

Effects of Laissez-Faire Leadership on Commitment to Service Quality

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Abstract

This study aims to examine the validity of Laissez-Faire leadership style among the medical practitioners. This leadership style has been criticized in the literature as the destructive style of leadership. However, laissez-faire leadership style has been responsive for numerous positive behaviors and outcomes at the workplace. Laissez-faire leadership style has remained permissive with other leadership style types. Nonetheless, in comparison with other leadership styles, its significance has been unexplored especially in domains like commitment and service organization. In this study, the authors analyzed how Laissez-Faire leadership relates to the commitment of service quality. While using self-administered approach, the current study sampled doctors from public hospitals of Pakistan. The Partial Least Square Path Modeling results via Smart PLS 2.0 with 182 retained responses. The results indicated that

laissez-faire type of leadership persists, and paramount in the services sector and also showed a significant effect on doctor's commitment. The current research found a significant impact of laissez-faire leadership on doctors' commitment. Therefore, from the findings, it is referred that this study holds theoretical and practical implications also suggest future directions.

Keywords: laissez-faire leadership; commitment; service quality; hospitals

1. Introduction

Traditionally, leadership research has exclusively focused on transformational and transactional leadership style in terms of its relationship with positive workplace outcomes such as job satisfaction, subordinates or organizational effectiveness and performance (Lowe, Kroeck, & Sivasubramaniam, 1996; Tichy & Devanna, 1986; Barling, Weber, & Kelloway, 1996). Moreover, Laissez-faire leadership style is characterized as non-leadership style (Northouse, 2010; Hinkin, & Schriesheim, 2008; Goodnight, 2004; Avolio, 1999). Correspondingly, empirical research has specified negative outcomes and damaging leadership behaviors leading to distressing consequences for the organization (Krasikova, Green & LeBreton, 2013; Zellars, Tepper, & Duffy, 2002). The researchers highlighted that the laissez-faire leadership style is renowned for low feedbacks, delays decisions, offer less attention to assist subordinates. Luthans (2005) and Robbins, Judge and Sanghi (2007) stated that laissez-faire abdicates responsibilities to avoid making a decision. Bass and Avolio, (1990) claimed that laissez-faire leadership is reflected as the absence of leadership. It is analyzed that leadership literature highlights the devastated perception regarding laissez-faire leadership style.

Notably, some studies such as Sorenson (2000) and Cemaloğlu, Sezgin, and Kiliç, (2012) promoted an opposing perception for laissez-faire leadership style. This leadership style is effective when: employees are highly skillful, experienced, educated, employees have a sense of gratification in their work and compel to do it successfully on their own (Dotse, & Asumeng, 2014; Sorenson, 2000). Accordingly, laissez-faire leadership style prevailed significant role in influencing organizational and individual variables. For instance, Ali and Ibrahim (2014) found laissez-faire leadership dominantly influences on innovation. Similar findings were also reported by (Sorenson, 2000), such leadership style was found positively associated with employee commitment. Laissez faire leader believes that employees can handle the

situation which supports laissez-faire leadership effectiveness (Rowe, 2007). This is specifically accurate for highly-skilled professionals who are motivated and capable of doing the right things at their own. Laissez-faire leaders are experts in their field and possess the dexterity to work independently.

Maintaining the datum with literature, laissez-faire leadership style has positive outcomes where employees are skillful and experienced. These conflicting results pose a question; would Laissez-Faire Leadership be generating positive or negative outcomes? This shows inconsistencies between the two opinions for positive and negative outcomes affecting the firm performance (Festinger, 1957). Laissez-faire leadership has been supported by cognitive dissonance theory. Literature has introduced laissez-faire leadership style evident in some situations like medical emergencies, innovation, teaching in the class, scientist and at the time of service delivering to customers to avoid consultation with supervisors (Ali & Ibrahim, 2014; Ryan, & Tipu, 2013; Cemaloğlu, Sezgin, & 2012; Sorenson, 2000; Williams, 1987; Sutermeister, 1969). Overall limited studies were done on the association of laissez-faire leadership and employee's commitment in Pakistan, specifically little evidence is found on hospital leadership and doctor's commitment. However, due to the current dissonance over the effect of Laissez-faire leadership on work-related behaviors, the objective of the present study is to examine the influence of laissez-faire leadership style on doctor's commitment to service quality. Consequently, the next section provides detailed literature on the proposed variables of the study.

