent Variable: Employee Satisfaction.

III- The independent variable is Transactional Leadership Style, and Employee Productivity is the dependent variable.

At this stage, we ran a linear regression where the Transactional Leadership Style is the independent variable and Employee Productivity is the dependent variable, as verified in tables 9 and 10.

The linear regression outcome in the Transactional Leadership Style relationship with Employee Productivity gave an R^2 value of .108, suggesting that the final model can explain 10% of variability, as shown in Table 9.

Table 9: Hypothesis 1.3 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.328	.108	.102	.63823

Table 10 delineates the relationship between Transactional Leadership Style and Employee Productivity. Based on the significant relationship, the supported hypothesis is as follows:

H 1.3: Transactional leadership style will have a negative impact on healthcare professionals' productivity. (Not Supported)

Table 10: Coefficient Values when Employee Productivity is Dependent Value and Transactional Leadership Style is Independent Value

Model	B	Std. Error	Beta	T	P
Average					
Transactional Leadership Style	.357	.084	.328	4.231	.000

Dependent Variable: Employee Productivity.

IV - The independent variable is Transactional Leadership Style, and Employee Turnover is dependent variable.

At this stage, we ran a linear regression where the Transactional Leadership Style is the independent variable and Employee Turnover is the dependent variable, as demonstrated in tables 11 and 12. The linear regression outcome in the Transactional Leadership Style relationship with Employee Turnover gave an R^2 value of .060 suggesting that the final model can explain 6% of variability, as shown in Table 11.

Table 11: Hypothesis 1.4 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.245	.060	.054	.54593

Table 12 delineates the relationship between Transactional Leadership Style and Employee Turnover Based on the significant relationship, the supported hypothesis is as follows:

H 1.4: There is a positive relationship between transactional leadership style and employee turnover. (Supported)

Table 12: Coefficient Values when Employee Turnover is Dependent Value and Transactional Leadership Style is Independent Value

Model	B	Std. Error	Beta	T	P
Average Transactional Leadership Style	.222	.072	.245	3.081	.002

Dependent Variable: Employee Turnover.

V- The independent variable is Transformational Leadership Style, and Employee Empowerment is dependent variable.

At this stage, we ran a linear regression where the Transformational Leadership Style is the independent variable and Employee Empowerment is the dependent variable, as demonstrated in tables 13 and 14. The linear regression outcome in the Transformational Leadership Style relationship with Employee Empowerment gave an R^2 value of .352 suggesting that the final model can explain 35% of variability, as shown in table 13.

Table 13: Hypothesis 2.1 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.594	.352	.348	.68665

Table 14 delineates the relationship between Transformational Leadership Style and Employee Empowerment Based on the significant relationship, the supported hypothesis is as follows:

H 2.1: Transformational leadership style is positively related to healthcare professionals' perceptions of empowerment. (Supported)

Table 14: Coefficient Values when Employee Empowerment is Dependent Value and Transformational Leadership Style is Independent Value

Model	B	Std. Error	Beta	T	P
Average					
Transformational Leadership	.727	.081	.594	8.975	.000

Dependent Variable: Employee Empowerment.

VI - The independent variable is Transformational Leadership Style, and Employee Satisfaction is dependent variable.

At this stage, we ran a linear regression where the Transformational Leadership Style is the independent variable and Employee Satisfaction is the dependent variable, as demonstrated in tables 15 and 16. The linear regression outcome in the Transformational Leadership Style relationship with Employee Satisfaction gave an R^2 value of .228 suggesting that the final model can explain 22% of variability, as shown in table 15.

Table 15: Hypothesis 2.2 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.478	.228	.223	.65931

Table 16 delineates the relationship between Transformational Leadership Style and Employee Satisfaction Based on the significant relationship, the supported hypothesis is as follows:

H 2.2: Transformational leadership style is positively related to employee job satisfaction. (Supported)

Table 16: Coefficient Values when Employee Satisfaction is Dependent Value and Transformational Leadership Style is Independent Value

Model	B	Std. Error	Beta	T	P
Average					
Transformational Leadership	.514	.078	.478	6.612	.000

Dependent Variable: Employee Satisfaction.

