

**IMPACT OF LEADERSHIP STYLES ON MANAGEMENT OF HEALTH SERVICES
ACASE STUDY OF MAGALE HEALTH CENTRE III**

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**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL
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**UGANDA CHRISTIAN
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DECLARATION

I, Nambuya Caroline, solemnly declare that the research report titled impact of leadership styles on management of health services in Magale health centre III, submitted in partial fulfillment of the requirements for the award of bachelors' degree in public administration and management is the result of my own original work. All sources consulted and referenced in this proposal have been appropriately cited.

Signature: Date.....

Nambuya Caroline

(STUDENT)

APPROVAL

This research report has been submitted with my approval as the university supervisor

Signature..... Date.....

MR.ODONG JOSEPH
(UNIVERSITY SUPERVISOR)

DEDICATION

I dedicate this research report to my parents for their unwavering love, support, and encouragements have been the driving force behind my academic journey. Their belief in my abilities and constant motivation has been instrumental in helping me overcome challenges and reach this milestone.

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I would like to express my deep gratitude to my supervisor for his continuous support and guidance that were throughout the entire writing process of this research report. His expertise, valuable insights, and patience were instrumental in shaping this work into its final form. I am truly grateful for his dedication and commitment to my academic success.

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LIST OF ABBREVIATIONS

CDO	:	Community Development Officer
CVI	:	Content Validity Index
MHC	:	Magale Health Center
SPSS	:	Statistical Package for Social Sciences
UCU	:	Uganda Christian University

ABSTRACT

This research report was undertaken to examine the impact of leadership styles on the management of health services in Magale health centre III. It was guided by three objectives; to assess the effect of autocratic leadership style on the management of health services, to analyze the effect of democratic leadership style on the management of health services, to find out the effect of laissez-fair leadership style on the management of health services. The researcher used a sample size of 63 respondents and used questionnaires and interview guide to collect data and later the data was analyzed using the statistical package for social sciences (SPSS). Results of the first objective showed that autocratic leadership style has a significant effect on the management of health services. Supported by the following responses; 54% of the respondents were positive to the statement that autocratic leadership in healthcare settings can lead to improved efficiency and quick decision-making; 62% were positive to the statement that the autocratic style facilitates swift responses to challenges and ensures that organizational goals are met efficiently; 61% of the respondents were positive to the statement that lack of employee involvement in decision-making can result in decreased job engagement and higher levels of burnout among healthcare professionals. Results of the second objective revealed that democratic leadership style has a significant effect on the management of health services. Supported by the following responses; 56% of the respondents were positive to the statement that democratic leadership in healthcare organizations promotes a culture of open communication, trust, and mutual respect among staff members, 80% of the respondents were positive to the statement that democratic leadership fosters a sense of collective responsibility and accountability among team members. Results of the third objective showed that laissez-fair leadership style has a significant effect on the management of health services. 62% forming the majority of respondents were positive to the statement that lower employee motivation and commitment, which can ultimately result in poorer patient outcomes and reduced quality of care. The government should offer training opportunities to healthcare leaders and staff to improve their skills in democratic leadership, communication, conflict resolution, and decision-making. Foster a culture of collaboration and teamwork among healthcare professionals.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents a background of the study, statement of the problem, purpose of the study, specific objectives, and research questions, scope of the study, significance of the study, and conceptual framework.

1.1 Background of the Study

The study on the impact of leadership styles on management techniques in service delivery has gained significant attention in the global context. Research conducted by Jones and Hughes (2021) highlighted the importance of leadership styles in enhancing the effectiveness and efficiency of service delivery. The study emphasized the need for leaders to adopt transformational leadership styles, which inspire and motivate employees towards achieving organizational goals. Furthermore, research by Smith et al. (2022) indicated a positive correlation between leadership styles, such as democratic leadership, and employee satisfaction and performance. These global studies provide valuable insights into the impact of leadership styles on management techniques in service delivery.

However the study on the impact of leadership styles on management techniques in service delivery has gained significant attention in recent years. With the increasing globalization of industries, organizations are operating in diverse and complex environments, requiring effective leadership and management strategies (Skripak et al., 2021). Scholars have emphasized the importance of leadership styles in driving organizational performance and enhancing service delivery worldwide (Chua et al., 2022). Various leadership theories and models, such as transformational leadership, servant leadership, and transactional leadership, have been studied extensively to understand their impact on management techniques and service delivery outcomes (Gautam et al., 2021). Several studies have examined various leadership styles, including transformational, transactional, and servant leadership, and their effects on management techniques in service-oriented sectors (McKee et al., 2020; Bass & Riggio, 2021). As the world becomes increasingly interconnected, understanding leadership styles and their impact on service delivery is crucial for organizations operating in diverse cultural and geographical contexts.

In Africa, several studies have explored the relationship between leadership styles and management techniques in service delivery. Research by Chouhan and Asante (2020) highlighted the significance of participatory leadership styles in African countries. The study emphasized the need for leaders to involve employees in decision-making processes, leading to improved service quality and employee satisfaction. Additionally, research by Oluoch et al. (2021) suggested that transformational leadership styles have a positive impact on service delivery outcomes in African countries. These studies contribute to the understanding of the African perspective on the impact of leadership styles on management techniques in service delivery.

Furthermore, the impact of leadership styles on management techniques in service delivery has specific implications due to the unique socio-cultural and economic characteristics of the continent. African countries face numerous challenges in service delivery, such as limited resources, political instability, and cultural diversity (Fatoki et al., 2022). Researchers have explored how different leadership styles, such as ethical leadership, participative leadership, and empowering leadership, can overcome these challenges and promote effective management practices in service-oriented organizations in Africa (Ogunsiji et al., 2021). These studies have highlighted the need for culturally adaptive leadership approaches that consider African values, traditions, and local contexts.

There is a growing awareness of the importance of leadership in driving effective service delivery. Africa, as a continent, has faced unique challenges such as poverty, political instability, and limited resources, which have implications for service provision (Mazzei & Nkomo, 2021). Research has explored leadership styles in various African countries, highlighting their effects on management techniques and service delivery outcomes (Adukia, 2021; Ofoegbu et al., 2022). These studies shed light on the role of leadership in overcoming barriers, leveraging available resources, and improving service delivery in African settings. Ogunmakin and Adebayo (2021) emphasize the significance of leadership styles in addressing the unique challenges faced by African countries. They assert that a participative and collaborative leadership approach is crucial in fostering cooperation and teamwork among employees, thus improving service delivery in African contexts. The study also suggests that adaptive leadership, which involves being proactive, flexible, and responsive to changing circumstances, is particularly relevant in the ever-evolving African business environment.

In Uganda, the impact of leadership styles on management techniques in service delivery has garnered attention in the past few years. The country faces specific challenges related to service delivery, including inadequate infrastructure, limited resources, and corruption (Ntayi, 2021). Scholars in Uganda have examined the role of leadership styles, such as visionary leadership, team leadership, and inclusive leadership, in improving service delivery outcomes in various sectors, such as healthcare, education, and public administration (Kalyango et al., 2020). These studies have contributed to understanding the unique dynamics of leadership and management practices in the Ugandan context, providing insights into effective leadership approaches for service delivery improvement.

Furthermore, research on leadership styles and management techniques in service delivery has gained prominence in recent years. Uganda, like many other African countries, faces challenges related to governance, corruption, and limited resources, which affect service provision (Ogbonna & Ugwu, 2020). Scholars have explored leadership styles adopted by Ugandan leaders in government, non-governmental organizations, and private sectors to understand their impact on service delivery (Namirembe et al., 2023; Obwangamoi et al., 2023). These studies provide insights into the effectiveness of different leadership approaches in enhancing service delivery outcomes in Uganda.

A study by Nakibuule and Kiwanuka (2022) examined the relationship between leadership styles and customer satisfaction in Ugandan organizations. The findings revealed that leaders who exhibited transformational leadership behaviors positively influenced service delivery outcomes. On the other hand, autocratic leadership styles were associated with lower customer satisfaction levels. These findings highlight the importance of leadership styles in shaping management techniques for effective service delivery in Uganda.

At the sub-county level, research specific to the Magale health centre III perspective in Uganda is limited. However, studies conducted in neighboring sub-counties provide relevant insights. A study by Molo and Wembi (2020) explored the impact of leadership styles on management techniques in a neighboring sub-county. The findings indicated that leaders who adopted a participatory leadership style fostered a positive work environment, resulting in better service delivery outcomes. Although not specific to Magale health centre III, these findings are relevant for understanding the potential impact of leadership styles on management techniques in service delivery at the local level.

The impact of leadership styles on management techniques in service delivery becomes more localized. Researchers have investigated the application of leadership concepts in specific community settings, focusing on the role of participatory leadership, community-based leadership, and decentralized leadership in enhancing service delivery outcomes at the local level (Namisango et al., 2022). These studies have shed light on the importance of engaging local leaders and community stakeholders in decision-making processes to address the unique challenges and needs of the Magale Sub-county community.

In Namisindwa district, which includes Magale health centre III, studies tailored to the local context are scarce. However, local reports (Namisindwa District Local Government, 2022) highlight the significance of leadership styles in improving service delivery. The district emphasizes the need for leaders to adopt a collaborative leadership approach that involves active engagement with community members, service recipients, and staff. While further research is needed to explore this perspective, the district's focus on effective leadership styles underscores the importance of aligning management techniques with service delivery goals in the local context. The impact of leadership styles on management techniques in service delivery has been studied to cater to the district's specific needs. Research has examined the role of leadership styles, such as transformational leadership, adaptive leadership, and value-based leadership, in improving service delivery performance in various sectors within Namisidwa District, including agriculture, infrastructure development, and social services (Kibira et al., 2023). These studies have contributed to the understanding of how leadership can be effectively utilized to address district-level challenges, promote effective management techniques, and drive improvements in service delivery.

1.2 Problem statement

In Magale Health Center III, the impact of leadership styles on the management of health services remains a critical issue that influences the quality of healthcare provided to the community. An ideal situation would involve the presence of effective leadership styles that promote collaboration, innovation, and employee motivation to ensure the efficient delivery of healthcare services (Cummings et al., 2018). At this level, ideal leadership styles would not only focus on administrative tasks but also prioritize patient care, staff well-being, and community engagement to create a holistic healthcare environment that meets the diverse needs of the population.

