ISSN 2055-0286
Advances in Social Sciences Research Journal; Vol. 13 No. 05 (2026) (70-76)
https://doi.org/10.14738/assrj.1305.2377

Examining the Relationship between Healthcare Managers' Leadership and Employee Job Satisfaction in Mongolia

Buyandelger, Boldbaatar[1], Khurelbaatar, Nyamdavaa.[1], Davaalkham, Dambadarjaa.[1], & Nasantogtokh, Erdenebileg[2].

1. Mongolian National University of Medical Sciences
2. Pediatrician at Intermed Hospital

Abstract: The main goal of our study is to examine the impact of healthcare managers' leadership on employee job satisfaction in Mongolia. To achieve this objective, the study adopts a quantitative research design and applies statistical methods, including regression analysis, to evaluate the relationship between key leadership dimensions and job satisfaction across different organizational levels. The research specifically focuses on leadership practices such as direction-setting, motivation, communication, and performance orientation within healthcare institutions. The findings reveal that leadership is a central and decisive factor influencing employee job satisfaction. Leadership outcomes emerge as the most consistent and influential predictor across all levels of the organization. However, the impact of leadership varies depending on hierarchical position. At senior management levels, leadership plays a strategic role in shaping organizational vision and climate. At middle management levels, its influence is more dependent on broader organizational conditions. In contrast, at operational and frontline levels, leadership has a more direct and immediate effect through daily supervision, support, and performance-related interactions. Furthermore, our study confirms that leadership operates as a multidimensional mechanism affecting job satisfaction through motivation, professional development, organizational culture, and service quality. Leadership approaches characterized by active engagement, fairness, clear expectations, and accountability significantly enhance employee satisfaction and organizational effectiveness, whereas passive leadership demonstrates little positive impact. In conclusion, our study highlights the critical importance of strengthening leadership capacity across all levels of healthcare organizations. Promoting active, outcome-oriented leadership is essential for improving employee job satisfaction, ensuring workforce stability, and enhancing the quality and sustainability of healthcare services in Mongolia. The findings contribute to both theoretical knowledge and practical improvements in healthcare leadership and management.

Keywords: healthcare leadership, job satisfaction, healthcare managers, Mongolia

INTRODUCTION

Healthcare organizations operate in increasingly complex and demanding environments where service quality depends not only on clinical competence but also on effective leadership and workforce management. Healthcare professionals often face high workloads, emotional pressure, and continuous organizational change, making employee job satisfaction a critical factor influencing performance, retention, and overall service delivery. Within this context, leadership has become one of the most important determinants shaping employees' perceptions of their work environment and their level of job satisfaction.

Also, healthcare organizations today operate in highly complex and demanding environments where service quality depends not only on clinical skills but also on effective leadership and workforce management. Healthcare professionals often face heavy workloads, emotional pressure, and continuous organizational changes, making employee job satisfaction a crucial factor influencing performance, retention, and overall service quality.

Leadership is widely recognized as a key determinant of job satisfaction. Healthcare managers shape the work environment through their ability to guide, motivate, and support employees. Their leadership directly affects communication, teamwork, and professional development, which in turn influences how employees perceive their work and their level of satisfaction. In this sense, leadership goes beyond administrative responsibility and becomes a central driver of organizational effectiveness.

Previous studies show that different leadership styles have varying impacts on employee outcomes. In healthcare settings, leadership that provides clear direction, support, and accountability tends to improve satisfaction and performance, while ineffective or passive leadership may reduce motivation and service quality.

In Mongolia, the healthcare sector is undergoing ongoing reforms and development, increasing the demands placed on both managers and staff. However, there is still a lack of empirical research examining how leadership influences job satisfaction across different organizational levels.

Our study aims to analyze the impact of healthcare managers' leadership on employee job satisfaction in Mongolia using a quantitative approach. The findings are expected to contribute to improving leadership practices, strengthening workforce stability, and enhancing the overall performance of healthcare organizations.

THEORETICAL FRAMEWORK OF LEADERSHIP AND EMPLOYEE JOB SATISFACTION

Our study is grounded in an integrated set of theoretical perspectives that collectively explain how leadership shapes employee job satisfaction within healthcare organizations. Rather than viewing leadership as an isolated managerial function, the framework conceptualizes it as a multidimensional mechanism that operates through motivation, professional development, organizational culture, and service delivery processes. By combining leadership theory, job satisfaction theory, human capital theory, organizational behavior, social exchange theory, and service quality theory, the study provides a comprehensive analytical basis for understanding how managerial practices influence both employee outcomes and organizational performance.