VII - The independent variable is Transformational Leadership Style, and Employee Productivity is dependent variable.

At this stage, we ran a linear regression where the Transformational Leadership Style is the independent variable and Employee Productivity is the dependent variable, as demonstrated in tables 17 and 18. The linear regression outcome in the Transformational Leadership Style relationship with Employee Productivity gave an R^2 value of .030 suggesting that the final model can explain 3% of variability, as shown in table 17.

Table 17: Hypothesis 2.3 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.051	.030	.04	.67482

Table 18 delineates the relationship between Transformational Leadership Style and Employee Productivity Based on the significant relationship, the supported hypothesis is as follows:

H 2.3: Transformational leadership style will have a positive impact on healthcare professionals' productivity. (Not Supported)

Table 18: Coefficient Values when Employee Productivity is Dependent Value and Transformational Leadership Style is Independent Value

Model	B	Std. Error	Beta	T	P
Average					
Transformational Leadership	.050	.080	.051	.626	.532

Dependent Variable: Employee Productivity.

VIII- The independent variable is Transformational Leadership Style, and Employee Turnover is dependent variable.

At this stage, we ran a linear regression where the Transformational Leadership Style is the independent variable and Employee Turnover is the dependent variable, as demonstrated in Tables 19 and 20. The linear regression outcome in the Transformational Leadership Style relationship with Employee Turnover gave an R^2 value of .016 suggesting that the final model can explain 1.6% of variability, as shown in table 19.

Table 19: Hypothesis 2.4 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.126	.016	.009	.55869

Table 20 delineates the relationship between Transformational Leadership Style and Employee Turnover Based on the significant relationship, the supported hypothesis is as follows:

H 2.4: There is a positive relationship between transformational leadership style and employee turnover. (Not Supported)

Table 20: Coefficient Values when Employee Turnover is Dependent Value and Transformational Leadership Style is Independent Value

Model	B	Std. Error	Beta	t	P
Average					
Transformational Leadership	-.102	.066	-.126	-1.543	.125

Dependent Variable: Employee Turnover.

SUMMARY

The results of the multiple linear regression analysis highlight the relationship between the independent variables (Transactional and Transformational Leadership Styles) and the dependent variables (employee satisfaction, employee productivity, employee turnover, and employee empowerment) among healthcare professionals in the Lebanese medical/hospital sector. The testing of hypotheses by using the linear regression presents the relation between:

- Transactional leadership style and employee productivity; it is shown through analysis that transactional leadership style has a positive relation with employee productivity and thus rejecting the hypothesis.
- Transactional leadership style and employee satisfaction; it is shown through analysis that transactional leadership style has a positive relation with employee satisfaction and thus not supporting the hypothesis.
- Transactional leadership style and employee empowerment; it is shown through analysis that transactional leadership style has a positive relation with employee empowerment and thus rejecting the hypothesis.
- Transactional leadership style and employee turnover; it is shown through analysis that transactional leadership style has a positive relation with employee turnover and thus supporting the hypothesis.
- Transformational leadership style and employee productivity; it is shown through analysis that transformational leadership style has a positive relation with employee productivity and thus rejecting the hypothesis.
- Transformational leadership style and employee satisfaction; it is shown through analysis that transformational leadership style has a positive relation with employee satisfaction, and thus supporting the hypothesis.
- Transformational leadership style and employee empowerment; it is shown through analysis that transformational leadership style has a positive relation with employee empowerment, and thus supporting the hypothesis.
- Transformational leadership style and employee turnover; it is shown through analysis that transformational leadership style has a positive relation with