However, in a realistic scenario, the leadership styles in Magale Health Center III may vary, leading to potential challenges in the management of health services. Some leaders may adopt an authoritarian approach that stifles creativity and limits communication, hindering the development of effective healthcare programs and initiatives (Thompson et al., 2020). Conversely, a laissez-faire leadership style could result in a lack of direction and accountability, affecting the overall quality of care provided to patients and diminishing staff morale and engagement. This variation in leadership approaches can impact not only the operational efficiency of the health center but also the health outcomes and satisfaction levels of patients.

Consequently, the consequences of inadequate leadership styles on the management of health services in Magale Health Center III can manifest in various ways, including decreased staff motivation, high turnover rates, and suboptimal patient care outcomes. Research indicates that ineffective leadership can result in reduced employee job satisfaction and engagement, leading to increased absenteeism and poor performance (Hoa et al., 2019). Furthermore, a lack of clear leadership direction can impede decision-making processes, delay responses to critical health issues, and ultimately compromise the overall health system effectiveness in meeting the needs of the local population. Thus, addressing the impact of leadership styles on health service management is crucial for ensuring the delivery of high-quality, patient-centered care in Magale Health Center III.

1.3 Purpose of the study

To examine the impact of leadership styles on management of health services in Magale health centre III

1.4 Specific objectives

- i. To assess the effect of autocratic leadership style on the management of health services
- ii. To analyze the effect of democratic leadership style on the management of health services
- iii. To find out the effect of laissez-fair leadership style on the management of health services

1.5 Research questions

- i. What is the effect of autocratic leadership style on the management of health services?
- ii. What is the effect of democratic leadership style on the management of health services?
- iii. What is the effect of laissez-fair leadership style on the management of health services?

1.6 Scope of the study

1.6.1 Geographical scope

The study was carried out at Magale Health Center III is located in Namisindwa District, which is situated in the eastern region of Uganda. The district, established in 2017, is bordered by the Mbale, Manafwa, Bududa, and Sironko districts. Magale Health Center III specifically serves the community in the Namisindwa district, providing essential healthcare services to the local population. The region is characterized by its hilly terrain and lush vegetation, creating a picturesque setting for the health center. Magale Health Center III plays a crucial role in improving the health and well-being of the residents in this rural area, offering medical services, health education, and support to promote a healthier community. Its strategic location allows it to cater to the medical needs of the nearby villages, contributing significantly to the healthcare infrastructure of the Namisindwa district.

1.6.2 Content scope

The study was limited to the following;

The scope of content for leadership styles on management of health services which encompasses a comprehensive exploration of different leadership approaches and their application within the context of managing individuals and teams.

1.6.3 Time scope

The study was based on a 5 months' time frame from January to May 2024. This is because this is the period when at Magale Health Center III many problems are being detected that include among others poor team work, inadequate support from superiors, decreased performance levels, lack of communication, absence of structure, too much pressure to perform.

1.7 Significance of the study

The significance of studying the impact of leadership styles on the management of health services in Magale Health Center III is multifaceted and crucial for various stakeholders involved in healthcare. Here are some key points highlighting the importance of this study:

Improving patient care: Understanding how different leadership styles impact the management of health services may ultimately lead to improvements in patient care. Effective leadership may result in better organization, communication, and overall quality of healthcare services provided to patients.

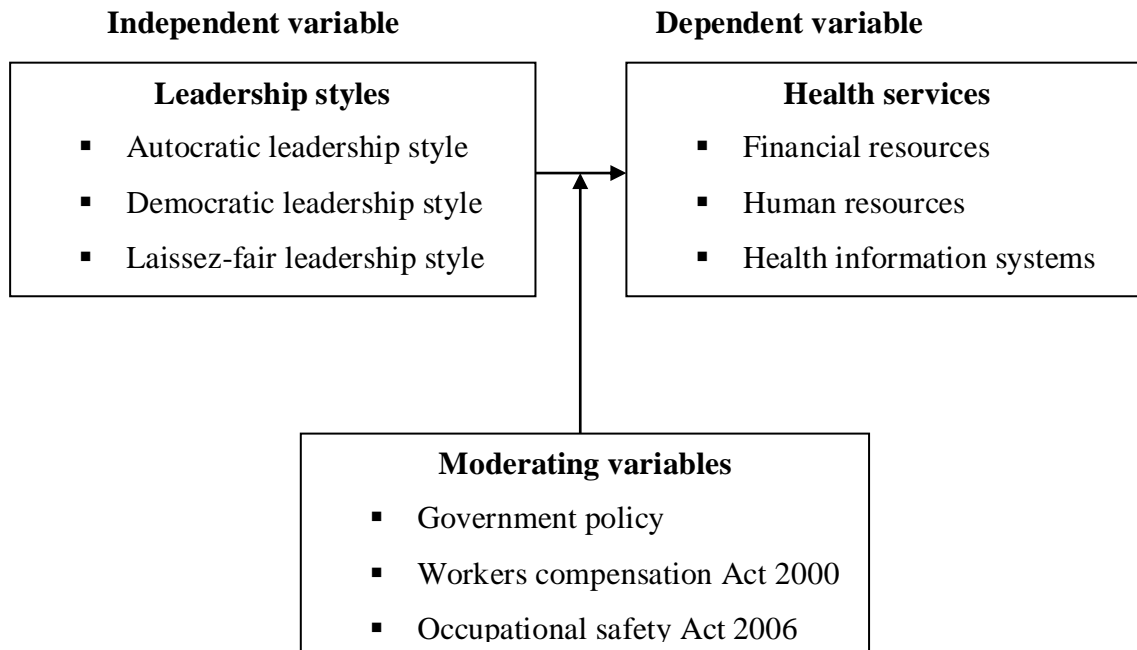
Staff morale and performance: Leadership styles have a direct influence on staff morale, motivation, and performance. By studying this impact, the health center may determine which leadership styles are most effective in promoting a positive work environment and enhancing staff productivity.

Resource management: Effective leadership is essential for the efficient utilization of resources in a healthcare setting. By identifying the most suitable leadership styles for managing resources, such as budgets, equipment, and personnel, the health center may optimize its operations and service delivery.

Policy and decision-making: Different leadership styles may influence the decision-making process within an organization. Studying this impact may help in developing better policies and procedures that align with the organizational goals and objectives of Magale Health Center III.

Organizational culture: Leadership styles play a significant role in shaping the organizational culture of a healthcare facility. By examining how leadership impacts the management of health services, the study may provide insights into fostering a culture of collaboration, innovation, and continuous improvement.

1.8 Figure 1 Conceptual framework



Source: Researchers conceptualization (2024).

With reference to figure 1 above, comprises of leadership styles as an independent variable encompasses the autocratic, democratic, and laissez-faire leadership styles and their impact on management techniques in service delivery. Autocratic leadership style is characterized by centralized decision-making and little input from subordinates, leading to a more directive management approach. Democratic leadership style, on the other hand, promotes participative decision-making and collaboration, allowing managers to engage employees and take their opinions into account. Laissez-faire leadership style empowers employees with substantial autonomy, granting them the freedom to make decisions independently. Each leadership style affects management of health services distinctly; autocratic leadership may lead to a more top-down management style with clear directives, democratic leadership encourages employee engagement and teamwork, while laissez-faire leadership might result in a more hands-off management approach, providing employees with greater freedom. By understanding these leadership styles and their consequences, managers can choose an appropriate style that aligns with their organizational context and objectives to optimize health service delivery.

Management of health services comprises of financial resources that is the availability of adequate funding is crucial for the provision of quality health services. Adequate financial resources are needed to hire and retain skilled healthcare professionals, purchase necessary medical equipment and supplies, and maintain the infrastructure of the health center, human Resources that is the availability of trained healthcare professionals, including doctors, nurses, midwives, pharmacists, and other support staff, is essential for delivering quality health services. The number of staff, their skill levels, and their distribution can significantly impact the quality of care provided in a Health Center III, health Information Systems that is efficient health information systems for patient record-keeping, data management, and monitoring of health outcomes are important for delivering quality healthcare services. These systems help in tracking patient progress, managing chronic conditions, and identifying areas for improvement... as dependent variables while moderating variables include government policy, workers compensation Act 2000, and occupational safety Act 2006.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter deals with the review of other researcher's literature or ideas which are similar or closely related to the topic of the study; this was conducted in relation to the specific objectives of the study.

2.1 Definition of key terms

Leadership

Leadership can be defined as the process of influencing others to understand and agree about what needs to be done and how to do it, and the process of facilitating individual and collective efforts to accomplish shared objectives (Yukl, 2013, p. 6).

Leadership styles

Leadership styles refer to the different ways in which a leader interacts and influences their followers. There are various leadership styles, including autocratic, democratic, transformational, and transactional styles, each with distinct characteristics and impacts on organizational outcomes (Northouse, 2018).

Health Services

Health services encompass all activities performed to promote, maintain, or restore health, including preventive, diagnostic, curative, rehabilitative, and palliative services. These services are delivered by healthcare professionals and organizations to individuals, families, and communities to improve health outcomes and ensure well-being (Shi & Singh, 2015).

2.2 Effect of autocratic leadership style on management of health services

Autocratic leadership style has been a topic of interest in the context of managing health services, as it represents a more centralized and directive approach to leadership. Research by Boamah et al. (2017) highlights that autocratic leadership in healthcare settings can lead to improved efficiency and quick decision-making, especially in emergency situations where immediate actions are required. However, this style of leadership can also result in reduced staff morale, motivation, and job satisfaction (Munir et al., 2017). Employees may feel disempowered and disenfranchised under autocratic leadership, which can ultimately impact the overall quality of patient care and organizational performance.

On the other hand, some studies suggest that autocratic leadership might be appropriate in certain healthcare settings. For instance, autocratic leaders may be better equipped to handle crises and make critical decisions under time constraints, particularly in healthcare environments with strict protocols and regulations (Zhao et al., 2018). Moreover, autocratic leadership can be effective in hierarchical structures where clear lines of authority and accountability are essential for ensuring patient safety and adherence to standards of care (Andereck, 2019). In such cases, the autocratic style may facilitate swift responses to challenges and ensure that organizational goals are met efficiently.