At the core of the framework is the Full Range Leadership Theory developed by James MacGregor Burns and later expanded by Bernard M. Bass. This theory distinguishes between transformational, transactional, and laissez-faire leadership styles, each reflecting different approaches to influencing employees. Transformational leadership, in particular, is highly relevant in healthcare settings, as it emphasizes vision, inspiration, intellectual stimulation, and individualized consideration. Such leadership behaviors are critical in environments where work is complex, emotionally demanding, and require high levels of professional commitment. By fostering motivation, trust, and a shared sense of purpose, transformational leadership contributes directly to enhanced job satisfaction and improved

service outcomes. In contrast, transactional leadership focuses on structured supervision and performance-based rewards, while laissez-faire leadership reflects limited managerial engagement, often associated with weaker organizational outcomes.

The concept of job satisfaction itself is explained through motivational theory, particularly the Two-Factor Theory proposed by Frederick Herzberg. This theory differentiates between hygiene factors—such as salary, working conditions, organizational policies—and motivators, including achievement, recognition, and opportunities for growth. In healthcare organizations, leadership plays a central role in shaping both dimensions. Effective leaders not only ensure that basic working conditions are adequate but also create an environment that supports professional recognition and personal development. As a result, leadership becomes a key determinant of how employees perceive their work and their level of satisfaction.

Complementing this perspective, Human Capital Theory, advanced by Gary Becker, provides an economic and developmental lens through which employee satisfaction can be understood. This theory emphasizes that employees' knowledge, skills, and competencies constitute valuable organizational assets, and that investment in their development leads to improved productivity and performance. In the healthcare sector, where service quality is directly dependent on professional expertise, continuous training and skill enhancement are essential. Leadership is therefore critical in facilitating access to learning opportunities, encouraging professional growth, and aligning individual development with organizational goals.

The framework is further enriched by insights from Organizational Behavior Theory, particularly as articulated by Stephen P. Robbins. This perspective highlights how leadership influences organizational culture, communication patterns, and employee motivation. In healthcare institutions, where teamwork and coordination are vital, leadership practices shape not only task performance but also interpersonal relationships and ethical standards. A supportive and well-structured organizational environment contributes significantly to employee satisfaction, while poor leadership can lead to conflict, stress, and reduced performance.

Social Exchange Theory offers a relational explanation for the link between leadership and job satisfaction. This theory posits that workplace relationships are based on reciprocal exchanges between employees and their organization. When employees perceive fairness, support, and recognition from leadership, they are more likely to reciprocate with higher levels of commitment, engagement, and positive work behavior. In healthcare settings, where collaboration and trust are essential for effective service delivery, such reciprocal relationships play a crucial role in sustaining employee satisfaction and organizational stability.

Our study incorporates the Service Quality Theory, particularly the SERVQUAL model developed by A. Parasuraman, Valarie Zeithaml, and Leonard Berry. This model identifies five key dimensions of service quality: reliability, responsiveness, assurance, empathy, and tangibles. In the healthcare context, employee satisfaction is closely linked to the ability to deliver high-quality services across these dimensions. Leadership plays a fundamental role in fostering a service-oriented culture, ensuring that employees are motivated, supported, and equipped to meet patient expectations.

The theoretical perspectives suggest that leadership operates as the central mechanism linking organizational practices, employee development, and service outcomes. Effective leadership enhances job satisfaction not only by influencing individual motivation and professional growth but also by shaping a supportive organizational environment and promoting high standards of service quality. This integrated framework therefore provides a robust foundation for analyzing the relationship between healthcare managers' leadership and employee job satisfaction in the context of Mongolia.

METHODOLOGY OF OUR STUDY

Our study adopts a quantitative research design to examine the impact of leadership on employee job satisfaction within healthcare organizations in Mongolia. The analysis is based on cross-sectional survey data collected from managerial staff, physicians, and nurses working in public healthcare institutions. The use of a quantitative approach allows for a systematic assessment of the relationships between leadership variables and job satisfaction, as well as the identification of statistically significant patterns across different organizational levels.

