## Implication Of Leadership Styles On Employee Satisfaction In Saudi Healthcare Settings: Narrative Review Through The Lens Of Social Exchange Theory

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### Abstract

This narrative review explores the implications of leadership styles on employee satisfaction within the unique context of Saudi healthcare settings, utilizing Social Exchange Theory (SET) as a theoretical framework. The healthcare industry in Saudi Arabia faces distinct cultural, organizational, and societal influences that shape leadership dynamics and employee satisfaction. By examining various leadership styles through the lens of SET, this review aims to provide insights into how different leadership approaches impact the social exchange processes between leaders and employees, ultimately influencing employee satisfaction. Drawing upon existing literature, this review examines key leadership styles prevalent in Saudi healthcare settings, including transformational, transactional, servant, democratic, and laissez-faire autocratic leadership. Each leadership style is analyzed in terms of its alignment with the principles of social exchange, considering the perceived rewards and costs experienced by employees within these leadership

paradigms. Furthermore, the review explores the role of cultural factors in shaping leadership behaviours and employee perceptions of satisfaction, such as collectivism, hierarchy, and respect for authority. This review elucidates the complex interplay between leadership styles and employee satisfaction in Saudi healthcare contexts through a comprehensive synthesis of empirical studies and theoretical perspectives. The importance of leadership adaptability, cultural sensitivity, and relational dynamics in fostering positive social exchanges and enhancing employee satisfaction are highlighted. Moreover, the review identifies gaps in the literature and offers recommendations for future research and practical implications for healthcare leaders and organizations in Saudi Arabia.

**Keywords**: Leadership styles; Healthcare workers; Employees' satisfaction; Social Exchange Theory; Saudi Arabia

### Introduction and background

Many researchers, including Alanazi et al. (2023) have stressed the critical significance of effective leadership strategies in driving the workforce in healthcare organizations. Studies focusing on leadership and management progress show that leaders are potential transformers of work efficiency and progress (Cho et al 2023). Healthcare leaders operate in a dynamic environment described by a continuous drive to deliver the safest, most efficient, patient-centred, equitable, and high-quality care. Alloubani et al. (2019) cite that effective leadership is essential to shaping a healthcare organization's culture and ensuring its ability to tackle complex issues regarding healthcare delivery. Managers in healthcare organizations can use various leadership styles, giving them different approaches to relating with workers and motivating their subjects (Haoyan et al., 2023). The current narrative review draws insights from social exchange theory (SET).

Social exchange theory provides a framework for understanding human behaviour in a social context by stressing the rational calculation of costs and rewards in interpersonal interactions in an organization (Ahmad et al., 2023). The theory sheds light on how different leadership styles can enhance efficiency and a motivated workforce for quality healthcare service delivery. According to Luca and Suggs (2013), it is a

sociological and psychological framework that seeks to explain social behaviour and relationships based on cost and benefit analysis principles. The proponents of this theory include George Homans and Peter Blau, who developed it in the mid-20th century. This theory posits that individuals engage in social interactions based on the expectation of receiving rewards and avoiding costs. The key components of the set include social exchange, rewards and costs, comparison level, comparison level for alternatives, and the outcome (Ahmad et al.,.2023). Each component is equally important in defining an organization's performance and sustainability. The key aspects are critical in determining the impact of healthcare leadership styles on employee satisfaction in Saudi Arabia. This review examines the Implication of Leadership Styles on Employee Satisfaction in Saudi Healthcare Settings through the lens of social exchange theory.

### Social Exchange Theory in Relation to the Implication of Leadership Styles on Employee Satisfaction in Saudi Healthcare Settings