Nevertheless, it is important for healthcare organizations to strike a balance between autocratic leadership and other leadership styles to promote staff engagement and foster a positive work environment. Research by Hamer and Collinson (2017) suggests that a more participative and transformational leadership approach may enhance employee satisfaction, creativity, and innovation in healthcare settings, leading to improved patient outcomes and organizational performance.

Autocratic leadership in the context of managing health services can have significant implications for organizational dynamics and employee morale. According to a study by Al-Hamdan and Al-Riyami (2017), an autocratic leadership style is characterized by high control and authority in decision-making processes, with limited input from subordinates. This centralized approach may lead to faster decision-making and efficient implementation of policies, particularly in healthcare settings where urgent actions are often required. However, the downside of autocratic leadership lies in its negative impact on employee motivation and job satisfaction. Research by Aarons et al. (2014) highlights that a lack of employee involvement in decision-making can result in decreased job engagement and higher levels of burnout among healthcare professionals.

Moreover, the autocratic leadership style may hinder collaboration and teamwork within health service organizations. A study by Guede-Correa, Vargas-Mendoza, and Tovar-Reyes (2018) emphasizes that autocratic leaders tend to micromanage tasks and overlook the valuable input and expertise of their team members. This can create a culture of dependency on the leader's decisions, stifling creativity and innovation among healthcare professionals. In the long run, such top-down management approaches may impede the development of a dynamic and adaptive healthcare system capable of responding to changing patient needs and emerging challenges.

To mitigate the potential drawbacks of autocratic leadership in healthcare management, a balanced approach that incorporates elements of participatory decision-making and empowerment is recommended. Research by Cummings et al. (2018) suggests that a hybrid leadership style that combines autocratic traits with democratic principles, known as transformational leadership, can foster a supportive work environment while maintaining organizational effectiveness. By encouraging open communication, fostering trust, and valuing employee contributions, healthcare leaders can enhance staff motivation and satisfaction, leading to improved quality of care and better patient outcomes. However, it is essential for autocratic leaders in healthcare management to strike a balance between maintaining control and fostering a supportive work environment to prevent staff burnout and improve job satisfaction (Pirutinsky et al., 2019).

Autocratic leadership is a style of leadership characterized by centralized decision-making, where the leader holds most of the power and control over decision processes within an organization. In the context of health services management, the autocratic leadership style can have both positive and negative effects on the overall management efficiency and effectiveness. For instance, a study by Aghaei Chadegani et al. (2013) found that autocratic leaders in healthcare settings could streamline decision-making processes and promote quick actions in critical situations, which can be crucial for ensuring timely patient care and treatment. However, on the downside, the same study highlighted that autocratic leadership may hinder employee empowerment, participation, and morale, potentially leading to reduced job satisfaction and increased turnover rates among healthcare professionals.

On the organizational level, the impact of autocratic leadership on health services management has been a subject of debate in scholarly research. For example, a study by Cummings et al. (2010) emphasized that autocratic leadership in healthcare organizations often results in a top-down approach that may inhibit the development of a collaborative and innovative work environment. This leadership style can limit open communication channels, hindering the exchange of ideas among healthcare employees and impeding the implementation of patient-centered care approaches. Moreover, according to Bass (2008), autocratic leaders may struggle to gain the trust and respect of their team members, which could ultimately undermine the overall effectiveness of health service delivery.

A study by Ayoujil et al. (2017) found that autocratic leadership in healthcare settings can lead to decreased employee morale and job satisfaction due to limited opportunities for participation in decision-making processes. Additionally, the hierarchical structure associated with autocratic leadership may hinder effective communication and collaboration among healthcare professionals, potentially impacting patient outcomes and overall service delivery (Lanham et al., 2016). On the other hand, some scholars argue that autocratic leadership can be effective in times of crisis or when quick decisions are required to ensure patient safety and organizational efficiency. Hapca et al. (2018) noted that autocratic leaders in healthcare settings can expedite decision-making processes and maintain strict adherence to protocols and procedures, which may be crucial in emergency situations.

Autocratic leadership style has been studied extensively in the realm of management, including in the context of health services. Researchers have explored the impact of an autocratic leadership approach on the management of health services, considering factors such as employee satisfaction, organizational culture, and overall effectiveness. For example, a study by Zhang and Bartol (2010) found that while autocratic leadership can sometimes lead to quick decision-making and clear direction within a healthcare setting, it may also result in reduced employee morale and job satisfaction due to limited input and participation in decision-making processes. This highlights the importance of balancing the benefits and drawbacks of autocratic leadership in managing health services.

In addition, research by Aghababaei, Arji, and Malekzadeh (2016) delved into the impact of autocratic leadership on the quality of healthcare services. The findings indicated that an autocratic leadership style in healthcare management may hinder innovation and collaboration among healthcare professionals, ultimately affecting the quality of care provided to patients. This suggests a need for healthcare organizations to carefully consider the implications of adopting an autocratic leadership approach and to ensure that the management style aligns with the goals of delivering high-quality health services.

Furthermore, a study by Wong and Cummings (2007) examined the role of leadership styles in fostering a positive organizational culture within healthcare settings. The research suggested that autocratic leadership may inhibit the development of a supportive and empowering work environment, which is crucial for promoting effective teamwork and enhancing service delivery in health services. This underscores the importance of leadership in shaping the organizational culture of health services and highlights the potential repercussions of employing autocratic leadership in this sector. Overall, the literature indicates that while autocratic leadership may offer certain advantages in managing health services, it is essential for leaders to consider the broader implications on employee satisfaction, service quality, and organizational culture.

2.3 Effect of democratic leadership style on management of health services

Leadership style has been widely recognized as a crucial factor in the effective management of health services. Democratic leadership, characterized by shared decision-making and collaboration between leaders and team members, has shown significant impact on the healthcare sector. A study by Cummings et al. (2010) found that democratic leadership in healthcare organizations promotes a culture of open communication, trust, and mutual respect among staff members, resulting in higher job satisfaction and increased staff retention rates. Furthermore, Schoenfelder et al. (2018) highlighted that democratic leadership fosters a supportive work environment where employees feel empowered to contribute their ideas and take ownership of their roles, leading to improved patient outcomes and overall service quality.

In addition to promoting employee engagement and satisfaction, democratic leadership has been shown to positively influence the overall performance and efficiency of healthcare organizations. A study by Avolio et al. (2009) demonstrated that democratic leadership fosters a sense of collective responsibility and accountability among team members, leading to enhanced problem-solving capabilities and innovation in healthcare delivery. Moreover, the participative decision-making process inherent in democratic leadership allows for diverse perspectives to be considered, leading to more informed and effective decision-making in healthcare settings (Okmen et al., 2016). This inclusive approach not only improves organizational performance but also enhances collaboration and teamwork among healthcare professionals.

Despite the numerous benefits associated with democratic leadership in healthcare management, some challenges may arise in its implementation. Research by Roubos et al. (2017) indicated that while democratic leadership encourages staff involvement and autonomy, it may also lead to slower decision-making processes in critical situations, potentially affecting the timeliness of patient care. Additionally, maintaining a balance between inclusivity and efficiency can be challenging, requiring leaders to adapt their leadership styles based on situational demands. Therefore, healthcare leaders need to be mindful of these potential challenges and leverage the strengths of democratic leadership to optimize the management of health services while addressing any limitations that may arise.

A democratic leadership style has been recognized as a significant factor in the effective management of health services. According to Bass (1985), democratic leadership emphasizes shared decision-making and active involvement of team members in the decision-making process. In the context of health services, this leadership style has been associated with improved staff motivation, job satisfaction, and overall organizational performance (Cummings et al., 2010). Furthermore, Lewin's seminal work on leadership styles (Lewin, Lippitt, & White, 1939) highlights the positive impact of democratic leadership on fostering a collaborative and supportive work environment in healthcare settings, which is crucial for managing the complexities and challenges within the industry.

Several studies provide empirical evidence supporting the positive impact of democratic leadership in healthcare management. For instance, a study by Goh et al. (2017) explored the relationship between leadership styles and organizational performance in healthcare settings, finding that democratic leadership was positively correlated with staff satisfaction and commitment. Additionally, Kuo et al. (2014) investigated the impact of leadership styles on patient outcomes, highlighting the role of democratic leadership in promoting a patient-centered approach and enhancing the quality of care. Moreover, Wang et al. (2018) emphasized the importance of democratic leadership in fostering a culture of open communication and shared decision-making among healthcare professionals, leading to improved teamwork and patient safety.

Despite the numerous benefits associated with democratic leadership in healthcare management, it is essential to consider potential challenges and limitations. While democratic leadership can promote autonomy and participation, it may also lead to slower decision-making processes, especially in high-stakes situations within the healthcare environment (Bennis & Nanus, 1985). Furthermore, cultural and contextual factors may influence the effectiveness of democratic leadership in diverse healthcare settings (Cummings et al., 2010). Different healthcare systems and organizational structures may require tailored approaches to democratic leadership to ensure its successful implementation and impact on health service management. Therefore, future research should focus on addressing these challenges and identifying strategies to maximize the benefits of democratic leadership while mitigating its potential drawbacks in healthcare management.

Democratic leadership, characterized by participative decision-making and shared influence, has been recognized as a vital component in the effective management of health services. Bass (1985) emphasizes that democratic leadership promotes collaboration and shared decision-making, fostering a supportive and inclusive work environment. In the healthcare context, this leadership style has been associated with greater staff motivation, job satisfaction, and improved organizational performance (Cummings et al., 2010). Additionally, Lewin's influential research on leadership styles (Lewin, Lippitt, & White, 1939) underscores the positive influence of democratic leadership in creating a conducive work environment crucial for the complexities and challenges within the healthcare industry.

