
| REVIEW ARTICLE

The Impact of Transformational and Transactional Leadership Styles on Job Satisfaction among Healthcare Workers in Oman: A Systematic Review

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| ABSTRACT

Healthcare leadership is a central factor influencing workforce satisfaction, retention and service quality, particularly in health systems undergoing reform. Effective leadership, workforce stability and culturally responsive management is a value that has been introduced in Oman through healthcare transformation as part of Oman Vision 2040. A systematic review was done to establish the impact of transformational and transactional leadership styles on job satisfaction among Omani healthcare workers. The research used was systematic review that was guided by the PICO framework. The population of interest was Omani healthcare workers, the exposure was transformational and transactional leadership, the comparison was other leadership/management styles, and the outcome was job satisfaction. An evidence base provided went through a PRISMA-informed selection process. Thirty-eight records were identified and screened, 28 full-text reports were assessed for eligibility, and 15 studies were included in the narrative synthesis. The evidence included was categorized into direct Oman healthcare evidence, GCC healthcare evidence, international healthcare evidence and indirect organisational evidence. Quality of the studies was evaluated based on CASP-based principles of appraisal, such as the study design, relevance, sampling, measurement, bias and transferability. Meta-analysis was not done because the studies vary greatly in terms of design, population, outcome measures and statistical reporting. The findings indicated that transformational leadership was more effective in predicting positive job satisfaction particularly through motivation, communication, recognition, professional development, trust and organisational commitment. The correlation between transactional leadership and job satisfaction was conditional; it can help to increase satisfaction when applied to increase clarity of roles, accountability and fair feedback, but can decrease satisfaction when applied in a controlling or punitive manner. The review has also determined that there are wider organisational influences like workload, supervision, communication, pay, promotion and organisational culture, which influence job satisfaction. The review concludes that the healthcare industry in Oman needs to concentrate on culturally oriented leadership development that entails transformational support through appropriate transactional structure. The longitudinal and intervention studies unique to Oman must be carried out in the future to strengthen the causal evidence to help in meta-analysis in the future.

| KEYWORDS

Transformational leadership, transactional leadership, job satisfaction, healthcare workers, Oman, systematic review.

| ARTICLE INFORMATION

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Chapter 1: Introduction:

1.1 Introduction:

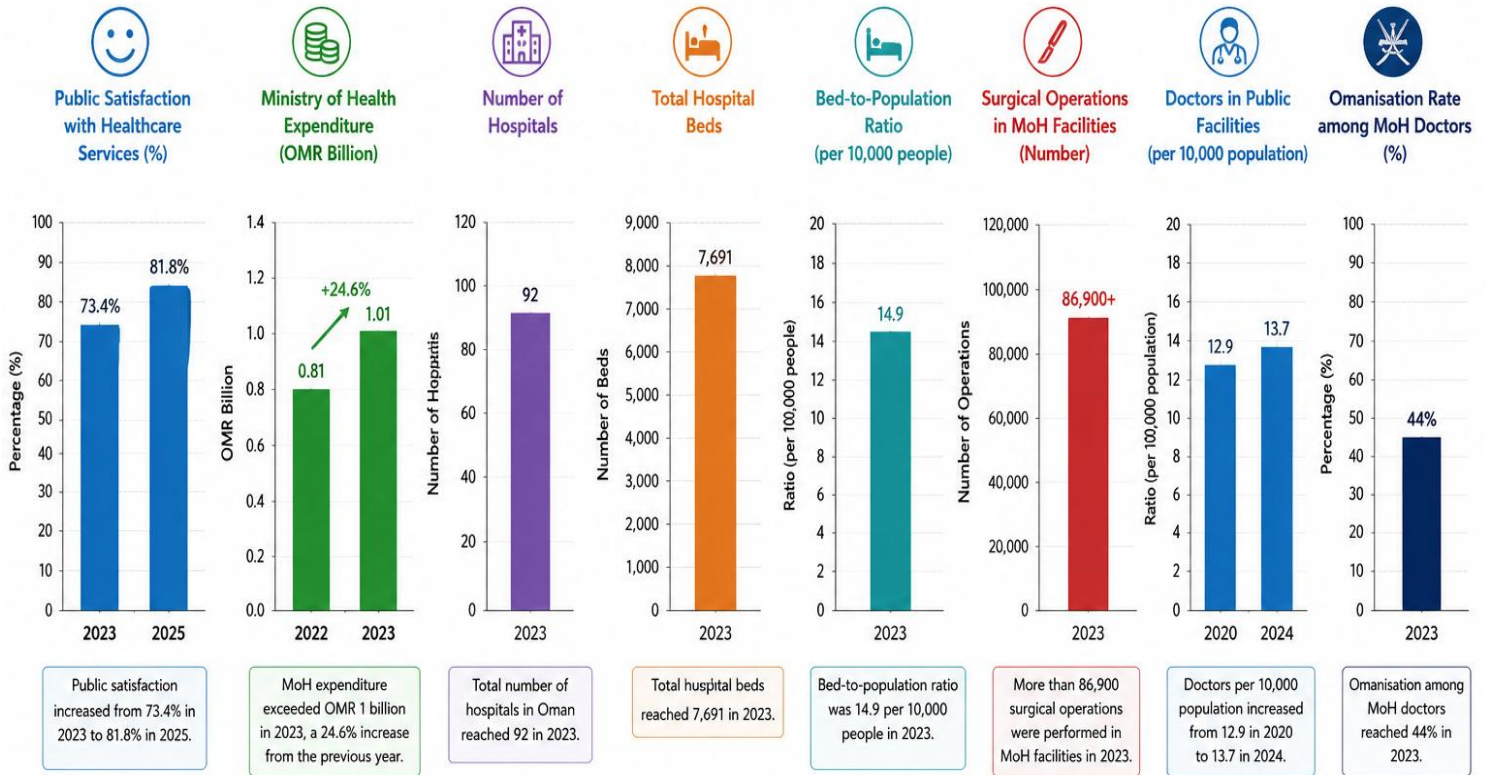
Healthcare systems depend not only on infrastructure, technology and finance, but also on the motivation, satisfaction and retention of the professionals who deliver care. In Oman, the relationship between leadership and healthcare workforce outcomes has been of special importance, as the country is striving to achieve a quite ambitious health system transformation program as a part of Oman Vision 2040. The new Oman National Health Policy fits into this strategic direction, with a focus on sustainability, governance, decentralization, digital transformation, equity and cross-sector collaboration (Ghafari et al., 2025). These reforms demand healthcare organizations to outgrow the conventional administrative control and establish leadership practices promoting engagement, responsibility, and creativity and employee welfare. The aspect of job satisfaction among healthcare workers is a significant issue since it affects motivation, retention, absenteeism, quality of care and patient safety. Medical staffs operate in stressful environments that are affected by workload stress, emotional labour, professional responsibility, shift work, scarce resources and high patient demands. Being supported, respected and involved in the process of making the decisions, the employees will be much more committed to the organization and contribute positively to the quality of services offered. On the other hand, ineffective leadership can result in higher levels of dissatisfaction, burnout, turnover intention and maladaptive workplace behaviors (Alkhateeb et al., 2025; Guillari et al., 2026).

Transformational and transactional leadership styles are two of the most prevalent leadership styles that are examined in the literature on healthcare leadership in this regard. Transformational leadership is visionary, inspiring, thought provoking and personalized. It assists in enabling the staff to identify with organisational goals, develop as a professional and perform more than the minimum expectations as per the role. The other type of leadership is transactional which is structure-based, performance check, reward-based, and corrective feedback and compliance with agreed standards. Both leadership styles may be utilized in healthcare practice, but both styles may have varying impacts on job satisfaction. Transformational leadership has the potential to boost satisfaction through empowering its employees, fostering trust and professional development, whereas transactional leadership may boost satisfaction in situations where employees value role clarity, fairness, and predictability (Gebreheat, Teame and Costa, 2023; Jankelova and Joniakova, 2021).

Additionally, Oman's healthcare system is expanding rapidly, making leadership and job satisfaction strategically important. Public satisfaction with healthcare services increased from 73.4% in 2023 to 81.8% in 2025, suggesting improved confidence but also higher expectations from healthcare workers and managers (Ghafari et al., 2025). In 2023, Ministry of Health expenditure exceeded OMR 1 billion, a 24.6% increase from the previous year, while hospitals reached 92, with 7,691 beds and a bed-to-population ratio of 14.9 per 10,000 people. Clinical workload also remained substantial, with more than 86,900 surgical operations performed in Ministry of Health facilities. Workforce expansion is equally relevant: doctors in public facilities increased from 12.9 to 13.7 per 10,000 population between 2020 and 2024, while Omanization among Ministry of Health doctors reached 44%. These pressures make leadership style a critical organisational factor. Transformational leadership is associated with motivation, commitment and satisfaction, whereas transactional leadership may support clarity and accountability but can be restrictive if overused (Gebreheat, Teame and Costa, 2023; Al-Rjoub et al., 2024; Al Sawafi et al., 2025). In 2026, Oman's healthcare sector should be discussed as a policy implementation phase, not as a completed annual data year. Current verified evidence shows that the National Health Policy 2025–2035 guides reform toward equitable, sustainably financed, decentralized and technology-enabled healthcare under Oman Vision 2040 (Ghafari et al., 2025).

The current review is dedicated to Oman since leadership cannot be isolated of the organisational, cultural and policy context. The Oman health system has tremendously developed and now is at the stage where quality improvement, workforce development and management possibilities are the most important factors. According to Al Sawafi et al. (2025), the healthcare leadership in Oman requires culturally sensitive programs that incorporate the international leadership concepts with the realities of domestic organizations to be developed. This is significant since leadership models constructed in Western contexts might not be comprehensive in explaining hierarchical systems, collectivist ethos, national workforce and multicultural workforce and multicultural governance systems in GCC healthcare systems (Albastaki, 2026).

Figure 1: Oman Healthcare System – Statistical Overview:



Oman's healthcare system shows clear growth in public confidence, workforce capacity, infrastructure and national workforce development. Public satisfaction increased from 73.4% in 2023 to 81.8% in 2025, while doctor density, hospital capacity, surgical activity and Omanisation also improved. These trends indicate that healthcare reform is progressing, but they also create higher expectations for service quality, staff retention and effective leadership.

Source: (Gebreheat, Teame and Costa, 2023; Al-Rjoub et al., 2024; Al Sawafi et al., 2025; Albastaki, 2026).

1.2 Background to the Topic:

There has been a significant improvement in the healthcare system of Oman in the past decades. National health-sector studies show that in 2025, the public satisfaction with healthcare services had increased to 81.8% compared to 73.4% in 2023. Moreover, the Ministry of Health expenditure in 2023 was more than OMR 1 billion or 24.6 percent higher than the previous year and there were 92 hospitals, 7,691 hospital beds and 14.9 beds per 10,000 population. There was also increased surgical activity as over 86,900 surgical operations have been carried out in the Ministry of Health institutions in 2023, (Albastaki, 2026). These indicators are an indication of a system that is growing larger in size and among the masses. Nonetheless, growth is not a sure measure of employee satisfaction or long-term performance. The leadership role becomes more crucial with the growth of the size and complexity of healthcare systems, which is why it becomes the key to the efficient utilization of resources in the form of safe and person-centred care (Ghafari et al., 2025).

Particularly significant is the workforce aspect. The number of physicians per 10,000 population in state-run facilities has grown by 12.9 to 13.7 over the years 2020-2024, and the number of health facilities has grown by 50 per cent since 2020 to 2,384 facilities. It was reported that the Omanization of doctors in the institutions of the Ministry of Health was 44 which shows that there is slow development of national involvement in healthcare professions. The changes bring about new leadership requirements. Managers are called to lead more and more diverse teams, facilitate professional growth, expect both Omani and expatriate employees, and maintain the quality of services in times of reform. According to the OECD (2025), the sustainability of

health and social care workforce is a major global concern especially as health systems face staffing shortages, ageing and increased demand of complex care.