2. Literature Review

2.1 Laissez-Faire Leadership

Laissez-faire leaders support their subordinates and motivate work autonomy (Amundsen and Martinsen, 2014). Laissez-faire leaders allow their subordinates to take decisions and attain their goals by reducing the cognitive dissonance at the workplace (Aronson & Mills, 1959). Similarly, controlling the subordinates can be apparent as violations of autonomy, (Gagné, & Deci, 2005; Spreitzer, De Janasz & Quinn, 1999). Other leadership styles assume some control over subordinates and enhance the performance (Bennis, 2007). When employees have autonomy and experience independent decision making, freedom to do their job, decides what methods to choose to achieve objectives (Spreitzer, 1996), then they generate new ideas and foster innovation (Zhang & Zhou, 2014; Ryan & Tipu, 2013). Theodosiou

and Katsikea (2007) proposed that laissez-faire leadership style motivate freedom and increase the confidence among subordinates to complete their objective.

In conclusion, it is criticized that people with such style of leadership always try to escape from their duties and responsibilities, takes time in making effective decisions and provides no feedback to their subordinates. According to Liu et al. (2011) employees desire autonomy at workplace and autonomy is considered as a motivational factor to increase the employee's performance (Humphrey et al., 2007). The literature supports the impact of laissez-faire leadership and values this leadership style over other panaches of leadership. Laissez-faire style of leadership is also playing an influential role in various organizational and individual work-related variables.

2.2 Employee's Organizational Commitment

Researchers have defined employee's commitment in different ways. Park and Rainey (2007) defined as organizational commitment is a lasting connection between employee and organization. Furthermore, organizational commitment is a process of adopting the values of the organization, to obtain the better results of their efforts and investment they keep working and remain sincere with the organization, the employees believe that to be committed with the organization is their ethical and moral obligation (Allen & Meyer, 1990). Another definition of employee's organizational commitment was given by Bogler and Somech (2004), they anticipated that engaged employees want to play dynamic roles in organizational programs, procedures, and strategies. Garg and Ramjee (2013) indicated that organizational commitment is a multidimensional variable. Allen and Meyer (1990) examined that the organizational commitment is measured with three dimensions: affective commitment, continuance commitment, and normative commitment. Management has comprehensive literature on the benefits of organizational commitment (Garg and Ramjee, 2013; Davenport, 2010). It is observed that committed employees are less likely to be late or absent on work, less chances that employee may engage in discovering other opportunities and leave of the organization (Davenport, 2010; Allen & Meyer, 1996; Angle & Perry, 1981). Gbadamosi (2003) stated that committed employees develop a positive attitude towards the organization, they are more chances for acceptance of goals and willing to utilizing a high level of efforts for achieving assigned goals. Moreover, organizational commitment has also shown a significant

role in motivation, organizational citizenship behavior and job performance (Meyer, Stanley, Herscovitch, Topolnytsky, 2002).