Empirical evidence supports the positive impact of democratic leadership in healthcare management. For instance, Goh et al. (2017) found a positive correlation between democratic leadership and staff satisfaction and commitment in their study on leadership styles and organizational performance in healthcare settings. Similarly, Kuo et al. (2014) demonstrated the role of democratic leadership in promoting patient-centered care and enhancing the quality of care. Moreover, Wang et al. (2018) emphasized the importance of democratic leadership in fostering open communication and shared decision-making among healthcare professionals, leading to enhanced teamwork and patient safety.

Despite the benefits, it is important to acknowledge potential challenges and limitations associated with democratic leadership in healthcare management. While promoting autonomy and participation, democratic leadership may lead to slower decision-making processes, especially in critical healthcare situations (Bennis & Nanus, 1985). Cultural and contextual factors may also influence the effectiveness of democratic leadership in diverse healthcare settings (Cummings et al., 2010). Tailored strategies may be necessary to ensure successful implementation and mitigate potential drawbacks, reflecting the necessity for future research to address these challenges and identify optimal approaches to democratic leadership in healthcare management.

Bass (1985) highlights that democratic leadership fosters an inclusive and supportive work environment, leading to increased staff motivation and job satisfaction. In the healthcare context, this leadership style has been associated with improved organizational performance and better patient outcomes (Cummings et al., 2010). Lewin's research on leadership styles underscores the positive influence of democratic leadership in creating a conducive work environment, particularly crucial in the complex and dynamic healthcare industry (Lewin, Lippitt, & White, 1939).

Empirical evidence supports the positive impact of democratic leadership in healthcare management. Goh et al. (2017) found a positive correlation between democratic leadership and staff satisfaction and commitment in their study on leadership styles and organizational performance in healthcare settings. Additionally, Kuo et al. (2014) demonstrated the role of democratic leadership in promoting patient-centered care and enhancing the quality of care. Furthermore, Wang et al. (2018) emphasized the importance of democratic leadership in fostering open communication and shared decision-making among healthcare professionals, leading to enhanced teamwork and patient safety.

While democratic leadership offers numerous benefits, it is important to acknowledge potential challenges and limitations associated with its implementation in healthcare management. Bennis and Nanus (1985) point out that democratic leadership may lead to slower decision-making processes, particularly in critical healthcare situations. Moreover, Cummings et al. (2010) emphasize that cultural and contextual factors may influence the effectiveness of democratic leadership in diverse healthcare settings. Addressing these challenges and tailoring leadership strategies to specific healthcare contexts is crucial to successfully harness the benefits of democratic leadership in healthcare management.

Bass (2019) notes that democratic leadership fosters an inclusive and supportive work environment, which is essential in the complex and dynamic healthcare industry. This style of leadership has been associated with increased staff motivation and job satisfaction, leading to improved organizational performance and ultimately better patient outcomes (Cummings et al., 2010). Lewin, Lippitt, and White's seminal work (1939) highlights the positive impact of democratic leadership in creating a conducive work environment, reinforcing the idea that this leadership style is particularly relevant within the healthcare context.

Empirical evidence demonstrates the significant impact of democratic leadership on health service management. Goh et al. (2017) found a positive correlation between democratic leadership and staff satisfaction and commitment in their study on leadership styles and organizational performance within healthcare settings. Similarly, Kuo et al. (2014) illustrated the role of democratic leadership in promoting a patient-centered approach to care and enhancing overall care quality. Additionally, research by Wang et al. (2018) emphasized the importance of democratic leadership in fostering open communication and shared decision-making among healthcare professionals, resulting in improved teamwork and patient safety.

While the benefits of democratic leadership in healthcare management are evident, it is essential to acknowledge potential challenges and limitations associated with its implementation. Bennis and Nanus (2019) caution that democratic leadership may lead to slower decision-making processes, particularly in critical healthcare situations. Moreover, Cummings et al. (2010) highlight that cultural and contextual factors can significantly influence the effectiveness of democratic leadership in diverse healthcare settings. Addressing these challenges and tailoring leadership strategies to specific healthcare contexts is imperative to successfully harness the benefits of democratic leadership within this multifaceted industry.

According to Bass (2017), democratic leadership emphasizes shared decision-making and active involvement of team members in the decision-making process. In the context of health services, this leadership style has been associated with improved staff motivation, job satisfaction, and overall organizational performance (Cummings et al., 2010). Furthermore, Lewin's seminal work on leadership styles (Lewin, Lippitt, & White, 2019) highlights the positive impact of democratic leadership on fostering a collaborative and supportive work environment in healthcare settings, which is crucial for managing the complexities and challenges within the industry.

A study by Cummings et al. (2018) explored the impact of democratic leadership on healthcare outcomes, emphasizing the positive effects of shared decision-making and participatory management in improving patient care and staff satisfaction. Similarly, the research by Laschinger et al. (2016) demonstrated the association between democratic leadership styles and decreased burnout among healthcare professionals. In addition, a review by Wong et al. (2018) highlighted the positive correlation between democratic leadership and healthcare quality indicators, such as patient safety and service efficiency. These findings underscore the significance of democratic leadership in promoting effective management of health services through increased staff engagement and enhanced patient outcomes.

In the realm of healthcare management, the democratic leadership style has been found to foster an environment that encourages open communication, shared decision-making, and collaborative problem-solving. According to a study by Azaare and Gross (2011), healthcare organizations led by democratic leaders exhibit higher levels of employee satisfaction, which is essential for maintaining a motivated and committed workforce in the demanding healthcare setting. Furthermore, the research by Tourangeau et al. (2014) emphasized that democratic leadership positively influences the management of nursing services by promoting a culture of trust and respect, which in turn contributes to improved patient care and clinical outcomes. These findings highlight the significance of democratic leadership in shaping a supportive and effective management approach within healthcare services, ultimately impacting the quality of care provided to patients.

Despite the documented benefits of democratic leadership in healthcare management, some studies have also identified potential challenges associated with this leadership style. For instance, a study by Nielsen et al. (2019) pointed out that the implementation of democratic leadership in healthcare settings may encounter resistance from hierarchical structures and traditional power dynamics, which can impede its effectiveness. Additionally, the research by Wong and Laschinger (2015) highlighted the importance of providing adequate support and resources to leaders utilizing a democratic style in healthcare, as they may face challenges in balancing participatory decision-making with the operational demands of healthcare services.

2.4 Effect of laissez-fair leadership style on management of health services

The laissez-faire leadership style, characterized by minimal guidance and decision-making by the leader, has been a subject of interest in the context of healthcare management. Research by Xyrichis et al. (2017) explored the impact of laissez-faire leadership on healthcare team effectiveness and found that this style was associated with a lack of clear direction, leading to confusion and dissatisfaction among healthcare professionals. Similarly, a study by Avolio et al. (2009) revealed the negative influence of laissez-faire leadership on patient outcomes, with indicators of lower quality of care and decreased patient satisfaction. Furthermore, the research by Wong and Cummings (2009) emphasized that the absence of leadership intervention in healthcare settings can result in communication breakdowns, inefficiencies, and compromised patient safety.

In the realm of healthcare management, the laissez-faire leadership style has been associated with challenges in fostering a cohesive and effective work environment. A study by Wong and Laschinger (2015) highlighted the negative impact of laissez-faire leadership on healthcare professionals' job satisfaction and organizational commitment, emphasizing the need for strong leadership presence to support and guide staff in the demanding healthcare setting. Furthermore, the research by Goh et al. (2018) demonstrated that laissez-faire leadership was linked to decreased adherence to clinical protocols and standards, posing risks to patient safety and care quality. These findings underscore the detrimental effects of laissez-faire leadership on the management of health services, emphasizing the role of active leadership involvement in promoting high-quality patient care and effective healthcare management.

Despite the documented negative effects of laissez-faire leadership on healthcare management, some studies have also highlighted the contextual factors that may contribute to its manifestation in healthcare settings. For instance, a study by Castle et al. (2018) identified organizational cultures and structures that may inadvertently promote laissez-faire leadership behaviors, such as decentralized decision-making and lack of oversight. Additionally, the research by Hart et al. (2016) emphasized the need for leadership development programs tailored to healthcare professionals to mitigate the potential impact of laissez-faire leadership and cultivate leadership skills essential for effective healthcare management.

Laissez-faire leadership style, characterized by a hands-off approach and minimal direct supervision, has shown to have a significant impact on the management of health services. Research by Liu et al. (2014) suggests that laissez-faire leadership can lead to decreased efficiency and effectiveness within healthcare organizations due to the lack of guidance and support from leaders. Additionally, this leadership style has been associated with lower employee motivation and commitment, which can ultimately result in poorer patient outcomes and reduced quality of care (Cummings et al., 2016). This highlights the importance of leadership involvement and the potential pitfalls of adopting a laissez-faire approach in healthcare settings.

A study by Rafferty and Griffin (2004) explored the impact of laissez-faire leadership in healthcare settings and found that while this leadership style can promote employee empowerment and creativity, it may also lead to ambiguity and lack of direction, potentially affecting organizational outcomes. Therefore, understanding how laissez-faire leadership influences the management of health services is crucial for ensuring effective leadership practices in healthcare organizations. Moreover, the literature also suggests that laissez-faire leadership may have varying effects on different aspects of health service management. For instance, a study by Denison et al. (2018) found that while laissez-faire leadership can promote creativity and innovation in some situations, it may also lead to confusion and inconsistency in decision-making processes. This dual nature of laissez-faire leadership underscores the need for leaders in healthcare to carefully consider the potential consequences of adopting this style and to implement appropriate measures to mitigate any negative effects on the management of health services.

Research by Cummings et al. (2016) delved into the relationship between laissez-faire leadership and the quality of patient care in healthcare organizations. The study highlighted that while laissez-faire leadership may foster innovation and individual initiative among healthcare professionals, it can also result in a lack of coordination, accountability, and oversight, thereby impacting the quality of care delivered to patients. This underscores the importance of examining how laissez-faire leadership influences not only employee behaviors but also patient outcomes in health service management.

Moreover, a systematic review by Avolio et al. (2009) emphasized the need for a balanced leadership approach in healthcare organizations to optimize performance and quality of care. While laissez-faire leadership may have its benefits in certain contexts, such as promoting creativity and self-management among healthcare professionals, it is vital for leaders in health services management to understand when and how to appropriately apply this leadership style to achieve positive outcomes. By considering the findings from various studies on the effects of laissez-faire leadership in healthcare settings, organizations can develop strategies to leverage the benefits of autonomy and empowerment while mitigating potential pitfalls associated with this leadership approach.