Job satisfaction is generally perceived as the degree to which employees have a positive attitude towards their job, job, job relationship, rewards, development and organisational climate. It is intrinsically and extrinsically dimensional. Intrinsic satisfaction is associated with meaning, autonomy, professional accomplishment and skills utilization. Extrinsic satisfaction has to do with pay, benefits, workload, working conditions, supervision and organisational policies. Social satisfaction is also the primary focus of healthcare since teamwork, communication and supervisor support have a direct influence on the day-to-day experience of care delivery. The leadership, workload, remuneration, recognition, career development, organisational culture and professional autonomy are the determinants of job satisfaction among healthcare workers in GCC countries (Alkhateeb et al., 2025).

The issue of leadership style is not a fringe problem of management. It is a pragmatic process by which healthcare employees get to enjoy a sense of equity, respect, communication, workload sharing, participation in decision-making and support. Transformational leadership can make employees become more satisfied by providing them with the sense of purpose and professional development. Satisfaction may also be achieved through transactional leadership since it provides clarity, consistency and reward systems that are just. Nonetheless, transactional leadership can also lead to a decrease in satisfaction when it is too controlling, punitive or overly performance-oriented. Similarly, transformational leadership is not always effective in the situation when resources, practical goals, cannot support inspirational rhetoric and follow-through (Al-Rjoub et al., 2024; Tsapnidou et al., 2024).

1.3 Rationale for the Systematic Review:

This systematic review is necessary since the evidence regarding the factors of leadership and job satisfaction in Oman is still in its early stages of formation where its evidence is disconnected and lacks a synthesis in its contextual evidence. Job satisfaction, organisational commitment, job retention and quality of care in nurses have been positively correlated with transformational leadership (Gebreheat, Teame and Costa, 2023; Alhusban, Mrayyan and Bani Hani, 2026). The quality and quality of such a relationship can however be different depending on setting, professional group, organizational culture, level of leadership and measurement tools. It is said that transactional leadership is not as relational as transformational leadership but this definition is not complicated enough to be applied in the healthcare systems where explicit protocols, accountability and performance guidelines are important.

Available reviews give valuable evidence but fail to address the question related to Oman. The article by Gebreheat, Teame and Costa (2023) on transformational leadership and job satisfaction among nurses was an international and nurse-focused article, rather than Oman-focused. Tsapnidou et al. (2025) explored transformational leadership in the context of organisational and professional commitment in nursing, which is not equal or identical to job satisfaction. Albastaki (2026) compared leadership styles in healthcare workers in GCC countries by conducting a scoping review, instead of synthesizing the direction of effects and quality of study critically as a synthesis. Al Mushrfi and Al Senaidi (2026) directly tackled leadership styles and job satisfaction among the nurses of Oman, however, the current review is wider as it specifically addresses transformational and transactional leadership and includes not only nurses but all healthcare workers.

The timeliness of the review is also because the health reforms in Oman need leadership behaviors that can contribute to quality improvement as well as resilience in the workforce. Sustainability, governance, decentralization, digital transformation, and cross-sector partnership are prioritized in the National Health Policy and Oman Vision 2040 (Ghafari et al., 2025). Infrastructure investment is not enough to realize these objectives. They need leaders who are able to convey vision and involve personnel, handle change, encourage innovation and be accountable. Al Sawafi et al. (2025) also highlight the importance of culturally relevant leadership development in Oman, as the leadership capability is no longer a choice but a strategic requirement in the framework of management skills. The second reason is that job satisfaction is related to retention and retention is one of the primary issues of healthcare in the world. Guillari et al. (2026) prove that organisational determinants are the key to retaining nurses, but Diriba et al. (2025) prove that organisational and contextual factors determine work engagement among nurses. Expatriate professionals, nationalization policies, career expectations, and disparities in employment conditions make the stability of workforce in GCC health systems complex (Albastaki, 2026). The leadership style can therefore be one of the organisational variables that can be changed and allow healthcare organizations to increase staff satisfaction without necessarily resorting to monetary incentives.

1.4 Key Concepts and Definitions:

1. Transformational Leadership

Transformational leadership is the type of leadership where leaders inspire followers by vision, inspiration, intellectual stimulation and personalized support. The healthcare sector transformational leaders promote the culture of ideas and professional development among employees, accept change and strive to achieve organisational goals. This type of leadership is associated with higher job satisfaction, commitment, and improved communication and quality results (Jankelova and Joniakova, 2021; Gebreheat, Teame and Costa, 2023).

2. Transactional Leadership

A transactional leadership is a leadership style that is based on formal relations between the leaders and the followers. It utilizes clear expectations, surveillance, rewards, corrective action and performance standards. Transactional leadership can be used in a healthcare environment to facilitate role clarity, conformity to clinical guidelines and operational stability. However, when implemented in a rigid way, it may result in the reduction of autonomy and intrinsic motivation, particularly in experienced professionals who value engagement and professional judgment (Al-Rjoub et al., 2024; Salameh-Ayanian et al., 2025).

3. Job Satisfaction

Healthcare workers can define Job satisfaction as a positive assessment of work, which encompasses leadership support, work environment, recognition, autonomy, workload, professional development, teamwork and organisational fairness. The main outcome in this review is job satisfaction, which can be measured by validated survey measures, research specific questionnaires or qualitative descriptions of satisfaction and dissatisfaction.

4. Healthcare Workers

Healthcare workers are professionals whose work is related to delivering or assisting healthcare services. It entails the nurses, physicians, allied health professionals, pharmacists, (Alshabebi, Sharhan and Al-hodi, 2026) technicians and healthcare managers. Nurses will also be a major part of the evidence as leadership and job satisfaction are frequently studied in the population of nurses, but the population of healthcare workers is also included in this review in case of evidence.

5. 1.5 Aim of the Review:

The aim of this systematic review is to critically examine how transformational and transactional leadership styles influence job satisfaction among healthcare workers in Oman, with attention to workforce motivation, retention, healthcare quality, leadership development, organisational sustainability and policy within Oman Vision 2040, and contemporary health-system reform and service improvement priorities (Al Sawafi et al., 2025; Ghafari et al., 2025).

6. Table 1: Theoretical Framework for Leadership Model and Relevance to Job Satisfaction:

Leadership style	Main features	Link to job satisfaction	Relevance to this review
Transformational leadership	Vision, inspiration, intellectual stimulation and individualized support.	May increase motivation, trust, commitment, communication and professional satisfaction.	This style is central because evidence links transformational leadership with nurse satisfaction, commitment and retention (Jankelová and Joniaková, 2021; Gebreheat, Teame and Costa, 2023; Al Mushrfi and Al Senaidi, 2026).
Transactional leadership	Rewards, monitoring, corrective action, role clarity and performance standards.	May support satisfaction when expectations are fair, clear and consistently applied.	This style is relevant because healthcare systems require accountability, protocol compliance and structured feedback, although excessive control may reduce autonomy (Al-Rjoub et al., 2024; Salameh-Ayanian et al., 2025).
Passive/avoidant leadership	Delayed decisions, weak support, limited feedback and poor leader involvement.	May reduce satisfaction by increasing uncertainty, frustration and perceived lack of support.	This provides contrast because ineffective or absent leadership may increase dissatisfaction, disengagement and turnover risk (Alkhateeb et al., 2025; Guillari et al., 2026).

Source: (Alkhateeb et al., 2025; Guillari et al., 2026); (Jankelová and Joniaková, 2021; Gebreheat, Teame and Costa, 2023; Al Mushrfi and Al Senaidi, 2026).

1.6 Objectives of the Review:

7. To identify studies on transformational and transactional leadership and job satisfaction among healthcare workers in Oman (Gebreheat, Teame and Costa, 2023; Alkhateeb et al., 2025).
8. To appraise the quality and relevance of included studies using an appropriate critical appraisal tool (Jankelová and Joniaková, 2021; Al-Rjoub et al., 2024).
9. To synthesize evidence and identify implications for healthcare leadership, workforce retention and future research in Oman (Al Sawafi et al., 2025; Al Mushrfi and Al Senaidi, 2026).

1.7 Review Question:

How do transformational and transactional leadership styles affect job satisfaction among healthcare workers in Oman?

This research question is clear, focused and appropriate for a systematic review because it identifies the population, leadership styles and outcome being examined. It supports structured evidence searching and synthesis while addressing an important issue for Oman's healthcare workforce, leadership development, staff retention and service quality (Al Sawafi et al., 2025; Al Mushrfi and Al Senaidi, 2026)

Chapter 2: Methodology:

2.1 Introduction:

This chapter details the methodological approach that will be adopted in the process of the systematic review. It presents the review plan, conceptual framework, search and selection strategy, eligibility criteria, selection process, quality appraisal strategy, data extraction strategy, synthesis strategy, meta-analysis strategy, ethical considerations and methodology limitations. The aim of the chapter is to demonstrate that the review will be systematic, transparent, reproducible and critical of the potential bias.

2.2 Research Design:

The systematic review design is suitable since the review question needs to be synthesized in a systematic, comprehensive and critical fashion based on the existing evidence. As opposed to a traditional literature review, a systematic review adheres to a set methodology of searching, selecting, appraising and synthesizing studies (Alshabebi, Sharhan and Al-hodi, 2026). This will minimize chances of using only convenient or favorable sources in conducting the review. The systematic approach is particularly important to the present subject, as the notions of leadership and job satisfaction are quite broad concepts that can be computed in different ways in different professional groups, settings and countries.

The review will also have a planned meta-analysis aspect. Meta-analysis will not be assumed per se. It will be done when two or more of the articles that include quantitative data present appropriately similar statistical data, such as correlation coefficients, regression coefficients, odds ratios or mean differences between transformational or transactional leadership and job satisfaction. This is methodologically important because there is a risk of misleading results when statistical pooling is not appropriate in the studies which differ greatly in design, population, (AL Mushrfi and AL Senaidi, 2026) tools or context used to measure or mismeasure variables. In case of inappropriateness of meta-analysis, a structured narrative synthesis will be employed. The decision safeguards the review against excessive certainty and Level 7 critical judgement.

2.3 Review Framework:

The PICO framework will guide the review since the question will analyze the effect or impact of leadership styles on an outcome. PICO will be appropriate in intervention and exposure-based questions whereby the review aims to compare relationships of a given exposure and a measurable outcome.

PICO element	Application to this review
Population	Healthcare workers in Oman, including nurses, physicians, allied health professionals, pharmacists, technicians and healthcare managers
Intervention or exposure	Transformational leadership and transactional leadership styles
Comparison	Other leadership styles, usual management approaches, (AL Mushrfi and AL Senaidi, 2026) low leadership exposure, or comparison between transformational and transactional leadership
Outcome	Job satisfaction, including intrinsic, extrinsic and overall job satisfaction

This outline assists in maintaining the review. It also avoids inclusion of studies that talk about leadership in general without looking at the transformational or transactional leadership, or studies that look at the staff outcomes other than job satisfaction without the relevant data on satisfaction.

Conceptual Framework Diagram:

Source: (AL Mushrfi and AL Senaidi, 2026)

2.4 Search Strategy:

CINAHL, PubMed/MEDLINE, Scopus, Web of Science, Cochrane Library and Google Scholar will be searched. CINAHL will be appropriate as it indexes the nursing and allied health literature. PubMed/MEDLINE is fundamental to the management research in the field of biomedical and healthcare. Scopus and Web of Science offer wide multidisciplinary services and citation management. The search of Cochrane library will be conducted in order to identify the corresponding systematic reviews and controlled studies; however, it is more likely that the leadership research will be observational as opposed to experimental. Additional source will be Google Scholar, to find those studies, which might not be found in searches in databases, such as open-access literature and regional literature.