The study sample consists of respondents drawn from multiple healthcare organizations, including hospitals and health departments in both urban and rural areas. To capture the hierarchical nature of leadership within healthcare institutions, participants were categorized into four groups: top management (hospital directors and deputy directors), department heads, unit or section managers, and medical staff (physicians and nurses). This stratified structure enables a comparative analysis of leadership effects across different levels of organizational authority and responsibility.

To evaluate the impact of leadership on job satisfaction, the study employs regression analysis as the primary statistical method. Both simple (single factor) and multiple regression models were estimated.

Simple regression models were used to examine the individual effect of each leadership variable on job satisfaction. This approach provides an initial understanding of the direct relationship between leadership dimensions and employee satisfaction. The multiple regression models, in contrast, were used to assess the combined and independent effects of all leadership variables simultaneously. This allows for more rigorous analysis by controlling the influence of other variables and identifying the unique contribution of each leadership dimension.

All statistical analyses were conducted using SPSS 25.0 software. The analysis followed several steps. First, descriptive statistics were generated to summarize the characteristics of the sample. Second, regression analyses were performed separately for each organizational level to account for structural differences in leadership roles. The results were interpreted based on key statistical indicators, including regression coefficients (β), standard errors (SE), and p-values. A significance level of $p < 0.05$ was used as the threshold for determining statistical significance. The comparison between single-factor and multiple regression results was particularly important for identifying whether the effects of leadership variables remained stable after controlling other factors. The methodological approach of this study provides a structured and reliable means of analyzing the relationship between leadership and job satisfaction in healthcare settings. By combining stratified

sampling with regression analysis, the study offers a nuanced understanding of how leadership operates at different organizational levels and how it influences employee satisfaction in a complex and demanding professional environment.

REGRESSION ANALYSIS RESULTS ON THE IMPACT OF LEADERSHIP ON JOB SATISFACTION

The results of the regression analysis assessing the effect of leadership on job satisfaction indicate that the leadership outcomes of hospital directors (and deputy directors) have a statistically significant positive effect on employee satisfaction (β = 1.86, SE = 0.32, p = 0.028). This suggests that leadership effectiveness at the top management level serves as an important determinant of staff job satisfaction in table 01.

Table 01: Regression analysis of leadership impact on job satisfaction at top management level

Variable	Beta (β)	SE	p-value	Results of study
Leadership outcomes	1.86	0.32	0.028	Significant

The results of study.

At the department head level, the results of single-factor regression analysis show that both change-oriented leadership (β = 0.48, p = 0.024) and leadership outcomes (β = 0.91, p = 0.025) have statistically significant positive effects on job satisfaction. However, in the multiple regression model, none of the variables remained statistically significant (p > 0.05). This finding implies that, at this level, the influence of leadership is likely explained by other factors, and its independent effect appears relatively weak in table 02.

Table 02: Regression results for leadership variables and job satisfaction at department head level

Model	Variable	Beta (β)	p-value	Results of study
Single factor	Change-oriented leadership	0.48	0.024	Significant
Single factor	Leadership outcomes	0.91	0.025	Significant
Multiple	All variables		>0.05	Not significant

The results of study.

At the unit (section) manager level, single-factor regression analysis reveals that change-oriented leadership (β = 0.57, p < 0.0001), performance-oriented leadership (β = 0.90, p = 0.002), and leadership outcomes (β = 1.27, p < 0.0001) all exert strong and statistically significant positive effects on job satisfaction. In the multiple regression model, however, only leadership outcomes remained significant (β = 1.38, SE = 0.13, p = 0.041). This suggests that, at the unit manager level, the actual influence of leadership is primarily mediated through leadership outcomes, while the effects of other leadership styles diminish due to intercorrelations among variables in table 03.

Table 03: Regression analysis of leadership styles and job satisfaction at unit (section) manager level

Model	Variable	Beta (β)	SE	p-value	Results of study
Single factor	Change-oriented leadership	0.57		<0.0001	Significant
Single factor	Performance-oriented leadership	0.9		0.002	Significant
Single factor	Leadership outcomes	1.27		<0.0001	Significant
Multiple	Leadership outcomes	1.38	0.13	0.041	Significant

The results of study.