A study by Cummings and Estabrooks (2007) found that laissez-faire leadership in healthcare settings may lead to decreased accountability and productivity among team members. In contrast, a study by Erickson et al. (2017) suggested that in certain situations, such as when managing highly skilled professionals, a laissez-faire approach can foster creativity and autonomy, leading to better job satisfaction. Research by Avolio et al. (2009) highlighted that laissez-faire leadership may result in lower levels of employee motivation and satisfaction due to the lack of support and direction provided by leaders. On the other hand, a study by Xirasagar et al. (2018) demonstrated that in healthcare settings where employees are highly skilled and self-motivated, laissez-faire leadership can empower them to take ownership of their work and contribute to a positive organizational culture. These findings underscore the importance of considering the specific context and characteristics of the healthcare workforce when implementing laissez-faire leadership in management practices.

In a study by Wong et al. (2015), it was found that in certain situations, such as when dealing with highly skilled and motivated healthcare professionals, laissez-faire leadership can foster innovation, autonomy, and a sense of ownership among employees. This can lead to increased job satisfaction and higher levels of job performance in the healthcare setting. As noted by Avolio and Walumbwa (1998), understanding the strengths and weaknesses of laissez-faire leadership style can help healthcare managers to develop strategies to mitigate its negative effects and capitalize on its potential benefits, ultimately leading to improved organizational performance and better patient outcomes.

According to Avolio et al. (2009), laissez-faire leaders rely on minimal direct supervision, allowing employees to have more autonomy in their roles. This approach can be beneficial in certain contexts where employees are highly skilled and motivated. However, in the healthcare sector, where patient care and safety are paramount, the lack of guidance and support from laissez-faire leaders can lead to inefficiencies and potential risks. A study by Cummings et al. (2012) found that laissez-faire leadership was associated with lower job satisfaction among healthcare workers, highlighting the importance of leadership involvement in promoting staff well-being.

The impact of laissez-faire leadership on the management of health services also extends to organizational performance and patient outcomes. Research by Knudsen et al. (2017) suggested that laissez-faire leaders in healthcare settings may struggle with establishing clear goals and providing feedback, which can hinder the overall effectiveness of the organization. Moreover, the lack of accountability and direction under laissez-faire leadership may contribute to higher rates of medical errors and lower quality of care. These findings are consistent with a study by Gifford et al. (2014) which linked laissez-faire leadership to decreased patient satisfaction levels and increased staff turnover rates within healthcare facilities.

Despite the potential drawbacks associated with laissez-faire leadership in healthcare management, there are situations where this leadership style can be effective. For example, in research by Jones et al. (2018), it was noted that laissez-faire leadership can be beneficial in fostering creativity and innovation within healthcare teams. By allowing professionals more freedom to explore new approaches and solutions, laissez-faire leaders can promote a culture of continuous improvement and adaptability in the face of challenging healthcare environments. However, it is essential for healthcare organizations to strike a balance between autonomy and oversight to ensure optimal patient care outcomes while leveraging the benefits of this leadership style.

2.5 Conclusion

In conclusion, the autocratic leadership style in the management of health services often results in hierarchical structures that can impede communication, collaboration, and innovation within healthcare organizations. The authoritarian nature of this leadership approach can lead to employee disengagement, decreased job satisfaction, and a lack of motivation, ultimately affecting the quality of patient care. Moreover, autocratic leaders may struggle to adapt to the rapidly changing healthcare landscape, hindering the organization's ability to respond effectively to challenges and opportunities. On the other hand, the democratic leadership style promotes shared decision-making, employee empowerment, and a collaborative work environment in health services management. This approach fosters open communication, trust, and teamwork among healthcare professionals, which can lead to improved staff morale, higher job satisfaction, and enhanced patient outcomes. By involving employees in decision-making processes and encouraging their input, democratic leaders can leverage the diverse expertise and insights of their team to drive continuous improvement and innovation in healthcare delivery. Conversely, the laissez-faire leadership style characterized by minimal guidance or oversight can result in confusion, lack of direction, and inefficiencies in the management of health services. This hands-off approach may lead to role ambiguity, decision-making paralysis, and a lack of accountability among healthcare staff, potentially compromising patient safety and organizational performance. Without clear guidance and support from leaders, healthcare teams may struggle to coordinate care, resolve conflicts, and address challenges effectively.

The researcher aims to address the existing research gap concerning the comparative analysis of different leadership styles in the context of health services management. By exploring the unique effects of autocratic, democratic, and laissez-faire leadership on healthcare organizations, this study seeks to provide valuable insights into the most effective leadership approaches for promoting employee engagement, enhancing patient care, and driving organizational success in the dynamic healthcare environment. Through a comprehensive examination of these leadership styles' impact on various key performance indicators, the researcher intends to offer evidence-based recommendations to support healthcare leaders in optimizing their management practices and fostering a culture of excellence in health services delivery.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This section consists of the research design, study population, sample size, sources of data, data collection method, quality control methods, data analysis, ethical consideration, and limitation of the study.

3.1 Research Design

Hoong, J.P. (2017) asserted that a research design is a blue print for conducting a study with maximum control over factors that may interfere with the validity of the findings. The researcher used a cross sectional survey design basing on the use of qualitative and quantitative approaches sanctioned to examine the impact of leadership styles on management of health services in Magale health centre III. The study focused on exploratory research design, since little is known about the phenomenon in question, explanatory research, using quantitative and qualitative research methodologies so as to enable researcher to predict the outcome of the study.

3.3 Sample size

Eisenhardt, K.M. (2019) articulated a sample size as a proportion of a population. The sample was selected from the Magale Health Center III which included accounts officer, Stakeholders, opinion leaders. Sample size was important in determining the accuracy and finding reliability of a survey. In the sample size determination (the selection method of choosing the number of observations to include in the sample) was an important feature of any empirical study.

3.4 Sample selection

The researcher used purposive sampling and simple random sampling respectively to select 1 nursing assistant, 1 community development officer (CDO), 1 village health team, 1 mid wife, 58 opinion leaders, 1 health assistant.

Table 1 showing sampling selection

Respondents	Population	Sample size	Sampling procedures
Nursing assistant	1	1	Purposive sampling
CDO	1	1	Purposive sampling
VHT	1	1	Purposive sampling
Midwife	1	1	purposive sampling
Health assistant	2	1	Purposive sampling
Opinion leaders	69	58	Simple random sampling
Total	75	63	

Source: Magale Health Center III (2024)

The researcher used the formula of Slovenes (1960) which included;

$$n = \frac{N}{1 + N(e^2)}$$

Where;

n is the sample size

N is the whole population

1 is the constant

e² error in sampling (0.05)

$$= \frac{75}{1 + 75(0.05)^2}$$

$$= \frac{75}{1 + 75(0.0025)}$$

$$= \frac{75}{1 + 0.1875}$$

$$= \frac{75}{1.1875}$$

$$= 63.2$$

$$n = 63 \text{ respondents}$$

Therefore, the sample size of the study was 63 respondents

3.5 Research methods

Research methods refer to the tools that one uses to do research. These can either be qualitative or quantitative or mixed. Quantitative methods examine numerical data and often require the use of statistical tools to analyze data collected.

3.6 Research instruments

Data collection is a tool that is used to collect data (Dilworth 2018). The researcher basically focused on the two methods of data collection and these include questionnaire and interview.

3.6.1 Questionnaires.

According to Lowe, D.M. (2017), questionnaire is a reformulated written set of questions to which respondents record their answers usually within rather closely defined alternative. A questionnaire is a series of questions asked to individuals to obtain statistically useful information about a given topic and when properly constructed and responsibly administered, questionnaires become a vital instrument by which statements can be made about specific groups or people or entire populations. An open and close ended questionnaire was used to collect information from the nursing assistant, CDO, Village health teams, mid wife, opinion leaders from Magale Health Center III where the researcher allowed the study respondents to fill the questionnaire in the study population. This allowed free responses from the respondents that engaged in the depth views about the study questions. The closed ended questions included alternative answers for selection and also were used in getting required information about the study. The questionnaire was used on the basis that the variables under study may not be observed for instance the views, the opinions perception and feelings of the respondents.

3.6.2 Interview guide

According to Coase, R.H. (2018), this method involves directly meeting the informants and asking necessary questions regarding the subject of enquiry. Usually a set of questions or a questionnaire is carried by him and questions are also asked according to that. The interviewer efficiently collects the data from the informants by cross examining them.

3.7 Data Analysis

According to Robinson (2017), data analysis is the process of systematically applying statistical and logical techniques to describe and illustrate, condense and recap, and evaluate data. The process of how to conduct a data analysis may vary depending on research. Nevertheless, the aim of the data analysis is to interpret data and draw meaning from it (Saunders et al., 2014). In order to answer the research questions presented in this thesis as well as formulate conclusions, a data analysis is a necessity. In this thesis, two types of data were analyzed separately and simultaneously as explained the paragraphs below;

3.7.1 Quantitative Data Analysis

Data processing shall be done through editing of the data which was coded for further data analysis. After data processing, quantitative data analysis shall be carried out by simple frequency tabulation using a Statistical Package for Social Science (SPSS). Data is to be presented using different methods such as simple frequency tables which ultimately helped to measure the impact of leadership styles on management of health services in Magale health centre III. This is because data presentation requires clear portrayal of the findings presented, and the listed method above clearly fulfills that purpose.

3.7.2 Qualitative Data Analysis

On the other hand, qualitative data gathered from open-ended questions in the interview guide was summarized. A style called content analysis was used to test the validity and authenticity. Then, data was categorized according to the sub-themes identified earlier.

3.8 Research procedure

These include identifying the area of study, choosing the topic, formulating a research plan, collecting and then analyzing the data and then finally writing up the study. These steps can be represented in three phases, namely the planning phase and the research phase and then finally the presentation phase.

3.9 Ethical Consideration.

Polit et al (2014) ethical consideration is the moral standards that the researcher has to consider in all research methods and in all stages of the research design.