The date of publication will be January 2020-May 2026. This is a reasonable period as it reflects the existing evidence in the framework of the contemporary healthcare reform, post-pandemic workforce pressure and Oman Vision 2040 implementation. This search will take place in May 2026. The study of English-language will be limited because it has no resources to be translated. This brings in language bias, but the restriction is made known in an open manner (Salameh-Ayanian et al., 2025). The search terms will be a mixture of words including leadership style, job satisfaction, workers in healthcare and Oman. The sample search query will be transformational leadership OR transactional leadership and job satisfaction or work satisfaction and healthcare workers or nurses or physicians or health professionals and Oman or GCC. Where feasible truncation and subject headings of the database will be used. As an illustration, PubMed will be searched based on relevant MeSH terms where applicable while in CINAHL, CINAHL headings will be used. Hand-searching of reference lists of included studies and relevant reviews will be done to find more studies.

The reason why the GCC search terms were included is that there may be a limited number of Oman-specific studies on leadership. The GCC studies will not however be included in the final review unless they report Oman specific data or unless the study setting is directly relevant and can be segregated. This will ensure that the review does not turn into a general GCC review and at the same time minimizes the chances of overlooking Oman-relevant evidence (Samodien, Du Plessis and Van Vuuren, 2024).

2.5 Inclusion and Exclusion Criteria:

Inclusion criteria	Justification
Studies published between January 2020 and May 2026	Ensures contemporary relevance to Oman Vision 2040 and current healthcare reform
Peer-reviewed empirical studies	Supports academic quality and excludes unsupported opinion
Studies involving healthcare workers	Matches the review population
Studies conducted in Oman	Directly matches the review context
GCC studies with extractable Oman-relevant data	Allows limited contextual inclusion where Oman evidence is embedded in regional studies
Studies examining transformational leadership	Matches one primary exposure
Studies examining transactional leadership	Matches the second primary exposure
Studies measuring job satisfaction	Matches the primary outcome
Quantitative, qualitative or mixed-methods studies	Allows comprehensive synthesis of available evidence
English-language studies	Reflects practical translation limitations
Exclusion criteria	Justification
Studies published before January 2020	May not reflect current reform and workforce context
Opinion papers, editorials and commentaries	Do not provide primary empirical evidence
Studies not involving healthcare workers	Outside the target population
Studies outside Oman or GCC without Oman relevance	Do not answer the review question
Studies examining leadership without transformational or transactional leadership data	Too broad for the review aim
Studies examining outcomes other than job satisfaction without satisfaction data	Not relevant to the primary outcome
Student-only samples	Do not represent employed healthcare workers
Non-English studies	Translation unavailable
Full text unavailable	Prevents quality appraisal and data extraction
Duplicate publications	Avoids double-counting evidence

2.6 Study Selection Process:

It will be exported to the reference management software and duplicates will be filtered out and then screened. Screening of titles and abstracts will then be done against the inclusion and exclusion criteria. Full text will be retrieved in studies that seem to be potentially relevant. Assessment of full-text papers will be done with keen attention to ascertain their fulfillment of the population, (Samodien, Du Plessis and Van Vuuren, 2024) exposure, context and outcome requirements. The reasons behind the exclusion at the full-text level will be mentioned, such as the inappropriateness of the population, the inappropriateness of the outcome, the lack of information about transformational or transactional leadership, or the lack of relevance to Oman.

The studies will be selected based on the PRISMA principles. A PRISMA flow diagram with an indication of the number of records identified, duplicates eliminated, records screened, full texts evaluated and studies included should be included in the final

dissertation. The importance of this diagram is that it is clear and the reader can know whether the selection of the study was rational.

2.7 Quality Appraisal:

Quality appraisal will be done using the proper CASP checklist depending on the study design. The qualitative studies will be evaluated with the help of CASP qualitative checklist; cohort or observational studies will be evaluated with the help of the most appropriate CASP tool. Appraisal will be used in quantitative cross-sectional research where the clarity of objectives and suitability of design, sampling plan, validity and reliability of measures, control of confounding, (Ke, Liu and Gu, 2024; Malićanin et al., 2025) response rate, ethical issues and applicability of results are the main issues.

Quality appraisal is required since not every study has the same amount of strength in evidence. It is typical that leadership and job satisfaction studies are found on self-report questionnaires, which may be vulnerable to response bias, social desirability bias and common-method bias. Cross-sectional research can be able to determine relationships but not causation. A small sample and single-site studies may reduce the generalizability and statistical power, respectively. Research without controlling confounding factors like workload, salary, profession, gender, years of experience and organisational environment might also overstate the seeming impact of the leadership style (Ke, Liu and Gu, 2024; Malićanin et al., 2025).

There will not always be studies that are excluded due to moderate quality limitations, since the evidence base in Oman might be small. Rather, the strength of evidence will be interpreted based on the quality appraisal results. The synthesis will place a more weight on high-quality studies and discuss weak studies cautiously.

2.8 Data Extraction:

Analysis will be pre-prepared by developing a structured data extraction table. The information that will be extracted will be the author and year, country, setting, professional group, sample size, study design, leadership style studied, job satisfaction measure, key findings, statistical results, limitations and relevance to the review question. With respect to quantitative research, correlation coefficients, regression coefficients, p-values, confidence intervals and effect sizes will be elicited where possible. The themes related to the leadership behavior, satisfaction, (Ghafari et al., 2025; Guillari et al., 2026) dissatisfaction, motivation, support and organisational culture will be acquired in the case of qualitative studies.

The process will make it possible to compare the studies and minimize the chance of selective reporting. It will also help to establish whether there are differences in findings between nurses, physicians, allied health professionals and managers. These differences are significant as healthcare workers can have different leadership experiences based on professional autonomy, (Tsapnidou et al., 2024; Tsapnidou et al., 2025) shift schedules, workload and rank.

2.9 Data Synthesis and Meta-Analysis Plan:

The main approach will be a narrative synthesis since leadership research studies will most likely differ in terms of design, measurement instruments, professional communities and organizations. Results will be structured based on the two key leadership styles. The initial type of synthesis will be that of transformational leadership and job satisfaction. The second one will be a research on transactional leadership and job satisfaction. The third interpretive category will be a comparison of the two styles and whether the effects of the two styles differ based on the context, conditions of the profession or organizations (Guillari et al., 2026).

Meta-analysis will be taken into consideration only in case of the statistical pooling. In case the studies included report similar effect measures, a random-effects model will be applied since it is anticipated that studies will be different. Heterogeneity will be measured using I² statistic. Where there is a high heterogeneity, the results will be viewed with caution and subgroup analysis might be put into consideration in the event that there is adequate study. Potential subgroups might include nurses and other healthcare workers, public and private setting, and transformational and transactional leadership. Funnel plot assessment will only be used to determine the presence of publication bias when there are enough studies as funnel plots are not reliable when there are very few studies. Should meta-analysis not be an option, the review itself will still be systematic as narrative synthesis can provide valuable results as long as it is performed in an open way. The synthesis will look at consistency, direction of effect, methodological quality and contextual relevance as opposed to the number of studies that confirm each style of leadership (Alshabebi, Sharhan and Al-hodi, 2026; Alshuhumi, Malek and Akinbode, 2025).

2.10 Ethical Considerations:

Published studies will be used in this systematic review and it will not deal with direct contact with the patients, the healthcare workers and the organizations. Thus, there is no need of formal ethical approval. Nevertheless, morality is still considered. The evidence will be reported in a truthful way in the review, not distort the findings but will also report the limitations and reference all sources in an accurate way. The review will not also overstate causality in situations where the studies are cross-sectional or observational.

2.11 Methodological Limitations:

A number of constraints can be expected. The inclusion of the Arabic research may be constrained by the search to English-language studies and introduce a language bias. The restriction of the review to the past year, 2020 to May 2026, offers a better contemporary relevance, but older foundational studies can be omitted. The evidence base, which is specific to Oman, can be small, and hence limit the feasibility of meta-analysis. The inclusion of GCC studies that have Oman-relevant data extractable can minimize the eligible studies, but safeguard the focus of the review.

The other weakness is that self-report instruments are usually used to measure leadership and job satisfaction. This can lead to common-method bias since the same respondent is rating both the leadership style and satisfaction. The evidence can also be dominated by cross-sectional designs, which restrict causal inference (Tsapnidou et al., 2024; Tsapnidou et al., 2025). As an example, transformational leadership can increase job satisfaction, yet satisfied employees can also have a better rating of leaders. This will be discussed in the review by separating association and causation and giving more interpretive weight to those studies that have a more powerful design, larger sample and better control of confounding variables.

2.12 Chapter Summary:

The chapter has outlined a systematic and clear approach to the review of the effects of transformational and transactional leadership style on job satisfaction of healthcare employees in Oman. The population, exposure, comparison and outcome have been defined using the PICO framework. It has given a systematic search plan, clear eligibility criteria, PRISMA-based selection, CASP quality appraisal, systematic data extraction and rational synthesis plan. The other aspect that the chapter sheds light on is that meta-analysis will be performed when it is statistically and methodologically appropriate. It will be a rigorous, reproducible and critically conscious of bias review that is also focused on the leadership requirements of the healthcare system that is transforming in Oman (Alshuhumi, Malek and Akinbode, 2025).

Chapter 3: Systematic Review- Theoretical and Conceptual Framework:

3.1 Introduction to the Theoretical Framework:

The Full Range Leadership Model proposed by Bass and Avolio as well as the Two-Factor Theory of job satisfaction by Herzberg guide this review. These theories are suitable since the research question investigates the influence of styles of transformational and transactional leadership on job satisfaction among the healthcare workers in Oman. The theoretical framework can be used to explain why leadership style can have an impact on motivation, satisfaction, retention and quality of healthcare delivery. It also allows making a critical interpretation because leadership is not the sole aspect that contributes to job satisfaction, but also workload, supervision, pay, organisational culture, professional development and working conditions (Alkhateeb et al., 2025; Guillari et al., 2026).

3.2 Bass and Avolio's Full Range Leadership Model:

The Full Range Leadership Model created by Bass and Avolio is very applicable, as it comprises of transformational leadership, transactional leadership and passive/avoidant leadership under a single model (Bass and Avolio, 1994). Transformational leadership is based on vision, inspiration, individualized support and intellectual stimulation. Such behaviors can enhance job satisfaction in healthcare since healthcare workers tend to have emotional needs, professional validation and significant participation in organisational transformation. It is especially important in Oman where the healthcare reform as a part of Oman Vision 2040 requires leaders who will be able to facilitate engagement, growth and quality enhancement of the workforce (Ghafari et al., 2025; Al Sawafi et al., 2025).

Motivation, trust, communication and organisational commitment are closely related to transformational leadership. According to past studies in healthcare and nursing, the transformational leadership style is also positively correlated with job satisfaction, particularly when leaders consider the contribution of employees, encourage professional growth and share a common vision (Jankelova and Joniakova, 2021; Gebreheat, Teame and Costa, 2023). This is directly related to the purpose of the review to synthesize the direction and strength of evidence of transformational leadership and job satisfaction among healthcare workers.