Demeke et al. (2024) direct that social exchange theory in organizations defines interpersonal relationships, where it provides insights into how individuals form, maintain, and dissolve relationships based on the perceived benefits and costs involved. Similarly, it sheds light on relationship satisfaction, commitment, and decision-making processes related to staying or leaving a relationship (Ahmad et al., 2023). Organizational behaviour can be understood through social exchange theory. The theory plays a role in understanding employee motivation, job satisfaction, and dynamics like exchange relationships between healthcare managers and subordinates or among coworkers. Employees may engage in behaviours involving organizational citizenship or turnover based on their assessments of rewards and costs in the workplace (Alanazi et al., 2023). In managing Saudi healthcare, resources are scarce, and managers must balance expenditure and income. SET components include an economic perspective, which is essential in assessing the outcome of social exchange as the net result of subtracting costs from rewards (Alloubani et al., 2019). Motivated employees perform better with improved efficiency; tangible rewards play a key role in motivation in a healthcare environment characterized by workrelated stressors. Leaders must ensure employees are motivated to work and deliver quality healthcare services to the clients through a patient-centred approach. According to studies, applying the theory measures the level of satisfaction among healthcare workers; that is, if the outcome of subtracting costs from rewards is positive, workers are likely to view the relationship between them and the leaders as beneficial and satisfying. On the other hand, dissatisfaction may arise if the outcome is negative, leading employees to seek alternatives or adjust their behaviour within the existing relationship (Maritsa et al., 2022).

# The Implication of Leadership Styles on Employee Satisfaction in Saudi Healthcare Settings

Studying the Implication of leadership styles on employee satisfaction in Saudi healthcare settings is crucial due to its potential impact on organizational performance, patient care, and overall workplace dynamics. Studies underline an outstanding relationship between leadership styles and employees in healthcare organizations (Ahmad et al. 2021). social exchange theory is valuable in exploring the relationship between leadership styles and employee satisfaction in Saudi healthcare, particularly in employee behaviour, satisfaction, and resource management. In healthcare, there are two types of resources, including tangible and intangible (Alilyyani et al. 2018). Tangible resources include competitive salaries and benefits; on the contrary, intangible resources involve recognition, support and autonomy (Chen et al., 2022). leadership in a healthcare setup is the sole resource provider. Therefore, leaders in Saudi healthcare facilities may promote the performance culture or promote occupational stress among healthcare employees depending on the leadership style (Chen et al. 2022; Demeke et al. 2024).

Demeke et al. (2024) argue that different types of leadership promote the uniqueness of a healthcare facility. For example, a transformative leader drives the performance culture and ensures employees are motivated to work the next day (Demeke et al., 2024). According to a study by Alruwaili (2023), Transformational leaders inspire and motivate their employees by setting high standards and fostering innovation and creativity. In Saudi healthcare settings, transformational leaders may encourage a culture of continuous improvement and excellence in patient care. Employees under such leadership might feel more empowered, valued, and engaged, leading to improved performance, acceptable corporate culture and higher job satisfaction. Haoyan et al.,. (2023) underlined that the healthcare industry in Saudi Arabia is multifaceted and complex, which extends to decisions about how best to sustain organizational growth within the association world. In such a complex environment, transformative leaders enhance the power of focus on organizational goals (Fowler et al. 2021). Over a decade, studies have shown that Saudi nurses are satisfied with leaders who demonstrate transformational leadership styles and those who are more confident with their tasks intended at work (Alanazi et al., 2023). Additionally, Al-Yami et al. (2018), through a crosssectional study, recommend that Nurse administrators in Saudi Arabia capitalize on the importance of transformational leadership style in enhancing job satisfaction.

Transactional leadership has been used in managing healthcare organizations in different global regions (Alshahrani & Baig, 2016). Niinihuhta and Häggman-Laitila (2022) found that transactional leadership promote higher job satisfaction among employees. In the transactional leadership style, there are constructive and corrective types. In the corrective form, the leader works with individuals and groups to set up and define agreements or contracts to achieve specific work objectives, discover individuals' capabilities, and specify the compensation and rewards expected upon completing the tasks (Cosentino et al., 2023). On the contrary, in the corrective form, the leader focuses on standards that relate to the task in two ways. In its passive form, it involves waiting for mistakes to occur before taking action, and in its active form, there is close monitoring for errors (Specchia et al., 2021). Al-Yami et al. (2018) write that transactional leaders focus on clear expectations, rewards for good performance, and corrective actions for poor performance. Therefore, these leaders provide resources like job security and recognition for meeting objectives, potentially leading to satisfaction. Studies underline that Transactional leaders focus on clarifying roles and tasks and providing rewards or punishments based on performance (Richards 2020). However, while this style may ensure accountability and efficiency in the healthcare environment, it might not necessarily enhance employee satisfaction significantly. Employees may feel motivated by rewards but might not experience a deep sense of fulfilment or engagement (Richards, 2020; Sabbah et al., 2020)