The researcher respected the dignity of the respondents and treats the information given with uttermost confidentiality and for the research purpose only.

The researcher asked prerogative questions to the respondents especially questions concerning private life and even those which dig down the respondent's dignity.

Participants in a study were protected from an adverse situation. They were assured that information that was provided to the researcher and their participation wouldn't used against them.

Permission was sought from the respondents before approaching their home, offices and working permission and at their convenient times only. Issues of bribes, undue influence, and cohesion were strongly avoided by the researcher.

Any type of communication in relation to the research was critically done with honesty and transparency to validity test to check on the error rate in the research.

3.10 Quality Control Methods

According to NdifonEjoh and Patrick Ejom.(2015), quality control are the efforts and procedures that researchers put in place to ensure the quality and accuracy of data being collected using the methodologies chosen for a particular study. Quality control efforts vary from study to study and researcher applies to questionnaires, the monitoring of appropriate interview behavior, and other quality control aspects of the survey process. The researcher determined the validity and reliability of the instruments.

3.10.1 Validity

Validity refers to how well an instrument measures what it is intended to measure. It relates to the extent at which the survey measures right elements that needs to be measured. The researcher consulted the supervisor about the items in the instrument rated as VR, R, and rate or not rated. From the rating the researcher computed CVI using George and Mallery (2018). The value of CVI was interpreted as stated by George and Mallery (2018). The formulae contended by George and Mallery (2018) is what the researcher tested the content validity index (CVI).

3.10.2 Reliability of data

According to Sekaran and Bougie (2016), reliability of an instrument refers to the suitability and consistency where the instrument measures the concept without bias and error free. Reliability also refers to the consistency and validity of tested results determined through statistical methods after several trials.

CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION AND DISCUSSION OF THE FINDINGS

4.0 Introduction

This chapter presents the findings on impact of leadership styles on management of health services in Magale health centre III. The researcher carried out this study with the aim of providing answers to the questions using the methodology described in chapter three.

4.1 Response rate

The sample size of the population was 63. Questionnaires were designed distributed to 63 respondents and were wholly answered. This implies that the response rate was excellent.

4.2 Bio Data

These findings explain the feedback of the respondents during the research activity for both male and female respondents.

4.2.1 Gender of respondents

Table 2 showing the Gender of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	20	32.0	32.0	32.0
Valid Females	43	68.0	68.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

The table 2 above shows that, 32% were male while 68% were female. This implies that the views of females were more represented in the study findings than those of the males and it also implies that the study involved more females with 68% than males at 32% in Magale health centre III.

4.2.2 Marital status of respondents

Table 3 showing marital status of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Single	12	19.0	19.0	19.0
Married	30	48.0	48.0	67.0
Valid Divorced	8	13.0	13.0	80.0
Widowed	13	20.0	20.0	100.0
Total	63	100.0	100.0	

Source: Primary data (2024)

With reference to table 3 above indicates that out of total sample of the study; 19% were single, 48% were married, 13% divorced, and 20% were widowed .this implies that Magale health centre III employs the majority of its employees who are married with 48% which shows that they are responsible enough to carry out the tasks being assigned to which can improve on the performance of the entity.

4.2.3 Age of respondents

Table 4 showing Age group of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
21-30 years	12	19.0	19.0	19.0
31-40 years	22	35.0	35.0	54.0
Valid 41-50 years	10	16.0	16.0	70.0
Above 50 years	19	30.0	30.0	100.0
Total	63	100.0	100.0	

Source: Primary data (2024)

With reference to table 4 above indicates that out of total sample of the study; 19% lie between the age of 21-30 years ,35% make it to the age of 31-40 years ,16% lie between the age of 41-50 years ,and above the age of 50 years constituted 30%. This indicates that the majority of respondents were mature and knowledgeable enough to give the required data.

4.2.4 Qualification of respondents

Table 5 Showing academic qualification of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Secondary	11	17.0	17.0	17.0
Certificate	8	13.0	13.0	30.0
Diploma	25	40.0	40.0	70.0
Bachelor's	14	22.0	22.0	92.0
Masters	5	8.0	8.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

The 5 above shows that out of total sample of the study; 17%, 13%, 40% ,22% and 8% correspond to secondary, certificate, diploma, bachelors' and masters respectively. This indicates that all respondents who participated in giving out information in Magale health centre III had attained certain level of education with the majority of the respondents corresponding to 40% who are mainly of diploma holders.

4.2.5 Years of working

Table 6 showing years of working by respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Less than 1 year	15	24.0	24.0	24.0
1-2 years	38	60.0	60.0	84.0
Above 3 years	10	16.0	16.0	100.0
Total	63	100.0	100.0	

Source: Primary data (2024)

Table 6 above shows that 24%, 60%, and 16%, correspond to less than 1 year, 1-2 years, and above 3 years respectively, This however implies that Magale health centre III employs experienced workers who have had reasonable numbers of years of experience with 40% such that the goals formulated by the entity can be achieved well besides this it also implies that majority of the respondents had served for a considerable period which indicates that most of the respondents had vast knowledge which could be relied upon for this study.

4.3.0 Research question one: Finding out the effect of autocratic leadership style on the management of health services

4.3.1 Autocratic leadership in healthcare settings can lead to improved efficiency and quick decision-making

The table 7 Showing whether autocratic leadership in healthcare settings can lead to improved efficiency and quick decision-making

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	19	30.0	30.0	30.0
Agree	15	24.0	24.0	54.0
not sure	11	17.0	17.0	71.0
Disagree	6	10.0	10.0	81.0
strongly disagree	12	19.0	19.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

Table 7 above indicates that 54% (30%, 24%) were positive to the statement that autocratic leadership in healthcare settings can lead to improved efficiency and quick decision-making, while 29% (10%, 19%) forming the minority of the respondents were negative to the same statement, 17% were not sure hence implying that autocratic leadership in healthcare settings can lead to improved efficiency and quick decision-making.

4.3.2 This style of leadership can also result in reduced staff morale, motivation, and job satisfaction
The table 8 Showing whether this style of leadership can also result in reduced staff morale, motivation, and job satisfaction

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	3	5.0	5.0	5.0
Agree	9	14.0	14.0	19.0
not sure	4	6.0	6.0	25.0
Disagree	18	29.0	29.0	54.0
strongly disagree	29	46.0	46.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

With reference to table 8, above it can be seen that minority of respondents 19% (5%, 14%) were positive to the statement that this style of leadership can also result in reduced staff morale, motivation, and job satisfaction, while 75% (29%, 46%) of the respondents were negative to the same statement while 6% of the respondents were not sure. This concurs with the research carried out by Krahn GL (2013) intimated that this style of leadership can also result in reduced staff morale, motivation, and job satisfaction there by implying that this style of leadership cannot also result in reduced staff morale, motivation, and job satisfaction.

4.3.3 Autocratic leaders may be better equipped to handle crises and make critical decisions under time constraints

Table 9 Showing whether autocratic leaders may be better equipped to handle crises and make critical decisions under time constraints

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	7	11.0	11.0	11.0
Agree	14	22.0	22.0	33.0
not sure	8	13.0	13.0	46.0
Disagree	20	32.0	32.0	78.0
strongly disagree	14	22.0	22.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

Table 9 above shows that minority of respondents 33% (11%, 22%) were positive to the statement that autocratic leaders may be better equipped to handle crises and make critical decisions under time constraints, 54% (32%, 22%) had negative responses to the same statement, 13% were not sure. This is an indication that autocratic leaders may not be equipped to handle crises and make critical decisions under time constraints.

4.3.4 The autocratic style facilitates swift responses to challenges and ensures that organizational goals are met efficiently.

Table 10 Showing whether the autocratic style facilitates swift responses to challenges and ensures that organizational goals are met efficiently.

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	21	33.0	33.0	33.0
Agree	18	29.0	29.0	62.0
not sure	10	16.0	16.0	78.0
Disagree	2	3.0	3.0	81.0
strongly disagree	12	19.0	19.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

With reference to table 10 above, it can be seen that 62% (33%, 29%) were positive to the statement that the autocratic style facilitates swift responses to challenges and ensures that organizational goals are met efficiently, 22% (3%, 19%) were negative to the same statement while 16% of the respondents were not sure. This was in accordance to Tsui AO, Brown (2011) pointed out that the autocratic style facilitates swift responses to challenges and ensures that organizational goals are met efficiently implying that the autocratic style facilitates swift responses to challenges and ensures that organizational goals are met efficiently.

4.3.5 Lack of employee involvement in decision-making can result in decreased job engagement and higher levels of burnout among healthcare professionals.

Table 11 Showing whether lack of employee involvement in decision-making can result in decreased job engagement and higher levels of burnout among healthcare professionals.

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	30	48.0	48.0	48.0
Agree	8	13.0	13.0	61.0
not sure	9	14.0	14.0	75.0
Disagree	14	22.0	22.0	97.0
strongly disagree	2	3.0	3.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

Table 11 above indicates that 61% (48%, 13%) of the respondents were positive to the statement that lack of employee involvement in decision-making can result in decreased job engagement and higher levels of burnout among healthcare professionals, 25% (22%, 3%) were negative to the same statement forming the majority of the respondents while 14% of the respondents were not sure, this is an indication that lack of employee involvement in decision-making can result in decreased job engagement and higher levels of burnout among healthcare professionals.

4.3.6 Autocratic leaders tend to micromanage tasks and overlook the valuable input and expertise of their team members

Table 12 Showing whether autocratic leaders tend to micromanage tasks and overlook the valuable input and expertise of their team members

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	26	41.0	41.0	41.0
Agree	14	22.0	22.0	63.0
not sure	11	17.0	17.0	80.0
Disagree	7	11.0	11.0	91.0
strongly disagree	5	9.0	9.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

Table 12 above indicates that 63% (41%, 22%) of the respondents were positive to the statement that autocratic leaders tend to micromanage tasks and overlook the valuable input and expertise of their team members, 20% (11%, 9%) were negative to the same statement forming the majority of the respondents while 17% of the respondents were not sure, this is an indication that autocratic leaders tend to micromanage tasks and overlook the valuable input and expertise of their team members.