Bass and Avolio's Full Range Leadership Model:

Leadership style	Main features	Link to job satisfaction
Transformational leadership	Vision, inspiration, individual support and intellectual stimulation.	May increase motivation, trust, commitment and satisfaction among healthcare workers (Jankelová and Joniaková, 2021; Gebreheat, Teame and Costa, 2023).
Transactional leadership	Rewards, monitoring, role clarity, corrective action and performance standards.	May support satisfaction when expectations are fair, structured and predictable (Al-Rjoub et al., 2024; Salameh-Ayanian et al., 2025).
Passive/avoidant leadership	Lack of support, delayed decisions, weak feedback and limited involvement.	May reduce satisfaction and increase frustration, disengagement and turnover risk (Alkhateeb et al., 2025; Guillari et al., 2026).

Source: (Alkhateeb et al., 2025; Guillari et al., 2026); (Jankelová and Joniaková, 2021; Gebreheat, Teame and Costa, 2023).

3.3 Transactional Leadership in Healthcare Settings:

Transactional leadership is also significant since the healthcare organizations need structure, accountability, monitoring and adherence to the clinical standards. This type of leadership may lead to job satisfaction in the instances where it is described as having role clarity, fair rewards, and expectations and constructive feedback that are consistent. These attributes can be used to lessen uncertainty and enhance the reliability of operations in safety-critical healthcare settings (Al-Rjoub et al., 2024). However, transactional leadership may result in a decline in satisfaction when it becomes overbearing, punishment or restriction of professional freedom. Thus, this review does not consider transactional leadership as a completely negative phenomenon, but the circumstances under which it could either facilitate or restrict job satisfaction (Salameh-Ayanian et al., 2025).

3.4 Passive/Avoidant Leadership as a Contrast:

Passive/avoidant leadership would be useful as a counterpoint to the reviewed article, which is on transformational and transactional leadership. Passive leadership entails ineffective feedback and lack of support as well as delayed decisions. This may render healthcare more frustrating, less trusting and less satisfying as employees may feel outnumbered in dealing with complicated clinical assignments. This applies to it since dissatisfaction, lack of engagement, and difficulties with retention among healthcare workers have been associated with poor leadership (Alkhateeb et al., 2025; Guillari et al., 2026).

3.5 Herzberg's Two-Factor Theory and Job Satisfaction:

Herzberg Two-Factor Theory presents the concept of job satisfaction in terms of motivators and hygiene factors (Herzberg, Mausner and Snyderman, 1959). Recognition, achievement, responsibility, professional development and meaningful work are the motivators. They are directly related to transformational leadership as transformational leaders can increase the confidence of the personnel, their mission and professional self. Hygiene factors are pay, workload, staffing, supervision, policies and working conditions. They are associated with organisational systems and transactional leadership, as they demand fairness, clarity and consistency (Alkhateeb et al., 2025).

The theory is important, as it does not permit a highly definite perspective on leadership. Even transformational leadership can fail to enhance satisfaction completely when healthcare workers work under heavy loads, have inadequate staffing or promotion. Similarly, transactional leadership can strengthen hygienic factors when it provides equitable supervision and job description, but will not induce increased motivation unless supplemented with recognition and professional development (Alkhateeb et al., 2025; Tsapnidou et al., 2025).

Herzberg’s Two-Factor Theory and Healthcare Job Satisfaction:

Herzberg factor	Healthcare examples	Leadership connection	Relevance to this review
Motivators	Recognition, achievement, responsibility, professional growth, meaningful work, autonomy and contribution to patient care.	Linked to transformational leadership through inspiration, recognition, development, shared purpose and individual support.	Explains how transformational leadership may improve satisfaction, commitment and professional motivation (Gebreheat, Teame and Costa, 2023; Tsapnidou et al., 2025).
Hygiene factors	Pay, workload, staffing, policies, supervision, promotion, safety, communication and working conditions.	Linked to transactional leadership through fairness, role clarity, monitoring, rewards and structured accountability.	Shows satisfaction also depends on organisational systems, not leadership style alone (Alkhateeb et al., 2025; Guillari et al., 2026).

Source: (Gebreheat, Teame and Costa, 2023; Tsapnidou et al., 2025).

3.6 Conceptual Link to Oman’s Healthcare Context:

This review was conceptualized as: leadership style, communication, and organisational culture, job satisfaction, retention, and quality of healthcare. This route is appropriate to the context of the healthcare in Oman since the health system is developing and restructuring with Oman Vision 2040 and the National Health Policy 20252035. By 2026, the healthcare industry in Oman can be viewed, as at the implementation phase, and the strategic priorities are the leadership development, service quality, and workforce retention (Ghafari et al., 2025; Al Sawafi et al., 2025). In this way, the review utilizes these theories to explain how the transformational and transactional leadership styles may have an effect on job satisfaction and overall workforce outcomes in Omani healthcare.

Chapter 4: Findings, Results and Synthesis:

4.1 Introduction:

This chapter presents the findings of the systematic review examining the impact of transformational and transactional leadership styles on job satisfaction among healthcare workers in Oman. The chapter then provides the description of the study selection process based on the PRISMA informed format, then the nature of the included studies, the categorization of the direct and indirect evidence, the quality appraisal findings and a narrative synthesis of the evidence. The synthesis is the basis of the review question: How transformational and transactional leadership styles affect job satisfaction among healthcare workers in Oman. The rationale behind the lack of meta-analysis is also explained in this chapter, despite the fact that the studies included in the analysis were too diverse in terms of design, population, outcome measurement as well as the statistical information they presented.

The total evidence indicates that transformational leadership is more regularly linked with job satisfaction, engagement, retention and organisational commitment amid healthcare workers than transactional leadership. However, even in the context of the satisfaction, transactional leadership can be helpful in providing role clarity, equitable reward, responsibility and formalized feedback. These results are especially important in the Omani context since the healthcare reform, which is a part of Oman Vision 2040, requires motivated healthcare workers and effective organisational governance (Ghafari et al., 2025; Al Sawafi et al., 2025).

4.2 Study Selection Process and PRISMA Flow:

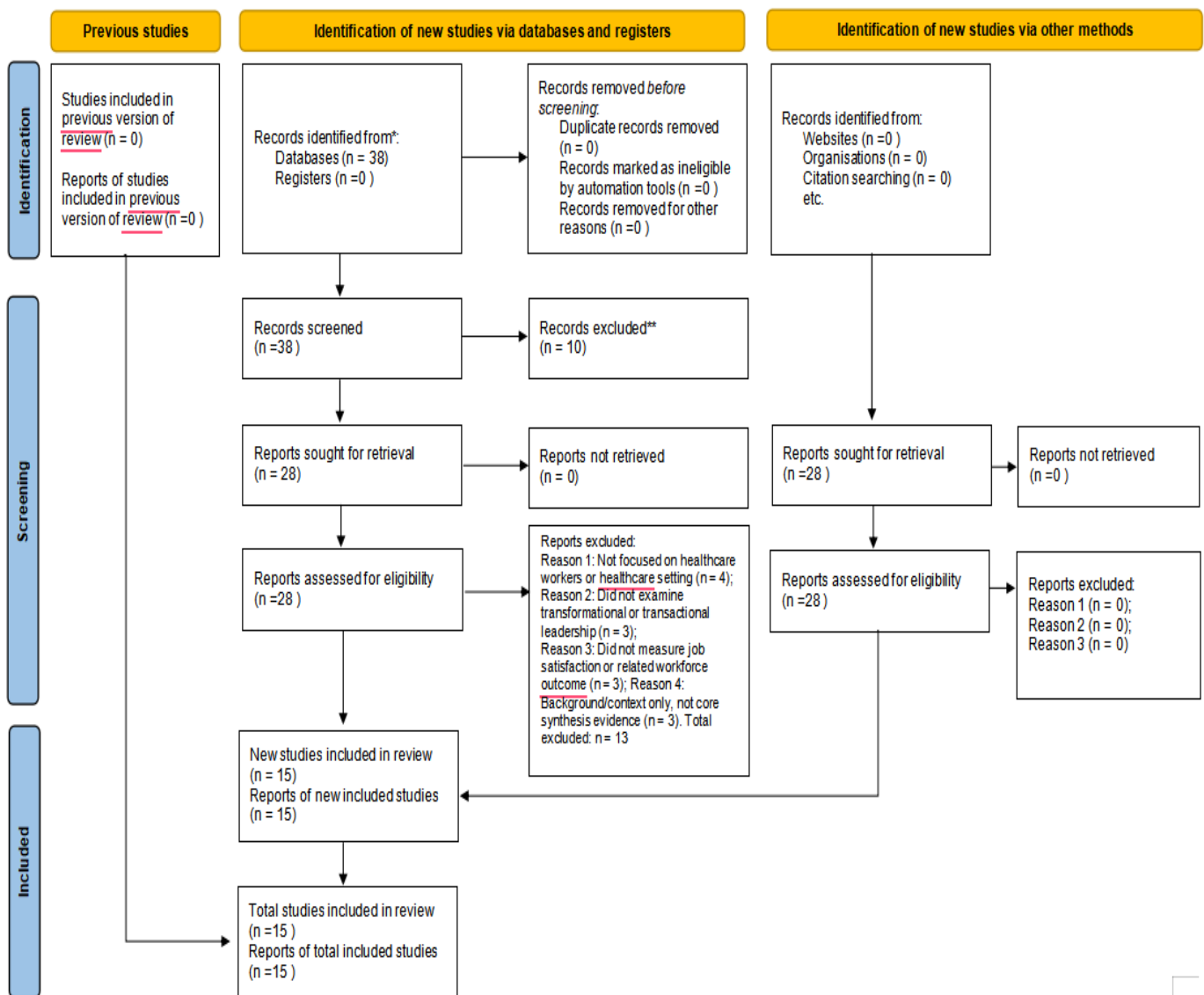
The PRISMA principles were used to select the study to enhance transparency and reproducibility. The given reference list assisted in finding 38 records and further filtered them based on the relevance to transformational leadership, (Tsapnidou et al.,

2024; Tsapnidou et al., 2025) transactional leadership, job satisfaction, healthcare workers, Oman and the GCC. Any duplicate records were not detected. In this way, the screening of title and abstract was conducted on 38 records.

During the title and abstract screening process, 10 records were eliminated, as they were not specifically related to healthcare workers, leadership styles, job satisfaction, or Oman/GCC healthcare setting. The rest of the 28 records were evaluated as full-text or full record. During the stage of eligibility, 13 records were removed since they were not relevant enough to the question of the review, were in non-healthcare contexts, analyzed other outcomes besides job satisfaction, or were background information and not the main evidence. Lastly, there were 15 articles used in the narrative synthesis.

The final PRISMA results were thus: records identified, n = 38; duplicates removed, n = 0; records screened, n = 38; records not included because of title and abstract screening, n = 10; full-text records assessed to eligibility, n = 28; full-text records not included, n = 13; studies included in narrative synthesis, n = 15; studies included in meta-analysis, n = 0. No meta-analysis was performed because the studies were of different designs, and did not provide similar enough effect sizes to be statistically pooled.

PRISMA Diagram:



4.3 Classification of Evidence:

One of the major enhancements of this chapter is the distinction between the direct and indirect evidence. This is important because not all studies that are included are equally weighty to provide the answer to the review question. The evidence specific to Oman was considered the strongest evidence since it is directly related to the population and the setting of the review. The reason behind the choice of the supporting evidence was GCC healthcare evidence that the GCC countries share overlaps in the following regional workforce, policy and organisational characteristics with Oman. An international healthcare evidence was conducted to make a conceptual comparison especially in situations where it examined transformational or transactional leadership in healthcare and nursing environments. The non-healthcare evidence was not considered as a core evidence, (Alshabebi, Sharhan and Al-hodi, 2026; Alshuhumi, Malek and Akinbode, 2025) and it was only used when it was applicable to explain the general leadership mechanisms.