2.3 Laissez-Faire Leadership and Commitment to Service Quality

Apart from transformational and transactional leadership, laissez-faire is the third most popular leadership style, characterized as with fewer skills to be a good leader (Northouse, 2010; Hinkin, & Schriesheim, 2008; Spinelli, 2006; Goodnight, 2004; Avolio, 1999). Wallace, de Chernatony, & Buil (2013) found a positive connection between laissez-faire leader and employee commitment. Similarly, Huynh (2014) and Lee (2005) conducted a study and found mixed results about laissez-faire leadership, a positive relationship was observed with continuous commitment and afflictive commitment. This relationship was also supported by (Sutermeister, 1969; Williams, 1987), they stated that laissez-faire leadership style could prove to be responsive in some situations and professions such as teaching, occupations related to scientific research or jobs where individuals specialized in their field. This thought is inherent with what was forwarded by Ghorbanian, Bahadori & Nejati (2012), he projected that laissez-faire leadership found to play a disapprovingly significant role in many occupations, specifically in challenging and emergency medical service jobs.

According to Ali & Ibrahim (2014), laissez-faire leadership has a positive influence on creativity and innovation. Furthermore, these kinds of leaders are more innovative to bring new ways of solution. Similar findings were also reported by (Sorenson, 2000), where this style was found positively associated with employee commitment. Clark, Hartline, and Jones (2009) examined the impact of hotel managers' leadership style on frontline employees' commitment to service quality. Therefore, based on the above discussion on the effective relationship between laissez-faire leadership and employee's workplace outcomes it is hypothesized that:



Figure 1 Conceptual Model

H1: Laissez-fair leadership style has a significant influence on commitment to service quality.

3. Methodology

3.1 Population and Sample of the Study

This study selected the doctors of public hospitals as a targeted population. The unit of analysis was an individual level where the doctor of public hospitals were the respondents. Using the Krejcie and Morgan (1970) sampling formula, the present study needed 242 the sample size from the total population. Therefore, around 300 questionnaires were distributed and out of 300 surveys, only 200 responded. Later the preliminary test was employed to eliminating outliers and treatment of missing values. In last the final data set of 182 was used for analysis purposes. The current study employed PLS-SEM due to the reason that PLS-SEM produces reliable estimates with smaller sample size (Hair, Hult, Ringle & Sarstedt, 2016).

3.2 Sampling technique

The current study used cluster sampling method. Pakistan is divided into five provinces; Sindh, Punjab, KPK, Baluchistan and Gilgit Baltistan. For data collection, Sindh cluster was selected. Four public hospitals located in Sindh province of Pakistan were selected as a targeted sample: (1) Liaquat Medical Hospital, Jamshoro, (2) Civil Hospital, Kotri (3) Civil Hospital, Hyderabad (4) Eye Hospital, Hyderabad. The present study collected data from Sindh province only; due to following reasons a) the country (Pakistan) is geographically scattered hence it was not possible to collect data from all four provinces b) time was also one of the constraint c) it would have cost lot of money; due to lack of any funding for this project we decided to collect data from Sindh province only D) lastly, we used PLS-SEM, as per its guidelines, a small sample wouldn't a problem in generating results for generalizability.

3.3 Data Collection Method

The survey method was used for data collection from, (1) Liaquat Medical Jamshoro (2) Civil Hospital Kotri Dist Jamshoro (3) Civil Hospital of Hyderabad (4) Eye Civil Hospital Hyderabad. 182 usable questionnaires were received from the respondents.

For the Laissez-fair leadership style measurement 4 items scale adapted from the full rage leadership model (Bass, 1985). For the measurement of commitment to service quality, we revised modified version of commitment to service quality from (Clark, Hartline and Jones, 2009) with 9 items. The present study used Likert Scale where 1 indicated strongly disagree, and 5 indicated strongly agree. Items have been added to the Measurement model table 1.

3.4 Hypothesis Testing

Structural Equation Modeling was used to analyze the results of hypothesized relationships. Therein, partial least square (PLS) method through Smart PLS 2.0 software (Ringle, Wende, Becker, 2015) was used for data analysis. PLS-SEM has been widely used in behavioral disciplines research projects. The PLS- Path modeling performed the analysis in two steps, such as measurement model and structural model. The structural model will be explained in the data analysis section.