AbuAlRub and Alghamdi (2012) conducted a cross-sectional study in Saudi Arabia's healthcare sector to investigate the impact of different leadership styles on employee performance. They reported that the type of leadership used

in an organization significantly affects employee performance and productivity. For example, the study showed that Transformational and transactional leadership are effective in enhancing employee performance, along with authentic and servant leadership (Sabbah et al., 2020). Servant leaders prioritize the needs of their employees, aiming to serve them first before considering organizational goals (Alghaylani et al., 2023). Servant leadership may resonate well in Saudi healthcare as it aligns with cultural values emphasizing humility and care (Alshahrani & Baig, 2016). Employees may feel supported and valued, increasing job satisfaction and commitment to Musinguzi et al. (2018) quality patient care. A study conducted in 2019 showed that leadership style directly correlated with intent to leave. The researchers confirmed the essentiality of servant leadership and organizational culture on the intention to leave among public sector expatriates and the major influence of job satisfaction (Alruwaili,2023).

Effective leadership is essential for the success of healthcare organizations, particularly in Saudi Arabia, where the healthcare sector is undergoing rapid transformation (Alilyyani et al. 2018). nonetheless, Leadership styles within health administration roles significantly shape employee satisfaction and organizational outcomes. Alilyyani et al. (2022) crosssectional study evaluating prevalent healthcare leadership styles and their impact on employee satisfaction in health administration roles in Saudi Arabia's healthcare sector found a close relationship between employee job satisfaction and democratic leadership (Alrwili, 2022). Democratic leaders involve employees in decision-making, seeking their input and feedback (Alilyyani et al., 2022). This style enhances horizontal and vertical communication, leading to an informed decisionmaking process (Alilyyani et al., 2024). Notably, where teamwork and collaboration are valued in Saudi healthcare, this style may foster a sense of ownership and empowerment among employees. Since employees have a voice in decisions that affect their work, they may feel more satisfied and committed to achieving organizational goals, leading to higher job satisfaction and reduced turnover.

Khusheim (2024) empirically evaluated the relationship of leadership behaviours to subordinate managers' perceived outcomes by examining transformational, transactional, and laissez-faire leadership. The searcher's findings indicated that the relationship between transformational leadership and the outcome factors was stronger and more positive than the transactional and laissez-faire styles. Several criticisms have been precipitated over the laissez-faire leaders due to reduced innovation and disoriented working relationships. Laissez-faire managers do not care much about organizational employees. Similarly, the style involves minimal intervention, leaving employees to their devices (Magbity et al., 2020). According to the social exchange theory, when applied to the Saudi healthcare system, this method may promote a lack of resources, including support and guidance, consequently reducing employee job satisfaction. A Norway Survey involving 2273 employees linked Laissez-faire leadership with role conflict, role ambiguity, conflicts with coworkers and increased workplace bullying (Alqahtan et al 2021).

The autocratic leadership style has been used in global healthcare settings. The style gives the leader autonomous decision-making authority (Gruessner (2023). According to Al-Thawabiya et al. (2023), autocratic leadership is ideal in emergencies since the leader makes all decisions without considering the employees' opinions below. Although many published studies indicate the importance of leadership, few of these studies have attempted to correlate a certain leadership style with patient outcomes and healthcare guality indicators. Mishra et al (2023). Autocratic leaders make decisions independently without much input from employees. While this style may lead to swift decision-making in critical situations, it can also result in disengagement and low employee morale, particularly in a healthcare setting where teamwork and collaboration are vital for quality patient care (Ju et al. 2021). Applying autocratic leadership in Saudi healthcare may promote increased job dissatisfaction and turnover.