Evidence type	Examples	Use in this review
Direct Oman healthcare evidence	Al Mushrfi and Al Senaidi (2026); Al Sawafi et al. (2025)	Main evidence for Omani healthcare leadership and job satisfaction
Oman health-system context	Ghafari et al. (2025)	Used to justify policy relevance and Oman Vision 2040 context
GCC healthcare evidence	Alkhateeb et al. (2025); Albastaki (2026)	Supporting evidence for regional job satisfaction and leadership patterns
International healthcare evidence	Gebreheat, Teame and Costa (2023); Jankelová and Joniaková (2021); Al-Rjoub et al. (2024); Alhusban, Mrayyan and Bani Hani (2026)	Conceptual and comparative evidence
Indirect organisational evidence	Salameh-Ayanian et al. (2025)	Used cautiously to support interpretation of leadership and satisfaction mechanisms

This classification shows that not every source is equally considered in the review. Oman and healthcare-related evidence are the best sources of conclusions, whereas the wider organisational research is approached skeptically.

4.4 Characteristics of Included Studies:

The studies were varied in terms of country, design, population and outcome focus. The majority of the research was reviews, cross-sectional research or observational research. This implies that the evidence can help in determining associations, but not causation. A number of studies targeted nurses and that is why nursing is of significance in nursing leadership studies. This, however, also implies that the evidence can be more compelling to the nurses than to other medical professionals like physicians, pharmacists, allied health professionals and healthcare managers.

Author/year	Country	Study period	Design	Sample size	Participants	Setting	Aim	Measures /tools	Key findings	Relevance
Al Mushrfi and Al Senaidi (2026)	Oman	Not clearly stated	Systematic review	Not applicable	Omani nurses	Healthcare settings	To examine leadership styles and job satisfaction among Omani nurses	Review synthesis	Leadership style was associated with nurse job satisfaction, with transformational leadership appearing more favourable	Direct Oman evidence
Al Sawafi et al. (2025)	Oman	Not clearly stated	Leadership programme	n = 16	Healthcare professionals	Omani healthcare	To develop a programme	Programme evaluation	Leadership development in Oman requires	Direct Oman healthcare evidence

			mme development study			system	cultural ly adapted leadership programme	and feedback	cultural adaptation and context-sensitive design	
Ghafari et al. (2025)	Oman	Policy period linked to Vision 2040	Health care policy review	Not applicable	Health system level	Oman healthcare system	To examine Oman Vision 2040 as a healthcare transformation framework	Policy analysis	Oman's health system reform emphasises quality, governance, workforce and international standards	Oman policy context
Alkhateeb et al. (2025)	GCC	Studies included up to 2025	Systematic review	73 studies	Healthcare workers	GCC health facilities	To identify determinants of job satisfaction among healthcare workers	Systematic review using PRISMA and critical appraisal	Job satisfaction was associated with pay, promotion, supervision, leadership style, communication, workload and working conditions	Strong supporting evidence GCC
Albastaki (2026)	GCC	Not clearly stated	Scoping review	51 studies	Healthcare workers	GCC healthcare organizations	To map leadership styles and their impact on healthcare workers in GCC countries	Scoping review framework	Transformational and transactional leadership affected job satisfaction, commitment, retention and performance	Strong supporting evidence GCC
Gebreheat, Teame and Costa (2023)	International	2012–2023	Integrative review	17 studies	Nurses	Hospital settings	To assess transformational leaders	Whittemore and Knafelz framework	Transformational leadership was consistently associated with higher nurse job satisfaction	Strong international healthcare evidence

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							hip and nurses' job satisfaction			
Jankelová and Joniaková (2021)	Slovakia	Not clearly stated	Cross-sectional study	n = 132 first-line nurse managers	Nurse managers and nurses	University hospitals	To examine communication skills, transformational leadership and job satisfaction	Transformational leadership and communication measures	Transformational leadership and communication were associated with nurses' job satisfaction	Strong healthcare evidence
Al-Rjoub et al. (2024)	Jordan	Chart review 2018–2023	Retrospective cohort with cross-sectional leadership survey	60 nurses and 300 patients	Nurses and patients	Public hospital, general ward and critical care unit	To examine transformational and transactional leadership and nursing outcomes	Multifactor Leadership Questionnaire	Transformational leadership was more common in general wards; transactional leadership was more common in critical care; both styles had different performance implications	Useful comparison of both leadership styles
Alhusban, Mrayyan and Bani Hani (2026)	Jordan	Not clearly stated	Cross-sectional study	n = 322	Nurses	Hospital settings	To examine transformational leadership, retention and quality of nursing care	Transformational leadership, retention and quality scales	Transformational leadership was positively associated with nurse retention and care quality	Relevant to retention and satisfaction
Adalin et al. (2025)	Saudi Arabia	Not clearly stated	Cross-sectional study	Not clearly stated in	Nurses	Healthcare setting	To examine transfo	Transformational leadership and	Transformational leadership competence was associated	Relevant to retention

				supplied record			informational leadership competence and nurses' intent to stay	intent-to-stay measures	with nurses' intention to remain	
Arslanlı, Yılmaz and Kıyıcı (2025)	International	Not clearly stated	Systematic review	Not applicable	Nurses	Unit-level clinical settings	To examine clinical nurse leadership models and care quality	Systematic review methods	Clinical nurse leadership models were associated with quality of care at unit level	Indirect quality evidence
Guillari et al. (2026)	International	Not clearly stated	Integrative review	Not applicable	Nurses	Hospital settings	To examine organisational determinants of nurse retention	Multilevel integrative review	Organisational factors were important for nurse retention	Supports job satisfaction-retention link
Omari et al. (2024)	International	Not clearly stated	Scoping review	Not applicable	Health workers	Healthcare settings	To examine management styles and psychological well-being	Scoping review framework	Management style was associated with health workers' psychological well-being	Relevant to satisfaction and well-being
Tsapnidou et al. (2024)	International	Not clearly stated	Scoping review	Not applicable	Healthcare organizations	Healthcare organizations	To examine transformational leadership and healthcare quality benefit	Scoping review methods	Transformational leadership was associated with quality achievements and organisational benefits	Relevant to healthcare quality

Tsapnidou et al. (2025)	International	Not clearly stated	Systematic review	Not applicable	Nurses	Nursing settings	To examine transformational leadership and professional/organisational commitment	Systematic review methods	Transformational leadership was associated with stronger professional and organisational commitment	Relevant to commitment and satisfaction
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Source: Gebreheat, Teame and Costa (2023); Jankelová and Joniaková (2021); Al-Rjoub et al. (2024); Alhusban, Mrayyan and Bani Hani (2026)

4.5 Quantitative Summary of Evidence:

The quantity of the quantitative information of the studies included was not homogenous to be utilized in meta-analysis. The designs of the studies varied in population, outcome measures, statistical reporting. Al-Rjoub et al. (2024) used a cross-sectional leadership survey, which had a retrospective cohort design and 60 nurses and 300 patients, compared to Jankelova and Joniakova (2021), who used a cross-sectional design and 132 first-line nurse managers. The sample of Alhusban, Mrayyan and Bani Hani (2026) is cross-sectional (322 nurses) and Gebreheat, Teame and Costa (2023) synthesized 17 studies on transformational leadership and job satisfaction among nurses. Alkhateeb et al. (2025) conducted a review of 73 studies about job satisfaction determinants in healthcare workers in GCC countries, whereas Albastaki (2026) mapped 51 studies on leadership styles and healthcare workers in the GCC.

The context of the Omani health-system also offers valuable statistical rationale to the review. In Oman, the degree of public satisfaction with healthcare services increased to 81.8 in 2025 as compared to that of 73.4 in 2023, which shows an increase in the level of public confidence and expectations. The Ministry of Health expenditure in 2023 is more than OMR 1 billion, a 24.6 percent increase compared to the previous year. Oman was also equipped with 92 hospitals, 7,691 bed in hospitals and a ratio of 14.9 bed per 10,000 population. In 2023, over 86,900 surgical procedures were done in Ministry of Health facilities. Such statistics imply that the healthcare industry in Oman is expanding, and this expansion makes the leadership, workforce satisfaction and retention even more prominent (Ghafari et al., 2025). These statistics do not directly gauge leadership style but they provide reasons as to why leadership and job satisfaction are important in Oman. The growing healthcare system requires motivated, supported and retained healthcare workers. One of the organisational factors that might lead to such a result seems to be the style of leadership (Al Sawafi et al., 2025; Al Mushrfi and Al Senaidi, 2026).

4.6 Quality Appraisal Findings:

The appraisal of quality has been carried out by the principles of CASP. As the evidence used contained systematic reviews, scoping reviews, cross-sectional studies and observational studies, (Alshabebi, Sharhan and Al-hodi, 2026; Alshuhumi, Malek and Akinbode, 2025) the appraisal involved the clarity of aims, the appropriateness of the design, sampling, quality of measurement, risk of bias, relevance and usefulness to the response to the review question.

Overall, the quality of the evidence was moderate. The main strengths were the presence of clear research objectives, relevance to the area of healthcare leadership, and the repetitive evidence of the relationship between the leadership style and the level of satisfaction, commitment, (Abdallah et al., 2026) retention or quality. Its main limitations included the fact that the majority of cross-sectional designs, self-reported measures, primary research was not carried out in Oman and the unequal outcome measure. These drawbacks decrease the credibility of causal assertions. Thus, the review employs the careful terms like is associated with, looks like it has an effect, may contribute to and is likely to support.

Study	Appraisal tool	Main strengths	Main weaknesses	Risk of bias	Overall quality	Effect on review confidence
Al Mushrfi and Al Senaidi (2026)	CASP systematic review checklist	Directly relevant to Omani nurses and job satisfaction	Dependent on quality of included studies	Moderate	Moderate to high	Strong direct relevance, but conclusions should remain cautious
Al Sawafi et al. (2025)	CASP qualitative/programme appraisal principles	Oman-specific and culturally grounded	Small sample and not focused only on job satisfaction	Moderate	Moderate	Useful for leadership development context
Alkhateeb et al. (2025)	CASP systematic review checklist	Large GCC review of 73 studies; directly focused on job satisfaction determinants	GCC-wide evidence may not fully transfer to Oman	Moderate	High	Strong supporting evidence
Albastaki (2026)	Scoping review appraisal principles	Maps 51 GCC leadership studies	Scoping design does not estimate effect size	Moderate	Moderate	Useful regional mapping, not causal evidence
Gebreheat, Teame and Costa (2023)	CASP review checklist	Focused on transformational leadership and nurse satisfaction	Mostly cross-sectional included studies	Moderate	Moderate to high	Strong conceptual evidence
Jankelová and Joniaková (2021)	CASP cohort/cross-sectional principles	Empirical study with clear leadership and satisfaction focus	Cross-sectional design limits causality	Moderate	Moderate	Supports leadership-satisfaction association
Al-Rjoub et al. (2024)	CASP cohort checklist	Compares transformational and transactional leadership; includes nurses and patient data	Not Oman-based and not focused only on job satisfaction	Moderate	Moderate	Valuable for comparing both leadership styles
Alhusban, Mrayyan and Bani Hani (2026)	CASP cross-sectional principles	Large nursing sample and clear retention focus	Cross-sectional design and indirect satisfaction outcome	Moderate	Moderate	Supports leadership-retention pathway
Adalin et al. (2025)	CASP cross-sectional principles	Examines transformational leadership and intent to stay	Sample detail limited in supplied record	Moderate	Moderate	Supports retention-related interpretation

Arslanlı, Yılmaz and Kıyıcı (2025)	CASP systematic review checklist	Links clinical leadership with care quality	Indirect focus on job satisfaction	Moderate	Moderate	Useful secondary evidence
Guillari et al. (2026)	CASP review checklist	Strong focus on organisational determinants of retention	Indirect focus on leadership style	Low to moderate	Moderate	Supports satisfaction-retention relationship
Omari et al. (2024)	Scoping review appraisal principles	Links management style with psychological well-being	Broad management focus	Moderate	Moderate	Supports well-being interpretation
Tsapnidou et al. (2024)	Scoping review appraisal principles	Links transformational leadership with quality outcomes	Not focused specifically on Oman or job satisfaction	Moderate	Moderate	Useful for healthcare quality implications
Tsapnidou et al. (2025)	CASP systematic review checklist	Strong focus on transformational leadership and commitment	Commitment is related to, but not identical with, satisfaction	Moderate	Moderate	Supports organisational commitment interpretation
Salameh-Ayanian et al. (2025)	CASP cross-sectional principles	Compares transformational and transactional leadership	Non-healthcare NGO context	High for direct transfer	Low to moderate	Background only, not core healthcare evidence

4.7 Synthesis Theme One: Transformational Leadership and Job Satisfaction:

The most powerful conclusion of the review is the fact that transformational leadership is always linked to the increased job satisfaction among healthcare employees, particularly nurses. Transformational leadership seems to facilitate satisfaction by motivating, having vision, recognizing, communicating, individually supporting and developing professionals. It applies to the sphere of healthcare because the workers are likely to be stressed, have to work with complex cases, and require a supportive leadership style to stay motivated and professionally confident (Jankelová and Joniakova, 2021; Gebreheat, Teame and Costa, 2023).