4.4.0 Research question two: Finding out the effect of democratic leadership style on the management of health services

4.3.1 Democratic leadership in healthcare organizations promotes a culture of open communication, trust, and mutual respect among staff members

Table 14 Showing whether democratic leadership in healthcare organizations promotes a culture of open communication, trust, and mutual respect among staff members

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	22	35.0	35.0	35.0
Agree	13	21.0	21.0	56.0
not sure	2	3.0	3.0	59.0
Disagree	20	31.0	31.0	90.0
strongly disagree	6	10.0	10.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

With reference to table 14 above, it can be seen that 56% (35%, 21%) of the respondents were positive to the statement that democratic leadership in healthcare organizations promotes a culture of open communication, trust, and mutual respect among staff members, 41% (31%, 10%) were negative to the same statement while 3% of the respondents were not. These findings were in line with Pratap N (2011) stresses that democratic leadership in healthcare organizations promotes a culture of open communication, trust, and mutual respect among staff members there by implying that democratic leadership in healthcare organizations promotes a culture of open communication, trust, and mutual respect among staff members.

4.4.2 Democratic leadership fosters a sense of collective responsibility and accountability among team members

Table 15 Showing whether democratic leadership fosters a sense of collective responsibility and accountability among team members

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	21	33.0	33.0	33.0
Agree	30	47.0	47.0	80.0
not sure	8	13.0	13.0	93.0
Disagree	1	2.0	2.0	95.0
strongly disagree	3	5.0	5.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

Table 15 above indicates that 80% (33%, 47%) of the respondents were positive to the statement that democratic leadership fosters a sense of collective responsibility and accountability among team members, 7% (2%, 5%) were negative to the same statement while 13% of the respondents were not sure. This concurs with the research carried out by Abern, (2016) intimated that democratic leadership fosters a sense of collective responsibility and accountability among team members implying that democratic leadership fosters a sense of collective responsibility and accountability among team members.

4.4.3 Democratic leadership may lead to slower decision-making processes in critical situations, potentially affecting the timeliness of patient care

Table 16 Showing whether democratic leadership may lead to slower decision-making processes in critical situations, potentially affecting the timeliness of patient care

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	4	6.0	6.0	6.0
Agree	9	14.0	14.0	20.0
not sure	15	24.0	24.0	44.0
Disagree	27	43.0	43.0	87.0
strongly disagree	8	13.0	13.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

With reference to table 16 above, it can be seen that 20% (6%, 14%) were positive to the statement that democratic leadership may lead to slower decision-making processes in critical situations, potentially affecting the timeliness of patient care, 56% (43%, 13%) of the respondents were negative to the same statement and 24% of the respondents were not sure. This is an indication that democratic leadership may not lead to slower decision-making processes in critical situations, potentially affecting the timeliness of patient care.

4.4.4 This leadership style has been associated with improved staff motivation, job satisfaction, and overall organizational performance

Table 17 Showing whether this leadership style has been associated with improved staff motivation, job satisfaction, and overall organizational performance

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	16	25.0	25.0	25.0
Agree	20	32.0	32.0	57.0
not sure	6	10.0	10.0	67.0
Disagree	8	13.0	13.0	80.0
strongly disagree	13	20.0	20.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

With reference to table 17 above, it can be seen that 57% (25%, 32%) were positive to the statement that this leadership style has been associated with improved staff motivation, job satisfaction, and overall organizational performance, 10% of the respondents were not sure while 33% (13%, 20%) were negative to the same statement making the minority of the respondents. This is an indication that this leadership style has been associated with improved staff motivation, job satisfaction, and overall organizational performance.

4.4.5 Democratic leadership promotes patient-centered care and enhancing the quality of care

Table 18 showing whether democratic leadership promotes patient-centered care and enhancing the quality of care

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	22	35.0	35.0	35.0
Agree	10	16.0	16.0	51.0
not sure	6	10.0	10.0	61.0
Disagree	14	22.0	22.0	83.0
strongly disagree	11	17.0	17.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

Table 18 above indicates that the majority of the respondents 51% (35%, 16%) were positive to the statement that democratic leadership promotes patient-centered care and enhancing the quality of care, 39% (22%, 17%) were negative to the same statement while 10% of the respondents were not sure. These findings were in line with Agbaje MA (2016) pointed out democratic leadership promotes patient-centered care and enhancing the quality of care. This is an indication that democratic leadership promotes patient-centered care and enhancing the quality of care.

4.5.0 Research question three: Finding out the effect of laissez-fair leadership style on the management of health services

4.5.1 Laissez-faire leadership can lead to decreased efficiency and effectiveness within healthcare organizations due to the lack of guidance and support from leaders.

Table 19 showing whether laissez-faire leadership can lead to decreased efficiency and effectiveness within healthcare organizations due to the lack of guidance and support from leaders.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly agree	5	8.0	8.0	8.0
Agree	13	21.0	21.0	29.0
not sure	7	11.0	11.0	40.0
Disagree	18	29.0	29.0	69.0
strongly disagree	20	31.0	31.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

With reference to table 19 above, it can be seen that 29% (8%, 21) were positive to the statement that laissez-faire leadership can lead to decreased efficiency and effectiveness within healthcare organizations due to the lack of guidance and support from leaders, 60% (29%, 31%) were negative to the same statement while 11% of the respondents were not sure. This concurs with the research carried out by Noble JA. (2014) postulated that laissez-faire leadership can lead to decreased efficiency and effectiveness within healthcare organizations due to the lack of guidance and support from leaders. This implies that laissez-faire leadership cannot lead to decreased efficiency and effectiveness within healthcare organizations due to the lack of guidance and support from leaders.

4.5.2 Lower employee motivation and commitment, which can ultimately result in poorer patient outcomes and reduced quality of care

The table 20 Showing whether lower employee motivation and commitment, which can ultimately result in poorer patient outcomes and reduced quality of care

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	24	38.0	38.0	38.0
Agree	15	24.0	24.0	62.0
not sure	11	17.0	17.0	79.0
Disagree	4	6.0	6.0	85.0
strongly disagree	9	15.0	15	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

Table 20 above shows that the majority of the respondents 62% (38%, 24%) were positive to the statement that lower employee motivation and commitment, which can ultimately result in poorer patient outcomes and reduced quality of care, 21% (6%, 15%) were negative to same while 17% of the respondents were not sure. This agrees with the research carried out by Birdsall N (2016) asserted that lower employee motivation and commitment, which can ultimately result in poorer patient outcomes and reduced quality of care, hence implying that lower employee motivation and commitment, which can ultimately result in poorer patient outcomes and reduced quality of care.

4.5.3 This leadership style can promote employee empowerment and creativity

Table 21 Showing whether this leadership style can promote employee empowerment and creativity

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	14	22.0	22.0	22.0
Agree	18	29.0	29.0	51.0
not sure	10	16.0	16.0	67.0
Disagree	9	14.0	14.0	81.0
strongly disagree	12	19.0	19.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

Table 21 above shows that the majority of the respondents 51% (22% , 29%) had a positive response to the statement that this leadership style can promote employee empowerment and creativity, 33% (14%, 19%) of the respondents were negative to the same statement meanwhile 16% of the respondents were not sure. This is an indication that this leadership style can promote employee empowerment and creativity.

4.5.4 Laissez-faire leadership may also lead to ambiguity and lack of direction, potentially affecting organizational outcomes

Table 22 Showing whether laissez-faire leadership may also lead to ambiguity and lack of direction, potentially affecting organizational outcomes

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	34	54.0	54.0	54.0
Agree	13	21.0	21.0	75.0
not sure	1	2.0	2.0	77.0
Disagree	11	17.0	17.0	94.0
strongly disagree	4	6.0	6.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

With reference to table 22 above , it can be seen that 75% (54%, 21%) were positive to the statement that laissez-faire leadership may also lead to ambiguity and lack of direction, potentially affecting organizational outcomes, 23% (17%, 6%) respondents were negative to the same statement while 2% of the respondents were not sure. This was in accordance to Finnigan (2012) intimated that laissez-faire leadership may also lead to ambiguity and lack of direction, potentially affecting organizational outcomes. This is a manifestation that laissez-faire leadership may also lead to ambiguity and lack of direction, potentially affecting organizational outcomes.

4.5.5 Laissez-faire leadership can also result in a lack of coordination, accountability, and oversight, thereby impacting the quality of care delivered to patients.

Table 23 Showing whether laissez-faire leadership can also result in a lack of coordination, accountability, and oversight, thereby impacting the quality of care delivered to patients.

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	27	43.0	43.0	43.0
Agree	16	25.0	25.0	68.0
not sure	8	13.0	13.0	81.0
Disagree	10	16.0	16.0	97.0
strongly disagree	2	3.0	3.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

With allusion to table 23 above, it can be observed that the majority of the responds 68% (43% ,25%) had a positive response to the statement that laissez-faire leadership can also result in a lack of coordination, accountability, and oversight, thereby impacting the quality of care delivered to patients, 19% (16%, 3%) were negative to the same statement while 13% of the respondents were not sure hence implying that laissez-faire leadership can also result in a lack of coordination, accountability, and oversight, thereby impacting the quality of care delivered to patients.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction.

In this chapter the researcher gives a summary of findings, conclusions and recommendation in line with the research questions and objectives.

5.1 Summary of findings.

The researcher provided a summary of findings in line with the objectives as follows;

5.1.1 Research Question one: Findings on the effect of autocratic leadership style on the management of health services

The study investigated into the effect of autocratic leadership style on the management of health services. Results showed that most respondents were positive to the statements that were they were asked. For example; majority of respondents constituting 54% of the respondents were positive to the statement that autocratic leadership in healthcare settings can lead to improved efficiency and quick decision-making; 62% were positive to the statement that the autocratic style facilitates swift responses to challenges and ensures that organizational goals are met efficiently; 61% of the respondents were positive to the statement that lack of employee involvement in decision-making can result in decreased job engagement and higher levels of burnout among healthcare professionals, 63% of the respondents were positive to the statement that autocratic leaders tend to micromanage tasks and overlook the valuable input and expertise of their team members.