### Recommendations

studies indicate that while exploring the implications of leadership styles on employee satisfaction in Saudi healthcare settings, it's essential to consider the unique cultural, organizational, and contextual factors that influence workplace dynamics. These factors may include but are not limited to cultural sensitivity, training and development.

Literature shows that it is critical before adopting a leadership style that leaders in Saudi healthcare must understand and respect the cultural values, norms, and expectations in Saudi Arabia. Recognize the importance of hierarchy, respect for authority, and collectivism in shaping leadership dynamics and employee satisfaction in healthcare settings. Chen et al. (2022) stress the significance of transformational leadership; therefore, leaders should aim to Encourage and support the development of transformational leadership skills among healthcare leaders. This approach emphasizes inspiration, vision, and empowerment, which can resonate well with employees in Saudi healthcare settings, fostering a sense of purpose and engagement. Similarly, leaders should participate in training and development. Provide leadership training and development programs tailored to the specific needs of healthcare leaders in Saudi Arabia. Focus on enhancing communication skills, emotional intelligence, and cultural competence to lead diverse teams and promote employee satisfaction effectively.

Additionally, leaders must Recognize the importance of adaptability and flexibility in leadership styles, especially in dynamic and rapidly changing healthcare environments. Leaders should be able to adjust their leadership approaches based on situational demands while focusing on employee well-being and satisfaction. Nonetheless, managers in respective departments should Emphasize collaborative leadership approaches that involve employees in decisionmaking processes and encourage teamwork and mutual support. Cultivate a culture of trust, transparency, and inclusivity, where employees feel valued and empowered to contribute to organizational goals.

Literature suggests that recognition and rewards promote job satisfaction. Therefore, it is recommended that the healthcare industry Implement recognition and reward systems that acknowledge and appreciate the contributions of healthcare professionals. Recognize individual achievements and team efforts, reinforcing a culture of appreciation and motivation. Still, management should Establish regular feedback mechanisms to solicit employee input about their experiences, concerns, and suggestions for improvement. Actively listen to employee feedback and address issues promptly to demonstrate a commitment to employee satisfaction and continuous improvement.

### Conclusion

Effective leadership is essential for the success of healthcare organizations, particularly in Saudi Arabia, where the healthcare sector is undergoing rapid transformation. Leadership styles within health administration roles play a significant role in shaping employee satisfaction and organizational outcomes. Understanding prevalent leadership styles and their impact on employee satisfaction is crucial for enhancing the overall performance of healthcare organizations in Saudi Arabia. Understanding the implications of different leadership styles on employee satisfaction in Saudi healthcare settings requires considering cultural norms, organizational dynamics, and the unique challenges healthcare professionals face. Conducting empirical research and gathering employee feedback can provide valuable insights into which leadership styles are most effective in promoting employee satisfaction and improving patient outcomes.

### References

- AbuAlRub, R. F., & Alghamdi, M. G. (2012). The impact of leadership styles on nurses' satisfaction and intention to stay among Saudi nurses. Journal of nursing management, 20(5), 668– 678. https://doi.org/10.1111/j.1365-2834.2011.01320.x
- Ahmad, N., Scholz, M., Arshad, M. Z., Jafri, S. K. A., Sabir, R. I., Khan, W. A., & Han, H. (2021). The Inter-Relation of Corporate Social Responsibility at Employee Level, Servant Leadership, and Innovative Work Behavior in the Time of Crisis from the Healthcare Sector of Pakistan. International journal of environmental research and public health, 18(9), 4608. https://doi.org/10.3390/ijerph18094608
- Ahmad, R., Nawaz, M. R., Ishaq, M. I., Khan, M. M., & Ashraf, H. A. (2023). Social exchange theory: Systematic review and future directions. Frontiers in psychology, 13, 1015921. <u>https://doi.org/10.3389/fpsyg.2022.1015921</u>
- Alanazi, N. H., Alshamlani, Y., & Baker, O. G. (2023). The association between nurse managers' transformational leadership and quality of patient care: A systematic review. International nursing review, 70(2), 175–184.