Transformational leadership can best be applied to Oman because the healthcare is undergoing reform and growth. Al Sawafi et al. (2025) asserted that the development of leadership should be culturally aware and receptive to the local healthcare environment in Oman. This is a pointer that transformational leadership is not a generic Western model that can be imported. Instead, it has to be developed in ways that are compatible with the Omani organisational culture, professional hierarchy, diversity of the workforce and national health priorities. Al Mushrfi and Al Senaidi (2026) provide direct evidence about Oman, which interrelates leadership styles with job satisfaction among Omani nurses. Their findings support the notion that positive and supportive leadership styles have a positive and positive relationship with job satisfaction. This is consistent with Gebreheat, Teame and Costa (2023) who found that transformational leadership was correlated with job satisfaction of nurses in the international studies. The consistency of the similarity between the evidence, which is Oman specific, and the general nursing literature, supports the belief in the conclusion that transformational leadership has a positive impact on the satisfaction of healthcare workers.

However, the thing is that transformational leadership causes job satisfaction only. The majority of the studies are cross-sectional or reviews. This implies that they are able to demonstrate association but it is not direct causation. It is also possible that the workload, salary, staffing, promotion, professional autonomy and organisational culture can influence job satisfaction (Alkhateeb

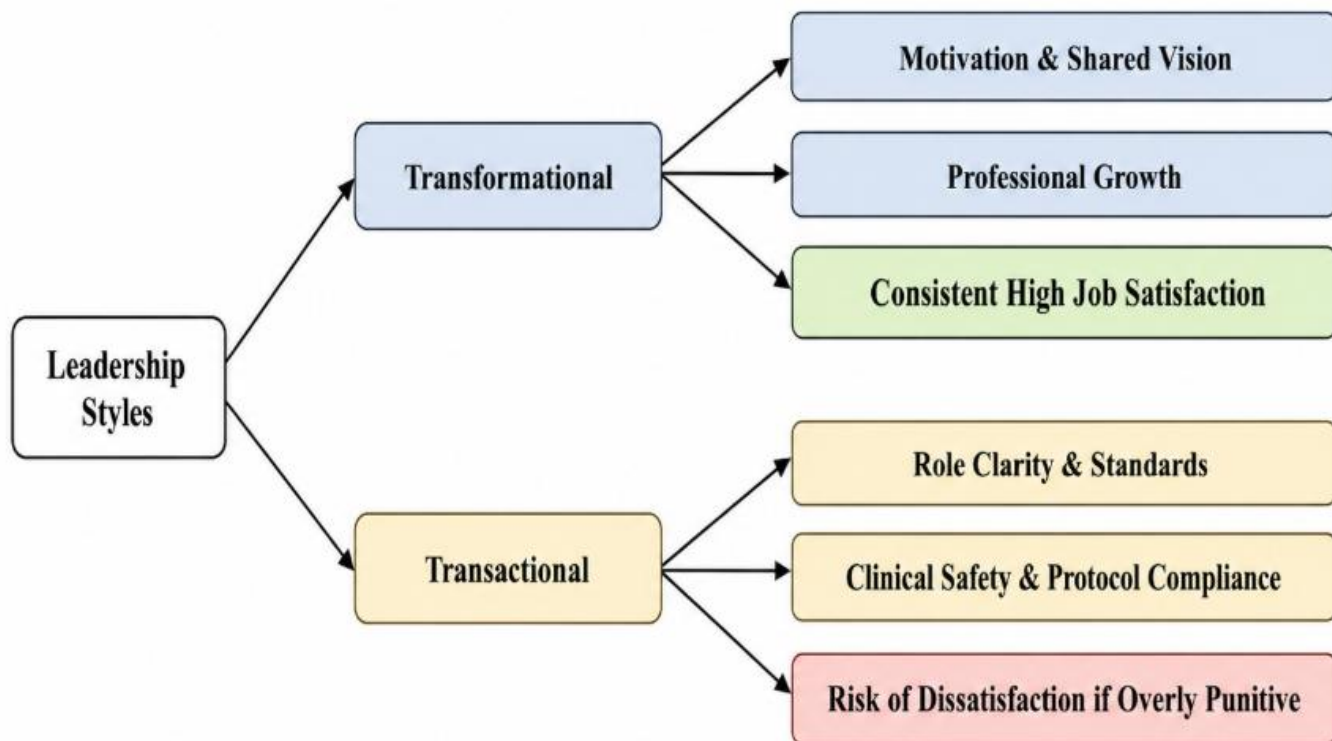
et al., 2025). Thus, the concept of transformational leadership is to be perceived as a significant contributory factor as opposed to the sole determinant of satisfaction.

4.8 Synthesis Theme Two: Transactional Leadership and Job Satisfaction:

The information on the transactional leadership is more diverse. Transactional leadership is based on clear expectations, performance monitoring, rewards, corrective action and compliance with standards. This style has the potential to promote job satisfaction within the healthcare sector where employees value structure, fairness, role clarity and predictable feedback. Perhaps, transactional leadership might be particularly relevant in critical clinical environments where safety, procedures and responsibility are the primary concerns (Al-Rjoub et al., 2024). The study by al-Rjoub et al. (2024) found out that in general ward settings, transformational leadership was common, and in critical care, transactional leadership was common. This difference is significant as various clinical settings might demand various leadership behaviors. Transactional leadership could come in handy in critical care since the risk can be minimized by strict compliance with protocols. However, excessive control of transactional leadership may reduce autonomy, (Abdallah et al., 2026) creativity and intrinsic motivation, particularly when it comes to experienced healthcare workers.

The evidence thus indicates that the contributions of transactional leadership to job satisfaction can be positive under some circumstances but it is not as consistent as transformational leadership. It seems to be the most applicable to be used in conjunction with fairness, recognition and clear communication. It appears to be inefficient when it is viewed to be punitive, strict or excessively hierarchical. This applies to Oman since healthcare organizations need accountability and involvement of staff. The control-only leadership approach may not be effective in promoting satisfaction in the healthcare reform (Al Sawafi et al., 2025; Ghafari et al., 2025).

Figure 2: Mechanisms of Transformational and Transactional Leadership on Job Satisfaction:



Source: (Al Sawafi et al., 2025; Ghafari et al., 2025).

4.9 Synthesis Theme Three: Leadership, Organisational Culture and Job Satisfaction:

The evidence indicates that leadership style is not a uni-factorial operation. The broader organisational culture, such as communication, recognition, workload, promotion, supervision and working conditions, influence job satisfaction. Alkhateeb et al. (2025) established various job satisfaction determinants among health workers in GCC health facilities, such as leadership style, supervision, pay, promotion, communication and workload. This finding is important because it will prevent a simple conclusion that the problems with job satisfaction can be addressed by merely changing the leadership style.

The importance of organisational culture in Oman is particularly important because of the potential to have Omani and expatriate workers, different professional backgrounds, and different seniority levels among the healthcare staff. Albastaki (2026) found out that the GCC healthcare leadership is socialized by the local problems such as hierarchy, collectivism, centralized government and workforce relying on expatriates. As such, leadership behaviors can be understood in various ways based on cultural and organisational contexts. What works as a motivating leadership style in one setting may not necessarily work in a different setting unless it is modified to suit the local expectations. According to Al Sawafi et al. (2025) that leadership programs in Oman must be culturally adjusted. Transformational leadership would be most fruitful, in the event that it respects the local values, and simultaneously encourages communication, participation and staff development. On the same note, transactional leadership can be tolerable when it is seen to be fair and consistent as opposed to being authoritarian.

Figure 3: Multi-factorial Determinants of Healthcare Worker Job satisfaction:



Source: (Al Sawafi et al., 2025)

4.10 Synthesis Theme Four: Leadership, Retention and Workforce Stability:

There is a strong relationship between job satisfaction and retention. Employees who are satisfied in the healthcare environment have fewer chances of quitting employment because they are satisfied with the work environment and leaders. It is important to Oman as the development of healthcare, Omanization and the increasing demand of services require a steady and motivated workforce. Alhusban, Mrayyan and Bani Hani (2026) have found out that transformational leadership had a positive correlation with retention of nurses and quality of care they provided. Adalin et al. (2025) related transformational leadership competence to the intent to stay among nurses as well. Guillari et al. (2026) suggested that the organisational determinants were critical in

retaining nurses, which confirms the notion that leadership is to be considered as a part of an extended retention plan. The style of leadership might also be a source of satisfaction and retention because it is based on whether the healthcare workers are respected, supported and professionally valued. However, pay, workload, promotion, career development and work-life balance are also factoring that can affect retention. Leadership development should, therefore, be aligned to a wide human resource planning.

This has a practical significance in Oman, as national health reform includes the development of healthcare workforce. The Omanization rate of the Ministry of Health doctors was reported to be 44 per cent and the number of doctors per 10,000 population in the state facilities had increased to 13.7 during 2020-24. These changes in the workforce require a leadership that can promote professional growth, recruit and retain talents and offer rewarding working environments (Ghafari et al., 2025).

4.11 Synthesis Theme Five: Leadership, Communication and Psychological Well-Being:

Communication was found to be a major medium between leadership and job satisfaction. Jankelova and Joniakova (2021) discovered that job satisfaction of the nurses was associated with communication skills and transformational leadership of the first-line nurse managers. This implies that the leadership style influences satisfaction in part by the quality of the day-to-day communication. When leaders are clear in their decisions, give attention to issues, offer feedback and acknowledge input, healthcare workers can be satisfied. Psychological well-being is pertinent as well. Omari et al. (2024) discovered that psychological health of health workers is influenced by management styles. This assists in the argument that job satisfaction is not just an administrative commodity but also a psychological and interpersonal experience. Transformational leadership is able to add to the wellbeing, building of trust, meaning and professional confidence. Transactional leadership can be helpful in terms of wellbeing, when it decreases uncertainty with clear expectations but can lead to difficulties when it is perceived as controlling by the staff.

This conclusion is important because of the emotional and professional stress that healthcare workers undergo. The uncertainty minimizing leadership behaviors, communication enabling leadership behaviors and staff contribution recognizing leadership behaviours may potentially protect job satisfaction. This is noteworthy in Oman as healthcare workers are expected to drive a change in service enhancement, quality levels and reform as part of Oman Vision 2040 (Ghafari et al., 2025).