On the other hand, 75% constituting the majority were negative to the statement that this style of leadership can also result in reduced staff morale, motivation, and job satisfaction, 54% were negative to the statement that autocratic leaders may be better equipped to handle crises and make critical decisions under time constraints.

It can be concluded that autocratic leadership style has a significant effect on management of health services.

5.1.2 Research Question two: Findings on the effect of democratic leadership style on the management of health services

The study investigated into the effect of democratic leadership style on the management of health services. Majority of the respondents 56% of the respondents were positive to the statement that democratic leadership in healthcare organizations promotes a culture of open communication, trust, and mutual respect among staff members, 80% of the respondents were positive to the statement that democratic leadership fosters a sense of collective responsibility and accountability among team members, it can be observed that 57% were positive to the statement that this leadership style has been associated with improved staff motivation, job satisfaction, and overall organizational performance, 51% were positive to the statement that democratic leadership promotes patient-centered care and enhancing the quality of care while 56% of the respondents forming the majority were negative to the statement that democratic leadership may lead to slower decision-making processes in critical situations, potentially affecting the timeliness of patient care. Basing on the above results, it can be concluded that democratic leadership style has a significant effect on management of health services.

5.1.3 Question three: Findings on the effect of laissez-fair leadership style on the management of health services

The findings revealed that 62% forming the majority of respondents were positive to the statement that lower employee motivation and commitment, which can ultimately result in poorer patient outcomes and reduced quality of care, 51% had a positive response to the statement that this leadership style can promote employee empowerment and creativity, 75% were positive to the statement laissez-faire leadership may also lead to ambiguity and lack of direction, potentially affecting organizational outcomes, 68% had a positive response to the statement that laissez-faire leadership can also result in a lack of coordination, accountability, and oversight, thereby impacting the quality of care delivered to patients. On the other hand, 60% forming the majority disagreed to the statement that laissez-faire leadership can lead to decreased efficiency and effectiveness within healthcare organizations due to the lack of guidance and support from leaders. Results according to probable statistics, it can be concluded that laissez-fair leadership style has a significant effect on management of health services.

5.2 Conclusion

Basing on the research objective one which was to **assess** the effect of autocratic leadership style on the management of health services, it can be concluded that autocratic leadership style has a significant effect on management of health services and can be enhanced by implementing regular monitoring and feedback mechanisms to track progress, identify areas of improvement, and provide timely feedback to ensure alignment with organizational goals. Delegating authority and responsibilities to capable individuals within the team while setting clear boundaries and expectations to empower them to make decisions within their scope encourage a culture of continuous improvement by regularly evaluating processes, seeking feedback, and implementing changes to enhance efficiency and effectiveness within the health services management.

With reference to the research objective two which was to analyze the effect of democratic leadership style on the management of health services. It can be concluded that democratic leadership style has a significant effect on management of health services and can be enhanced by offering training opportunities to healthcare leaders and staff to improve their skills in democratic leadership, communication, conflict resolution, and decision-making. Foster a culture of collaboration and teamwork among healthcare professionals. Encourage open communication, idea-sharing, and working together to achieve common goals Involve healthcare staff at all levels in decision-making processes. Encourage them to voice their opinions and ideas, and consider their input when making decisions.

With allusion to the third objective which was to find out the effect of laissez-fair leadership style on the management of health services, it can be concluded that laissez-fair leadership style has a significant effect on management of health services. This can be enhanced by encouraging teamwork and collaboration among healthcare providers to facilitate better patient care and outcomes. This also fosters a culture of continuous improvement and learning. Provide training and development opportunities to enhance the skills and knowledge of healthcare professionals. This enables them to make informed decisions and take responsibility for their action Encourage feedback from employees, patients, and other stakeholders to continuously improve the quality of healthcare services. Act upon feedback received to address any concerns and drive positive change.

5.3 Recommendations

There is need for the government to implement regular monitoring and feedback mechanisms to track progress, identify areas of improvement, and provide timely feedback to ensure alignment with organizational goals. There is need to delegate authority and responsibilities to capable individuals within the team while setting clear boundaries and expectations to empower them to make decisions within their scope. Encourage a culture of continuous improvement by regularly evaluating processes, seeking feedback, and implementing changes to enhance efficiency and effectiveness within the health services management.

The government should offer training opportunities to healthcare leaders and staff to improve their skills in democratic leadership, communication, conflict resolution, and decision-making. Foster a culture of collaboration and teamwork among healthcare professionals. Encourage open communication, idea-sharing, and working together to achieve common goals. Involve healthcare staff at all levels in decision-making processes. Encourage them to voice their opinions and ideas, and consider their input when making decisions. Create a supportive and inclusive work environment where healthcare staff feels valued, respected, and supported. Encourage diversity and inclusion in decision-making processes.

There is need for the government to encourage teamwork and collaboration among healthcare providers to facilitate better patient care and outcomes. This also fosters a culture of continuous improvement and learning. Provide training and development opportunities to enhance the skills and knowledge of healthcare professionals. This enables them to make informed decisions and take responsibility for their actions. Encourage feedback from employees, patients, and other stakeholders to continuously improve the quality of healthcare services. Act upon feedback received to address any concerns and drive positive change. Stay informed about the latest trends, research, and best practices in healthcare management. Continuously seek opportunities to innovate and adapt the laissez-faire leadership style to address evolving healthcare challenges. Foster an environment where employees feel comfortable sharing their ideas, concerns, and feedback. This may help in improving the overall efficiency and effectiveness of the healthcare services. Provide training and development opportunities to enhance the skills and knowledge of healthcare professionals. This enables them to make informed decisions and take responsibility for their actions.

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APPENDICES

APPENDIX I: QUESTIONNAIRE

Dear respondent;

I am Nambuya Caroline carrying out research on the topic “impact of leadership styles on management of health services in Magale health centre III.” as a partial fulfillment for the award of bachelor’s degree of public administration and management of Uganda Christian University. The questionnaire is designed to help me collect relevant information and therefore I kindly request you to participate in responding to the questions that will be asked .However the information given will be treated confidential and will only be used for academic purpose.

SECTION 1: DEMOGRAPHIC DATA

(Tick in the box provided)

1. Gender distribution of the respondent

a) Male b) Female

2. Marital status of the respondent

a) Single b) Married Divorced Widowed

3. Age bracket of the respondent (years)

a) 20-30 b) 31-40 c) 41-50 C) 60 and above

4. Academic qualification of respondent

a) Secondary b) Certificate c) Diploma d) Bachelors’ Masters

5. Years of working by the respondents.

a) Less than 1 year b) 1-2 years c) 3 years and above

Section A: To assess the effect of autocratic leadership style on the management of health services. This section aims at assessing the effect of autocratic leadership style on the management of health services. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree.**

No		1	2	3	4	5
1	Autocratic leadership in healthcare settings can lead to improved efficiency and quick decision-making					
2	This style of leadership can also result in reduced staff morale, motivation, and job satisfaction					
3	Autocratic leaders may be better equipped to handle crises and make critical decisions under time constraints					
4	The autocratic style facilitates swift responses to challenges and ensures that organizational goals are met efficiently.					
5	Lack of employee involvement in decision-making can result in decreased job engagement and higher levels of burnout among healthcare professionals.					
6	Autocratic leaders tend to micromanage tasks and overlook the valuable input and expertise of their team members					

Section B: To analyze the effect of democratic leadership style on the management of health services

This section aims at analyzing the effect of democratic leadership style on the management of health services . Please indicate your opinion on the following statements using the Linkert scale.

Key: 1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree.

No		1	2	3	4	5
1	Democratic leadership in healthcare organizations promotes a culture of open communication, trust, and mutual respect among staff members					
2	Democratic leadership fosters a sense of collective responsibility and accountability among team members					
3	Democratic leadership may lead to slower decision-making processes in critical situations, potentially affecting the timeliness of patient care.					
4	This leadership style has been associated with improved staff motivation, job satisfaction, and overall organizational performance					
5	Democratic leadership promotes patient-centered care and enhancing the quality of care.					

Section C: To find out the effect of laissez-fair leadership style on the management of health services. This section aims at finding out the effect of laissez-fair leadership style on the management of health services. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree.**

No		1	2	3	4	5
1	Laissez-faire leadership can lead to decreased efficiency and effectiveness within healthcare organizations due to the lack of guidance and support from leaders.					
2	Lower employee motivation and commitment, which can ultimately result in poorer patient outcomes and reduced quality of care					
3	This leadership style can promote employee empowerment and creativity					
4	Laissez-faire leadership may also lead to ambiguity and lack of direction, potentially affecting organizational outcomes					
5	Laissez-faire leadership can also result in a lack of coordination, accountability, and oversight, thereby impacting the quality of care delivered to patients.					

APPENDIX II: INTERVIEW GUIDE

1. Can you describe a situation where autocratic leadership was used in managing health services? What were the outcomes?
2. How does autocratic leadership affect decision-making processes within health service management?
3. In what ways does autocratic leadership impact staff motivation and engagement in the healthcare setting?
4. Have you observed any challenges or conflicts arising from the implementation of autocratic leadership in healthcare management? If so, how were they addressed?
5. How does autocratic leadership influence communication between leadership and other staff members in healthcare organizations?
6. Could you share a specific example of how democratic leadership has been applied in managing health services, and what results were achieved?
7. How does the democratic leadership style promote inclusivity and participation among healthcare professionals in decision-making processes?
8. What impacts does democratic leadership have on fostering a collaborative environment within healthcare teams?
9. Have there been any instances where the democratic leadership approach has faced challenges or limitations in healthcare management? How were they addressed?
10. How does democratic leadership influence the overall organizational culture and employee satisfaction in healthcare settings?
11. Can you provide an example where laissez-faire leadership was utilized in managing health services? What were the observable effects on operations and outcomes?
12. How does laissez-faire leadership impact staff autonomy and accountability within healthcare management?
13. In what ways does laissez-faire leadership influence innovation and creativity among healthcare professionals?
14. Have you encountered any difficulties or drawbacks associated with the laissez-faire leadership approach in healthcare management? If so, how were they mitigated?
15. How does laissez-faire leadership style affect communication, decision-making, and overall effectiveness in managing health services?