https://doi.org/10.1111/inr.12819

- Alghaylani, A. S., Alsulaimani, M. A., ALgethamim, F. M., Al Zahrani, M. A., Al Thumali, A. A., Altowairqi, M. A., ... & Alotaibi, W. S.
  D. (2023). Charting The Course; A Systematic Review On Healthcare Leadership Styles And Their Symphony With Employee Satisfaction In Saudi Arabian Health Administration. Journal of Namibian Studies: History Politics Culture, 38, 1511-1531.
- Alilyyani, B., Althobaiti, E., Al-Talhi, M., Almalki, T., Alharthy, T., Alnefaie, M., Talbi, H., & Abuzaid, A. (2024). Nursing experience and leadership skills among staff nurses and intern nursing students in Saudi Arabia: a mixed methods study. BMC nursing, 23(1), 87.

https://doi.org/10.1186/s12912-024-01750-1

Alilyyani, B., Kerr, M. S., Wong, C., & Wazqar, D. Y. (2022). An integrative review of nursing leadership in Saudi Arabia. Nursing open, 9(1), 140–155.

https://doi.org/10.1002/nop2.1117

Alilyyani, B., Wong, C. A., & Cummings, G. (2018). Antecedents, mediators, and outcomes of authentic leadership in healthcare: A systematic review. International journal of nursing studies, 83, 34–64.

https://doi.org/10.1016/j.ijnurstu.2018.04.001

Alloubani, A., Akhu-Zaheya, L., Abdelhafiz, I. M., & Almatari, M. (2019). Leadership styles' influence on the quality of nursing care. International journal of health care quality assurance, 32(6), 1022–1033.

#### https://doi.org/10.1108/IJHCQA-06-2018-0138

- Alqahtani, A., Nahar, S., Almosa, K., Almusa, A. A., Al-Shahrani, B. F., Asiri, A. A., & Alqarni, S. A. (2021). Leadership styles and job satisfaction among healthcare providers in primary health care centers. Middle east journal of family medicine, 19(3).
- Alruwaili M. D. (2023). A leadership-based framework for improving Saudi Arabian female participation in sports. Frontiers in sports and active living, 5, 1283842.

https://doi.org/10.3389/fspor.2023.1283842

- Alrwili, A. M. (2022). Impacts of leadership style on staff job satisfaction in primary health care organizations, primary health care centres in Al-Jouf, Saudi Arabia as case study.
- Al-Thawabiya, A., Singh, K., Al-Lenjawi, B. A., & Alomari, A. (2023). Leadership styles and transformational leadership skills among nurse leaders in Qatar, a cross-sectional study. Nursing open, 10(6), 3440–3446.

https://doi.org/10.1002/nop2.1636

- Al-Yami, M., Galdas, P., & Watson, R. (2018). Leadership style and organizational commitment among nursing staff in Saudi Arabia. Journal of nursing management, 26(5), 531–539. <u>https://doi.org/10.1111/jonm.12578</u>
- Chen, J., Ghardallou, W., Comite, U., Ahmad, N., Ryu, H. B., Ariza-Montes, A., & Han, H. (2022). Managing Hospital Employees' Burnout through Transformational Leadership: The Role of Resilience, Role Clarity, and Intrinsic
- Motivation. International journal of environmental research and public health, 19(17), 10941.

https://doi.org/10.3390/ijerph191710941

Cho, Y., Jeong, S. H., Kim, H. S., & Kim, Y. M. (2022). Journal of Korean Academy of Nursing, 52(5), 479–498.

https://doi.org/10.4040/jkan.22039

Cosentino, C., De Luca, E., Sulla, F., Uccelli, S., Sarli, L., & Artioli, G. (2023). Leadership styles' influence on ICU nurses' quality of professional life: A cross-sectional study. Nursing in critical care, 28(2), 193–201. https://doi.org/10.1111/nicc.12738