4.12 Synthesis Theme Six: Leadership and Healthcare Quality:

Although, job satisfaction was the main outcome of this review, the secondary theme was the healthcare quality. Quality improvement, organisational commitment and professional engagement seem to be linked with transformational leadership (Tsapnidou et al., 2024; Tsapnidou et al., 2025). Similarly, Arslanl, Yilmaz and Kiyici (2025) discovered that quality of care on a unit level was linked to clinical nurse leadership models. These results indicate that well-led and satisfied staff might be more willing to make their contribution to improve quality. The quality can also be maintained with the help of transactional leadership that reinforces the standards, responsibility, and adherence to protocols. Al-Rjoub et al. (2024) discovered that transactional leadership was associated with better compliance with certain standardized care protocols. However, it was also found in this study that the impacts of leadership were also setting-specific and complicated. This highlights the fact that healthcare leaders are not allowed to follow a one-fit solution.

This is particularly applicable in Oman as the quality of healthcare and international standards are the core aspects of Oman Vision 2040 (Ghafari et al., 2025). Leadership development should also be connected with the quality governance, improvement of patient safety and improvement of services due to the connections with employee satisfaction.

Figure 4: Leadership to Retention and Quality of Care:



Source: (Tsapnidou et al., 2024; Tsapnidou et al., 2025).

Table 4: Critical Synthesis of Key Themes:

Theme	Supporting studies	Main finding	Strength of evidence	Limitation
Transformational leadership	Jankelová and Joniaková (2021); Gebreheat, Teame and Costa (2023); Tsapnidou et al. (2025); Al Mushrfi and Al Senaidi (2026).	Transformational leadership is consistently associated with higher job satisfaction, motivation, communication and commitment.	Moderate to high, because findings are consistent across healthcare and nursing literature.	Much evidence is cross-sectional or review-based, so causation cannot be confirmed.
Transactional leadership	Al-Rjoub et al. (2024); Salameh-Ayanian et al. (2025); Albastaki (2026).	Transactional leadership may support satisfaction through clarity, accountability and fair structure, but may reduce satisfaction if controlling.	Moderate, because evidence supports conditional usefulness.	Less consistent evidence than transformational leadership, with fewer Oman-specific studies.

Organisational culture	Alkhateeb et al. (2025); Al Harrasi et al. (2024); Al Sawafi et al. (2025); Albastaki (2026).	Organisational culture shapes how leadership affects satisfaction, especially through supervision, workload, communication and development.	Moderate, with strong GCC relevance.	Limited direct Oman healthcare data restricts transferability.
Retention and workforce stability	Alhusban, Mrayyan and Bani Hani (2026); Adalin et al. (2025); Guillari et al. (2026); Al Mushrfi and Al Senaidi (2026).	Job satisfaction appears linked with retention, intent to stay and quality of care.	Moderate, especially in nursing evidence.	Mostly nursing-focused, with limited multidisciplinary healthcare worker evidence.
Oman healthcare reform	Ghafari et al. (2025); Al Sawafi et al. (2025); Al Mushrfi and Al Senaidi (2026).	Oman's Vision 2040 reforms make leadership development essential for sustaining workforce satisfaction and healthcare quality.	Moderate to high for contextual relevance.	2026 evidence is mainly policy and implementation-focused rather than complete annual outcome data.

4.13 Meta-Analysis Decision:

Meta-analysis was not carried out but deemed as an option. This choice was methodologically right since the studies included varied significantly in terms of design, outcome measurement, population and statistical reporting. The rest were scoping reviews, cross-sectional or observational studies and others were systematic reviews. In the studies, various outcomes were also measured such as job satisfaction, intent to stay, retention, (Abdallah et al., 2026) commitment, psychological well-being, nursing performance and quality of care.

Statistical pooling would have hence been unsuitable since it is likely that it would have given a false summary effect. Narrative synthesis was more suitable as a review would be in a position to compare patterns, contradictions and contextual differences among the evidences. This can be supported by the concepts of systematic reviews, whereby one should not perform a meta-analysis unless the studies are close enough.

Meta-analysis criterion	Requirement for pooling	Assessment in this review	Methodological decision
Study design homogeneity	Studies require similar designs for statistically valid pooled effect estimates.	Designs varied across reviews, cross-sectional and observational studies.	Meta-analysis was excluded due to methodological heterogeneity.
Population comparability	Participants should share similar roles, settings and professional contexts.	Samples included nurses, healthcare workers and wider employees.	Population differences limited meaningful statistical comparison.

Exposure consistency	Leadership exposure should be measured using comparable validated tools.	Studies measured leadership styles differently across included evidence.	Exposure variation prevented one reliable pooled estimate.
Outcome consistency	Outcomes should assess the same construct using similar measures.	Outcomes included satisfaction, retention, commitment and care quality.	Different outcomes made statistical pooling inappropriate.
Extractable statistics	Studies must report compatible effect sizes and confidence intervals.	Comparable effect sizes were inconsistently reported across studies.	Insufficient statistical data prevented meta-analysis.
Contextual similarity	Studies should share comparable healthcare systems and organisational cultures.	Evidence came from Oman, GCC and international settings.	Contextual heterogeneity reduced pooled-result validity.
Bias risk	Pooling should not increase distortion from study-level bias.	Several studies had self-report and cross-sectional limitations.	Narrative synthesis better managed bias concerns.
Final judgement	Meta-analysis requires comparable design, population, exposure and outcomes.	Minimum statistical pooling conditions were not fully met.	Structured narrative synthesis was selected instead.

Source: (Ghafari et al., 2025); (Guillari et al., 2026)

4.14 Overall Chapter Summary:

The chapter found out that transformational leadership is more associated with job satisfaction of healthcare workers than transactional leadership. Transformational leadership seems to foster satisfaction by motivating, communicating, recognizing, developing professionally and committing. Transactional leadership may be useful in satisfying when it is evident, equitable and responsible, but may render people dissatisfied when it appears to be strict and authoritarian. The evidence is more compelling among the nurses and weaker among other healthcare workers. The most direct evidence that is backed by GCC and global healthcare literature is Oman-specific healthcare studies. However, the findings may be interpreted as correlations, but not causality because a big portion of the studies is cross-sectional or review-based. Heterogeneity did not result in meta-analysis. Overall, it can be concluded that culturally based healthcare leadership development is required in Oman.

Chapter 5: Discussion and Conclusion:

5.1 Introduction:

This chapter discusses the meaning and significance of the findings presented in Chapter 4. The purpose of the chapter is to interpret the evidence in relation to the review question: **How do transformational and transactional leadership styles affect job satisfaction among healthcare workers in Oman?** The chapter aims to analyze the implications of the findings to healthcare practice, workforce retention, leadership development, policy and future research in Oman. It also determines the gaps in evidence, assesses the merits and weaknesses of the dissertation, makes systematic recommendations, cogitates about the review process and makes the conclusion. The discussion is made cautiously as most of the evidence provided is in the form of cross-sectional studies, systematic reviews, scoping reviews and observational evidence. Thus, the review is able to say that

leadership styles are related with job satisfaction, retention and organisational outcomes, but not that leadership styles are the direct causes of the outcomes. This difference is significant as job satisfaction is influenced by various factors, such as leadership, workload, pay, promotion, communication, staffing, organisational culture and professional development (Alkhateeb et al., 2025; Guillari et al., 2026).

5.2 Summary of Key Findings:

The review also established that transformational leadership is more likely to be linked with positive job satisfaction among healthcare workers than transactional leadership. Job satisfaction seems to be upheld by transformational leadership, which promotes motivation, professional growth, recognition, communication, trust and organisational commitment. This finding was supported by Oman-specific evidence, GCC evidence of healthcare and other international nursing literature (Al Musherfi and Al Senaidi, 2026; Alkhateeb et al., 2025; Gebreheat, Teame and Costa, 2023). The review also determined that the transactional leadership is more contingently related with job satisfaction. Transactional leadership may be conducive to satisfaction in the following sense: it provides structure, role clarity, fair reward, responsibility and consistent feedback. However, it may decrease the satisfaction when it becomes too controlling, punitive or restrictive of professional autonomy. It is applicable to a health care environment, where employees need not only certain standards but also professional judgement (Al-Rjoub et al., 2024; Salameh-Ayanian et al., 2025).

The other conclusion is that the leadership style cannot be said to be the only predictor of job satisfaction. GCC healthcare context literature indicates that workload, remuneration, promotion opportunities, management, organisational culture, communication and work environment are also factors that contribute to satisfaction (Alkhateeb et al., 2025). Hence, the concept of leadership development in Oman ought to be incorporated within the broader framework of workforce planning, human resource management and healthcare quality.

5.3 Discussion of Transformational Leadership:

Transformational leadership seems to be extremely applicable to the context of healthcare as it focuses on the professional, emotional and relational needs of healthcare workers. The work environment of employees in healthcare is often difficult, as it is subject to workload and pressure, to shift schedules, patient safety requirements, emotional labour and organisational change. In this regard, leaders who share a vision, appreciate employee input, foster growth and offer personalized assistance can make healthcare workers feel appreciated and inspired (Jankelová and Joniakova, 2021; Gebreheat, Teame and Costa, 2023). This finding is particularly important to Oman as Oman healthcare is undergoing tremendous changes under Oman Vision 2040. Quality improvement, expansion of services, digital transformation, decentralization and workforce development are linked to health-system development in Oman (Ghafari et al., 2025). These changes need to have engaged healthcare workers who are ready to play a role in change. Transformational leadership can be particularly handy, in that it promotes staff engagement, dedication and acclimatization over solely using compliance.

The authors of the article Al Sawafi et al. (2025) emphasized the fact that the evolution of leadership in Oman needs to be culturally adapted. This is significant since transformational leadership cannot be used as a universal template without regard to the Omani healthcare setting. The healthcare workforce in Oman comprises of various professional groups, nationalities and organisational hierarchies. Therefore, transformational leadership in Oman should incorporate both international and national values of leadership and local values and expectations both in the profession and in the health-system (Al Sawafi et al., 2025; Albastaki, 2026). However, transformational leadership cannot be provided as a panacea to job dissatisfaction. The indications are that it is correlated and not causal. Staff satisfaction can be low unless the work is too heavy, there are not enough staff, or the promotion system is unclear or the wages are perceived to be too low. In such a way, job satisfaction might be achieved through transformational leadership, but it should be supported by relevant organisational systems and workforce policies (Al Harrasi et al., 2024; Al Khateeb et al., 2025).

5.4 Discussion of Transactional Leadership:

Transactional leadership is not necessarily regarded as positive as transformational leadership but the outcomes show that it is rather simplistic. The healthcare organizations require organization, standards, accountability and adherence to clinical guidelines. Transactional leadership can be potentially applicable to scenarios when patient safety is conditional upon the presence of clear procedures, monitoring performance and prompt corrective feedback (Al-Rjoub et al., 2024). Transactional leadership can be applicable in Oman, as the public healthcare organizations require a robust governance, uniformity and transparency. Health-system reform not only necessitates innovation, but also proper implementation of policies, protocols and quality standards. Transactional leadership that helps in specifying expectations and making sure responsibilities are

comprehended can facilitate this. This style must be done with caution though. In the case of transactional leadership experienced, as control, correction or punishment, then there is a high probability that the healthcare workers will be undervalued and less satisfied.

The most moderate opinion is that transactional leadership is not supposed to replace transformational leadership but rather supplement it. Transactional behaviors may provide role clarity, operation discipline and transformational behaviors may provide motivation, trust and professional commitment. This kind of hybrid type of leadership may be more relevant to healthcare organizations, as the sphere of healthcare work presupposes the human factor and the predictability of the processes (Al-Rjoub et al., 2024; Tsapnidou et al., 2024).