3.4.1 Measurement Model

The first step was to assure the adopted the measurement scale is reliable and valid. The measurement model comprises of the reliability of individual items: content validity, reliability, discriminant validity, (Hair, Ringle, & Sarstedt, 2011; Hair, Hult, Ringle, & Sarstedt, 2014; Henseler, Ringle & Sinkovics, 2009). For an individual item of reliability, the rule of thumb for retaining the items with loadings between .50 and .95 (Hair et al., 2014). Therefore, loading should be higher than 0.5. Furthermore, for testing each variable's convergent validity, the average variance extracted (AVE) is used, and its threshold should be .50 or above (Bagozzi & Yi, 1988). Table 1 shows that AVE is higher than 0.5 hence the convergent validity is confirmed. According to Rule of thumb for composite reliability (CR), CR should be higher than 0.7, Table 1 Shows the CR higher than 0.7. This indicates that the study has responsively attained convergent validity and composite reliability.

Table 1 Measurement Model Results

Constructs	items	loadings	AVE	CR
Commitment to service quality				
I feel strongly that about improving the quality of my hospital's services	CSQ1	0.861352	0.781	0.969
I enjoy discussing services quality-related issues with people in my hospital	CSQ2	0.945631		
I gain a sense of personal accomplishment in providing high quality services to my customers	CSQ3	0.949157		
I completely understand the importance of providing high quality service to our customers	CSQ4	0.91822		
I often discuss quality-related issues with people outside of my hospital	CSQ5	0.92149		
I strongly feel that provision of high quality services to our customers should be the number one priority of my hospital	CSQ6	0.846209		
I am willing to put more effort beyond that normal in order to deliver service quality my hospital.	CSQ7	0.517373		
The way I feel about services is very similar to the way my hospital feels about delivery of high quality services	CSQ8	0.960203		
I really care about the quality of my hospital's services	CSQ9	0.945492		
Laissez-fair leadership style				
Delays responding to urgent questions.	LFLS1	0.919859	0.712	0.907
Avoids getting involved when important issues arise	LFLS2	0.701535		
Is absent when needed	LFLS3	0.922067		
Avoids making decisions	LFLS4	0.812468		

3.4.2 Discriminant Validity

Discriminant validity refers to the extent to which a latent construct is different from other latent constructs (Duarte & Raposo, 2010). In the present study, according to Fornell and Larcker (1981) discriminant validity was computed by using the AVE. Then, a correlation among the latent constructs with square roots of AVE (Fornell, & Larcker, 1981) was examined. Table 2 confirms that the square root of the AVE is greater than the correlations among latent constructs. The results directed that discriminant validity is well corroborated.

Table 2 Discriminant validity

Latent Variable Correlations	1	2
	CSQ	LFLS
CSQ	0.8837426	
LFLS	0.539422	0.8438904

4. Data Analysis

4.1 Structural Model Results

After achieving the significant results confirming the validity and reliability of the data, now we move to the second step: assessment of structural model for testing the hypothesis. Table 3 below shows the results of hypothesis testing. The t-value threshold is 1.645 or above (Fornell and Larcker, 1981). Therein, t-value obtained is 4.59 which is higher than threshold hence confirming the positive relationship between the laissez-faire leadership and commitment to service quality.

Table 3 Hypothesis Testing

Relationship	Beta	Std Error	T-value	Decision
LFLS -> CSQ	0.539422	0.117294	4.598881	Supported

Table 3 shows that the laissez-faire leadership style has a positive relationship on the doctor’s commitment to service quality ($\beta= 0.539$). In terms of explaining variance in the Laissez-faire leadership and commitment to service quality resulted in an R-square value of 0.331. Therefore, the results are supporting the hypothesis. Hence, proving the fact that destructive leadership has a positive side.