CONCLUSION

Transactional leadership style as reported by most of literature on this subject suppresses employee empowerment. However, the findings of this paper showed the opposite, whereby the hypothesis was rejected. Transactional leadership is leading an organization through routine

transactions by offering rewards and punishments, according to the tasks accomplished. It is entirely based on the transactions directed by the leader and the nurses or residents or any other healthcare professionals. In Lebanon, employees suffered a great deal from the instability of the economy and politics. Unfortunately, this made the Lebanese people request guaranteed opportunities and jobs. As a result, Lebanese tend to go for win-win situation and get involved in secured jobs. Thus, all that is required from them is to do their jobs and complete their tasks so they can be paid at the end of the month. In transactional leadership style, a manager rewards performance when it exceeds expectations and he/she punishes employees when it falls below expectations. So, the concept relies on the fact that says: "Give me, to give you" or "Scratch my back and I will scratch yours". Originally, Lebanese are traders. They believe in exchanging benefits because they are responsible for their own success and failures. At work, they follow a clear chain of command and tend to agree and follow the rules and conditions. However, in return, they believe that they should be rewarded according to their efforts and commitments, in order to excel at work and get empowered.

The outcome of the used surveys revealed a positive relationship between transformational leadership style and employee empowerment. Thus, the hypothesis is accepted/ supported.

In Lebanon, although sometimes transformational leaders take a directive approach, however, they encourage teamwork and they often seek for subordinates' participation by performing collective tasks and sharing experiences among each other.

Furthermore, Lebanese people are self-dependent, self-managed, and self-developed. They succeed as entrepreneurs due to the responsibility they hold. They like to gain some job autonomy and get empowered at work.

To sum up, findings suggest that transformational leadership style contributes to the prediction of employees' self-reported empowerment. Therefore, the more the manager empowers the followers, the more effective the team will be. In healthcare, leadership style starts with transactional which then leads to transformational leadership styles. However, both styles are mandatory in any business. Transactional and transformational leadership styles are not opposite, but instead they can be complimentary. In addition, results showed that there is positive relation between transactional leadership style and employee satisfaction. Moreover, transformational leadership style has a positive impact on employee satisfaction. Thus according to the results, the hypothesis is accepted.

The results also showed that Lebanese leaders tend to be supportive and considerate in their relationship with their employees in order get to higher levels of employee satisfaction.

Furthermore, results also showed that job satisfaction is influenced by the type of leadership implemented by the manager.

This study revealed that there is a positive relationship between transactional leadership style and employee productivity. It is obvious that effectiveness and efficiency are the core elements of productivity in any institution,

Finally, the findings showed that there is no relationship between transformational leadership and employee turnover. Thus, the hypothesis is rejected. In Lebanon, managers started to understand the importance of their relationship with the employees. Employees should be valued, respected, and considered as an asset to the organization.

As a conclusion, practicing transformational leadership style has no influence on employee turnover. However, the respect, trust, autonomy, and the independency offered at the hospital enhance job satisfaction and reduces employee turnover. Although, there is a heavy work load and pressures in hospitals that healthcare professionals are aware of from the beginning of their journey, however, such factor may also affect job satisfaction and reduce employee turnover. Below is a summary for the results of the study:

Table 21: Summary of the results

Independent Dependent	Employee Empowerment	Employee Satisfaction	Employee Productivity	Employee Turnover
Transactional Leadership Style	(Final Result) + (not supported)	+ (not supported)	+ (not supported)	+ (supported)
Transformational Leadership Style	+ (supported)	+ (supported)	No relation (not supported)	No relation (not supported)

RECOMMENDATIONS

The following recommendations should be considered to improve the quality of medical service institutions in Lebanon:

- Comparative studies on this similar subject should be made between internationally accredited hospitals and non-accredited hospitals to compare the type of leadership style implemented and its effect on the quality of patient's care. It is also possible that further investigation will determine the dimensions of job satisfaction, job conditions, welfare and management, as none of these dimensions were studied in detail in the current study.

- Comparative studies can be made between Lebanese hospitals and hospitals abroad to compare leadership styles and its effect on the international medical and quality standards.
- Improving awareness of available communication channels between leaders and subordinates, and the development of transactional-transformational leadership styles are a must to improve health care and the quality of healthcare service provision in Lebanon.
- Designing mechanisms to support employees' opinions, to listen and to take into consideration their complaints is essential for job satisfaction, productivity, and employee empowerment.

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