- Demeke, G. W., van Engen, M. L., & Markos, S. (2024). Servant Leadership in the Healthcare Literature: A Systematic Review. Journal of healthcare leadership, 16, 1–14. <u>https://doi.org/10.2147/JHL.S440160</u>
- Fowler, K. R., Robbins, L. K., & Lucero, A. (2021). Nurse manager communication and outcomes for nursing: An integrative review. Journal of nursing management, 29(6), 1486–1495. <u>https://doi.org/10.1111/jonm.13324</u>
- Gruessner, R. W. (2023). The modified democratic management model: an ideal leadership model for healthcare?. British Journal of Healthcare Management, 29(11), 302-307.
- Haoyan, X., Waters, D., Jinling, H., Qiongling, L., & Sien, L. (2023). Quantitative systematic review of the transformational leadership style as a driver of nurses' organizational commitment. Nursing open, 10(7), 4160–4171.

https://doi.org/10.1002/nop2.1671

Ju, M., & van Schaik, S. M. (2021). A Vicious Cycle of Bias: Residents' Perceptions of Leadership in Health Care. Academic medicine : journal of the Association of American Medical Colleges, 96(11S), S103–S108.

https://doi.org/10.1097/ACM.000000000004338

Khusheim L. H. (2024). Leadership styles on job satisfaction and security among healthcare workers during the COVID-19 pandemic. Technology and health care : official journal of the European Society for Engineering and Medicine, 10.3233/THC-230945. Advance online publication.

https://doi.org/10.3233/THC-230945

Luca, N. R., & Suggs, L. S. (2013). Theory and model use in social marketing health interventions. Journal of health communication, 18(1), 20–40.

https://doi.org/10.1080/10810730.2012.688243

- M Alshahrani, F. M., & Baig, L. A. (2016). Effect of Leadership Styles on Job Satisfaction Among Critical Care Nurses in Aseer, Saudi Arabia. Journal of the College of Physicians and Surgeons--Pakistan : JCPSP, 26(5), 366–370.
- Magbity, J. B., Ofei, A. M. A., & Wilson, D. (2020). Leadership Styles of Nurse Managers and Turnover Intention. Hospital topics, 98(2), 45–50.

https://doi.org/10.1080/00185868.2020.1750324

- Maritsa, E., Goula, A., Psychogios, A., & Pierrakos, G. (2022). Leadership Development: Exploring Relational Leadership Implications in Healthcare Organizations. International journal of environmental research and public health, 19(23), 15971. <u>https://doi.org/10.3390/ijerph192315971</u>
- Mishra, K., Kovoor, J. G., Gupta, A. K., Bacchi, S., Lai, C. S., Stain, S. C., & Maddern, G. J. (2023). Evolving challenges of leadership in surgery to improve inclusivity, representation, and wellbeing. The British journal of surgery, 110(12), 1723–1729. https://doi.org/10.1093/bjs/znad274

Musinguzi, C., Namale, L., Rutebemberwa, E., Dahal, A., Nahirya-Ntege, P., & Kekitiinwa, A. (2018). The relationship between leadership style and health worker motivation, job satisfaction and teamwork in Uganda. Journal of healthcare leadership, 10, 21–32.

https://doi.org/10.2147/JHL.S147885

Niinihuhta, M., & Häggman-Laitila, A. (2022). A systematic review of the relationships between nurse leaders' leadership styles and nurses' work-related well-being. International journal of nursing practice, 28(5), e13040.

https://doi.org/10.1111/ijn.13040

- Richards A. (2020). Exploring the benefits and limitations of transactional leadership in healthcare. Nursing standard (Royal College of Nursing (Great Britain) : 1987), 35(12), 46– 50. <u>https://doi.org/10.7748/ns.2020.e11593</u>
- Sabbah, I. M., Ibrahim, T. T., Khamis, R. H., Bakhour, H. A., Sabbah, S. M., Droubi, N. S., & Sabbah, H. M. (2020). The association of leadership styles and nurses well-being: a cross-sectional study in healthcare settings. The Pan African medical journal, 36, 328.

https://doi.org/10.11604/pamj.2020.36.328.19720

Specchia, M. L., Cozzolino, M. R., Carini, E., Di Pilla, A., Galletti, C., Ricciardi, W., & Damiani, G. (2021). Leadership Styles and Nurses' Job Satisfaction. Results of a Systematic Review. International journal of environmental research and public health, 18(4), 1552.

https://doi.org/10.3390/ijerph18041552