5. Discussion

The purpose of this study was to find the power of laissez-faire leadership style on the doctor’s commitment to service quality. Very limited leadership research proves such relationship, but this study to convince the researchers that laissez-faire leadership style can generate positive outcomes. The Influence of laissez-faire

leadership style on commitment to service quality was tested in the hypothesis. Results of PLS-SEM provided hypothesized relationships, a significant direct relationship between laissez-faire leadership style and commitment to service quality was found. To the extent, positive or negative leadership behaviors relies upon kind of situations, a form of organization which includes nature of work and sort of services delivered.

This study has proven with empirical findings that laissez-faire leadership style has a positive influence on a commitment to service quality. Findings of this study can be seen in line with previous studies that accounted for laissez-faire leadership style influencing employee commitment to service quality positively such as (Pahi, Hamid, Umrani & Ahmed, 2015; Garg, & Ramjee, 2013; Alqudah, 2011; Sorenson, 2000) which provided the evidences that laissez-faire leadership styles involve in the service organization and influence on the commitment to service quality. Evidence from previous studies has outlined that laissez-faire leadership and commitment has a positive relationship in different perspectives (Nyengane's, 2007). Laissez-faire leadership works with the belief that employees know their jobs very well and needs empowerment to do their jobs effectively. Shaikh and Akaraborworn (2017) stated that certain aspect of leaders such awareness, self-regulatory, task-oriented, encouraging, supportive behavior is key predictors of employee's work place outcomes..

6. Conclusion

Still, the existing approaches and research spells out the negativity of laissez-faire leadership. However, this research broadens the application of laissez-faire leadership by redefining it with a commitment to service quality. This study found the significant effect of hospital leadership on doctors' commitment. By doing so, the current study contributes to leadership literature by stimulating a broader investigation of laissez-faire leadership with the possible positive commitment of doctors. Therefore, future research is needed to explore laissez-faire leadership in connection with a broader context would help unveil the complexity of effectiveness of non-involvement of a leader. Longitudinal in-depth case studies and surveys at team level could also help to unveil the complexity of interactions between different contexts as well as follower's readiness toward laissez-faire leadership. Present study conducted only in the Pakistan health sector. Future study can be conducted in whole Pakistan or in other service industries to generalize and confirm the results.

References

- Ali, A. Y. S., & Ibrahim, I. H. (2014). The Impact of Leadership Style on Corporate Innovation: Survey from Telecommunication Industry in Somalia. *International Journal of Academic Research in Management*, 3(3), 233-241.
- Allen, N. J., & Meyer, J. P. (1990). The measurement and antecedents of affective, continuance and normative commitment to the organization. *Journal of occupational psychology*, 63(1), 1-18.
- Allen, N. J., & Meyer, J. P. (1996). Affective, continuance, and normative commitment to the organization: An examination of construct validity. *Journal of vocational behavior*, 49(3), 252-276.
- Alqudah, T. (2011). *Leadership style and organizational commitment*. (MBA dissertation. Kuala Lumpur: Open University Malaysia, Malaysia).
- Amundsen, S., & Martinsen, Ø. L. (2014). Empowering leadership: Construct clarification, conceptualization, and validation of a new scale. *The Leadership Quarterly*, 25(3), 487-511.
- Angle, H.L. & Perry, J. (1981). An empirical assessment of organizational commitment and organization effectiveness. *Administrative Science Quarterly*, 26(1), 1-14.
- Aronson, E., & Mills, J. (1959). The effect of severity of initiation on liking for a group. *Journal of Abnormal and Social Psychology*, 59(2), 177-181.
- Avolio, B. J. (1999). *Full leadership development: Building the vital forces in organizations*. Thousand Oaks, CA: Sage.
- Bagozzi, R. P., & Yi, Y. (1988). On the evaluation of structural equation models. *Journal of the academy of marketing science*, 16(1), 74-94.
- Barling, J., Weber, T., & Kelloway, E. K. (1996). Effects of transformational leadership training on attitudinal and financial outcomes: A field experiment. *Journal of applied psychology*, 81(6), 827.
- Bass, B. M. (1985). *Leadership and Performance beyond Expectations*. New York: The Free Press.
- Bass, B. M., Avolio, B. J., & Pointon, J. (1990). The implications of transactional and transformational leadership for individual, team, and organizational development (GJP Greenwich Ed. Vol. 4).
- Bennis, W. (2007). The challenges of leadership in the modern world: introduction to the special issue. *American Psychologist*, 62(1), 2.