5.5 Implications for Healthcare Practice in Oman:

The findings suggest that leadership development is a feasible workforce strategy that healthcare organizations in Oman ought to contemplate as a viable workforce strategy. The leaders should be trained to help the managers to develop transformational behaviors, which include effective communication, coaching, recognition, involvement and emotional intelligence of staff. Nurse managers and frontline supervisors in particular are of concern since they are in direct contact with healthcare workers and affect job satisfaction on a daily basis (Jankelová and Joniaková, 2021; Alhusban, Mrayyan and Bani Hani, 2026). The results also indicate that leadership development needs to be context sensitive. Al Sawafi et al. (2025) stated that the leadership programs in Oman need to be based on the organisational culture and healthcare priorities. This means that leadership training will be conducted with consideration of Omani values, hierarchical structure, multicultural workforce, national workforce goals and Oman Vision 2040. Leadership training that does not consider these might not be effective in practice.

Healthcare managers should also apply transactional leadership in a positive manner. Clarity of standards, accountability and feedback is required in healthcare, but should be provided in a fair and respectful way. Transactional leadership is not to be a controlling or punitive model. In conjunction with transformational leadership, it can help to maintain job satisfaction and healthcare quality by balancing the motivation of staff with operational quality (Al-Rjoub et al., 2024; Tsapnidou et al., 2024).

5.6 Implications for Policy and Workforce Retention:

The results have significant implications to workforce retention in Oman. Job satisfaction is closely related to retention of healthcare workers in their jobs according to job satisfaction. Transformational leadership is associated with retention, commitment and perceived quality of care among nurses, but organisational determinants play a major role in retention of healthcare staff in general (Alhusban, Mrayyan and Bani Hani, 2026; Guillari et al., 2026). This is a strategically important problem to Oman as the healthcare system is growing and changing. Sustainable health system requires not only more facilities and resources, but a motivated and stable work force. One of the organisational factors that can be changed in support of retention is the leadership style, which enhances communication, recognition, professional development and trust (Al Sawafi et al., 2025; Ghafari et al., 2025).

The policy-makers, in their turn, should consider including the leadership indicators in the workforce planning and quality governance. The healthcare organizations may also occasionally review the employee perception of leadership, supervision, recognition and communication. This information could help demonstrate higher risk departments or those likely to be dissatisfied, disengaged or turnover. This would enable a more proactive approach to handling the workforce compared to responding to the situation when employees leave or the morale declines (Jankelová and Joniakova, 2021; Gebreheat, Teame and Costa, 2023; Al Mushrfi and Al Senaidi, 2026).

5.7 Gaps in the Evidence:

Among the main gaps, one can distinguish the small number of Oman-specific primary research directly exploring transformational and transactional leadership, in terms of job satisfaction among healthcare professionals. A great part of the evidence is based on the nursing research, GCC reviews or global literature. Although this evidence is useful, it limits the possibility to directly apply it to the Omani healthcare context (Al Mushrfi and Al Senaidi, 2026; Albastaki, 2026). Domination of cross-sectional research is another significant gap. The cross-sectional studies can only determine the relationships between leadership style and job satisfaction but not whether leadership style can predict the changes in satisfaction in the long-term. Longitudinal studies are thus required to provide more causal interpretation and demonstrate whether the changes in leadership behavior are preceded by the increase in job satisfaction.

The evidence is more applicable in nurses compared to other caregivers. Leadership can be a different experience to physicians, allied health professionals, (Jankelová and Joniakova, 2021; Gebreheat, Teame and Costa, 2023; Al Mushrfi and Al Senaidi, 2026) technicians and healthcare managers, but the most significant figure in the healthcare delivery is the nurses. Multidisciplinary healthcare workers should thus be incorporated in future research in Oman so that the findings can be more relevant to the health system. The transactional leadership is also not well documented as compared to transformational leadership. Many studies are more inclined towards transformational leadership and transactional leadership is considered as an undesirable one. Greener studies are required to determine at which times transactional leadership enhances job satisfaction and under which circumstances, it might decrease it.

5.8 Recommendations for Practice:

5.8.1 Develop Culturally Adapted Leadership Programs:

Omani healthcare organizations can also develop structured leadership training that is geared towards the Omani healthcare setting. Such programs should not just be imitations of international models of leadership. Instead, they will reflect the healthcare priorities of Oman, its organisational culture, workforce diversity, and Oman vision 2040 reform agenda (Al Sawafi et al., 2025; Ghafari et al., 2025).

5.8.2 Strengthen Transformational Leadership Behaviors:

Transformational behaviours like communication, motivation, staff recognition, coaching, professional development and shared vision should be the focus of leadership training. These actions are linked to increased job satisfaction, commitment and better workforce engagement of healthcare workers, especially nurses (Jankelová and Joniaková, 2021; Gebreheat, Teame and Costa, 2023; Al Mushrfi and Al Senaidi, 2026).

5.8.3 Use Transactional Leadership Constructively:

Healthcare managers should implement transactional leadership in a constructive and cautious manner. There should be clear expectations, accountability, feedback and standards in healthcare but they should be applied in a manner that is just and respectful. Transactional leadership should promote clinical safety and role clarity but not be punitive and overbearing (Al-Rjoub et al., 2024; Salameh-Ayanian et al., 2025).

5.8.4 Monitor Job Satisfaction and Leadership Perceptions:

Job satisfaction and leadership perception of the staff should be measured regularly in healthcare organizations. This would help managers to identify dissatisfaction at an early age and work on it through specific interventions. The communication, recognition, workload, supervision, professional development and organisational fairness should be monitored since they are associated with the happiness of healthcare workers (Alkhateeb et al., 2025).

5.8.5 Link Leadership Development with Retention Strategies:

Workforce retention planning should be linked with leadership development. Managers must be trained to identify initial symptoms of dissatisfaction, burnout, disengagement and intention to leave. This is important because leadership, organisational support and professional development are related to retention and quality of care (Alhusban, Mrayyan and Bani Hani, 2026; Guillari et al., 2026).

5.9 Recommendations for Future Research:

5.9.1 Conduct Oman-Specific Primary Studies:

Oman-based empirical studies focusing on transformational and transactional leadership styles and job satisfaction in healthcare workers should be carried out in the future. This is required because the existing evidence is highly dependent on nursing, GCC and international research, which might not be a complete reflection of the Omani healthcare system (Al Mushrfi and Al Senaidi, 2026; Albastaki, 2026).

5.9.2 Include Multidisciplinary Healthcare Workers:

The nurses, physicians, pharmacists, allied health professionals, technicians and healthcare managers should be involved in future studies. This would enhance the knowledge of whether leadership styles have different impacts to different professional groups or not. It would also simplify the evidence to become more helpful in the planning of the healthcare workforce in the entire system.

5.9.3 Use Longitudinal and Intervention Designs:

The kind of research that should be embraced in the future in order to establish the existence of a relationship between the development of leadership and the implementation of quantifiable changes in job satisfaction is longitudinal or intervention designs. This would make the causal explanation more effective and provide a stronger argument to policy and practice. Cross-sectional studies are good, but they cannot be followed as they only capture leadership and satisfaction at one moment.

5.9.4 Apply Validated Measurement Tools:

To measure leadership and job satisfaction, validated measures like recognized leadership scales and recognized job satisfaction scales should be used to measure them in future studies. This would increase reliability, comparability and subsequent meta-analysis. The current limitation of statistical pooling and lack of certainty across studies is due to inconsistent measurement (Jankelová and Joniakova, 2021).

5.9.5 Examine Mediating and Moderating Factors:

Mediating and moderating variables that should be studied in the future should include communication, psychological safety, workload, recognition, organisational culture, professional development and work engagement. It would be easier to learn that leadership styles have something to do with job satisfaction and not the existence of an association (Baquero, 2023; Alkhateeb et al., 2025).

5.10 Strengths of the Research:

The significant strength of this research is that the discussion is on a policy-oriented and narrow review question. Oman is interested in leadership and job satisfaction since the healthcare system is growing and developing within the framework of Oman Vision 2040. It is thus pertinent to workforce sustainability, service quality and healthcare management (Ghafari et al., 2025; Al Sawafi et al., 2025). The systematic organizing of the review is another strength. The dissertation used PRISMA-guided selection of the study, a priori eligibility criteria, evidence classification, and table of study characteristics, quality appraisal and narrative synthesis. This increased the transparency and showed the evidence selection process, assessment and interpretation.

Another strength is that there is separation of the direct and indirect evidence. Healthcare evidence that was specific to Oman was considered the most powerful evidence, GCC and international studies were referred to as a backup and comparative evidence. This minimized the threat of overgeneralization of evidence that might not necessarily be applicable to Oman.

5.12 Reflection on the Review Process:

This review evolved a more profound knowledge of the intricacy of leadership and employment contentment in healthcare. Transformational leadership seemed to be the most evidently advantageous leadership style at the beginning of the review. However, the data showed that healthcare leadership is more complex. Transformational leadership appears to be inextricably connected with satisfaction, and, the transactional leadership may come in handy in the situations when structure, (Al Mushrifi and Al Senaidi, 2026; Alkhateeb et al., 2025; Gebreheat, Teame and Costa, 2023) accountability, and patient safety are required.

Critical appraisal was also noted in the review. The research results cannot be deemed as the sole ones since it appears to be good. The only things to be considered are the sample size, setting, measurement tools, bias and relevance, study design. This was particularly significant since most of the studies involved were cross-sectional and were unable to be causal. Another thing that came out during the process is that it is essential to differentiate direct and indirect evidence. The evidence that proved to

be most helpful in answering the review question was Oman-specific evidence, and the GCC and international evidence had to be used with caution. This improved the quality of academic review and helped to balance and defend the conclusions.

5.13 Conclusion:

This systematic review that analyzed how transformational and transactional leadership styles influence job satisfaction of healthcare workers in Oman. In general, the data indicate that transformational leadership is more likely to be linked to positive job satisfaction as compared to transactional leadership, especially since it fosters motivation, communication, recognition, professional growth, trust and organisational commitment (Jankelová and Joniakova, 2021; Gebreheat, Teame and Costa, 2023; Al Mushrfi and Al Senaidi, 2026). This finding is highly relevant to Oman, where healthcare reform based on the Oman Vision 2040 requires motivated, strong and professionally supported workforce, which can help to improve the quality, develop services and transform organizations (Ghafari et al., 2025; Al Sawafi et al., 2025). Transactional leadership was observed to be more conditionally related to job satisfaction. It may also have a good role in that it makes expectations clear, roles clear, accountability, structured feedback and fair reward. Nevertheless, it can also lead to decreased satisfaction when overly controlling, punitive, or restrictive of professional autonomy, especially when applied to more experienced health care workers who appreciate professional judgement and involvement (Al-Rjoub et al., 2024; Salameh-Ayanian et al., 2025).

Moreover, a balanced leadership style, which will be integrative of the transformational support and appropriate transactional structure, will probably be viewed as the most appropriate leadership style to Omani healthcare. There is also a conclusion in the review that job satisfaction is determined by broader organisational variables, such as workload, supervision, communication, pay, promotion opportunities, organisational culture and working conditions (Alkhateeb et al., 2025; Guillari et al., 2026). The development of leadership cannot, however, be considered as a separate intervention but it should be included in the overall workforce retention, human resource and healthcare quality programs. Although the evidence used in the review was helpful, the conclusions must be considered with caution as the majority of the studies were cross-sectional, review-based or out of Oman. Further longitudinal and intervention studies in Oman in particular are required in the future to enhance causal evidence, involve broader healthcare professions and subsequent meta-analysis. Overall, culturally modified leadership development may be considered a strategic priority to improve the level of satisfaction among healthcare workers and sustain healthcare reform in Oman.

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