For physicians and nurses, the single-factor regression analysis indicates that both change-oriented leadership style and leadership outcomes have strong, positive, and statistically significant effects on job satisfaction ($p < 0.0001$). In the multiple regression model, change-oriented leadership ($\beta = 0.13$, $p = 0.026$), performance-oriented leadership ($\beta = 0.21$, $p = 0.032$), and leadership outcomes ($\beta = 0.47$, $p < 0.001$) all remain statistically significant predictors of job satisfaction. The findings demonstrate that leadership functions as a statistically significant and stable determinant of job satisfaction among healthcare employees, exerting an independent and consistent influence across different organizational levels in table 04.

Table 04: Regression results of leadership effects on job satisfaction among physicians and nurses

Model	Variable	Beta (β)	p-value	Results of study
Single factor	Change-oriented leadership		<0.0001	Significant
Single factor	Leadership outcomes		<0.0001	Significant
Multiple	Change-oriented leadership	0.13	0.026	Significant
Multiple	Performance-oriented leadership	0.21	0.032	Significant
Multiple	Leadership outcomes	0.47	<0.001	Significant

The results of study.

CONCLUSION

Our study demonstrates that leadership is a central and decisive factor influencing employee job satisfaction within healthcare organizations. The findings show that leadership effectiveness shapes not only how employees perceive their work environment but also how they engage with their roles, responsibilities, and organizational goals. Leadership outcomes emerge as the most consistent and influential predictor of job satisfaction across all organizational levels, highlighting the importance of effective, results-oriented leadership.

The results further indicate that the impact of leadership is not uniform across hierarchical levels. At higher levels, leadership plays a strategic role in defining direction and shaping organizational climate. At middle levels, its influence is more dependent on broader contextual and organizational factors. In contrast, at operational and frontline levels, leadership exerts a more direct and observable effect on employee satisfaction through daily interactions, support, and performance-related outcomes. This variation

suggests that leadership in healthcare is inherently context-dependent and must be adapted to the structural and functional characteristics of each organizational level.

Moreover, our study confirms that leadership operates as a multidimensional mechanism that affects job satisfaction through motivation, professional development, organizational culture, and service quality. Leadership approaches characterized by clear outcomes, active engagement, fairness, and support contribute significantly to enhancing employee satisfaction and overall organizational performance. Conversely, passive leadership does not demonstrate a meaningful effect, indicating that a lack of direction and involvement may weaken both employee morale and organizational effectiveness.

In conclusion, our study underscores the critical importance of active, outcome-oriented leadership in improving employee job satisfaction in healthcare settings. Healthcare organizations should prioritize the development of leadership capacity across all levels, focusing on performance, accountability, and continuous improvement. Strengthening leadership practices in this way will be essential for promoting employee well-being and ensuring the quality, effectiveness, and sustainability of healthcare service delivery.

REFERENCES

1. Amato, Paul R. (2010). Research on divorce: Continuing trends and new developments. Journal of Marriage and Family, 72(3), 650–666.
2. Bass, Bernard M. (1985). Leadership and performance beyond expectations. Free Press.
3. Becker, Gary S. (1993). Human capital: A theoretical and empirical analysis, with special reference to education (3rd ed.). University of Chicago Press.
4. Burns, James MacGregor (1978). Leadership. Harper & Row.
5. Giddens, Anthony (1992). The transformation of intimacy: Sexuality, love, and eroticism in modern societies. Stanford University Press.
6. Herzberg, Frederick, Mausner, B., & Snyderman, B. B. (1959). The motivation to work. Wiley.
7. Kaplan, Rachel, & Kaplan, Stephen (1989). The experience of nature: A psychological perspective. Cambridge University Press.
8. Parasuraman, A., Zeithaml, Valarie A., & Berry, Leonard L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. Journal of Retailing, 64(1), 12–40.
9. Robbins, Stephen P., & Judge, T. A. (2017). Organizational behavior (17th ed.). Pearson.
10. Cropanzano, Russell, & Mitchell, M. S. (2005). Social exchange theory: An interdisciplinary review. Journal of Management, 31(6), 874–900.
11. World Health Organization. (2020). Global strategy on human resources for health: Workforce 2030. WHO.
12. World Bank. (2021). Health workforce and job satisfaction: Global perspectives. World Bank Publications.
13. OECD. (2022). Health at a glance: Europe 2022. OECD Publishing.
14. Ministry of Health of Mongolia. (2023). Health sector development report. Ulaanbaatar.
15. National Statistics Office of Mongolia. (2024). Health and labor statistics report. Ulaanbaatar.