- Bogler, R., & Somech, A. (2004). Influence of teacher empowerment on teachers' organizational commitment, professional commitment and organizational citizenship behavior in schools. *Teaching and Teacher Education, 20*(3), 277-289.
- Cemaloğlu, N., Sezgin, F., & Kılınç, A. Ç. (2012). Examining the relationships between school principals' transformational and transactional leadership styles and teachers' organizational commitment. *The Online Journal of New Horizons in Education, 2*(2), 53-64.
- Clark, R. A., Hartline, M. D., & Jones, K. C. (2009). The effects of leadership style on hotel employees' commitment to service quality. *Cornell Hospitality Quarterly, 50*(2), 209-231.
- Davenport, J. (2010). Leadership style and employee commitment: The moderating effect of locus of control. Conference held in Las Vegas in February 2010. *ASBBS, 17*(1), 277-290.
- Dotse, J., & Asumeng, M. (2014). Power Distance as Moderator of the Relationship between Organizational Leadership Style and Employee Work Attitudes: An Empirical Study in Ghana. *International Journal of Management Sciences and Business Research.3*(5), 63-76.
- Duarte, P. A. O., & Raposo, M. L. B. (2010). A PLS model to study brand preference: An application to the mobile phone market. In *Handbook of partial least squares* (pp. 449-485). Springer, Berlin, Heidelberg.
- Festinger, L. (1957). *A Theory of Cognitive Dissonance*. Stanford University Press: Stanford, California.
- Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. *Journal of Marketing Research, 18*(1), 39-50.
- Gagné, M., & Deci, E. L. (2005). Self-determination theory and work motivation. *Journal of Organizational behavior, 26*(4), 331-362.
- Garg, A. K., & Ramjee, D. (2013). The relationship between leadership styles and employee commitment at A parastatal company in South Africa. *International Business & Economics Research Journal, 12*(11), 1411-1436.
- Gbadamosi, G. 2003. HRM and the commitment rhetoric: Challenges for Africa, *Management Decision, 41*(3), 274-280.
- Ghorbanian, A., Bahadori, M., & Nejati, M. (2012). The relationship between managers' leadership styles and emergency medical technicians' job satisfaction. *The Australasian medical journal, 5*(1), 1.

- Goodnight, R. (2004). Laissez-faire leadership. *The Economic Journal*, 98(392), 755-771.
- Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2014). *A primer on partial least squares structural equation modeling (PLS-SEM)*. Thousand Oaks: Sage Publications.
- Hair Jr, J. F., Hult, G. T. M., Ringle, C., & Sarstedt, M. (2016). *A primer on partial least squares structural equation modeling (PLS-SEM)*. Sage Publications.
- Hair, J. F., Ringle, C. M., & Sarstedt, M. (2011). PLS-SEM: Indeed a silver bullet. *Journal of Marketing Theory and Practice*, 19(2), 139-152.
- Henseler, J., Ringle, C. M., & Sinkovics, R. R. (2009). The use of partial least squares path modeling in international marketing. *Advances in International Marketing*, 20, 277-320.
- Hinkin, T. R., & Schriesheim, C. A. (2008). An examination of "nonleadership": From laissez-faire leadership to leader reward omission and punishment omission. *Journal of Applied Psychology*, 93(6), 1234.
- Humphrey SE, Nahrgang JD, Morgeson FP. (2007). Integrating motivational, social, and contextual work design features: A meta-analytic summary and theoretical extension of the work design literature. *Journal of Applied Psychology*, 92(5), 1332-1356.
- Huynh, V. T. (2014). *Leadership in diversity organizations and immigrants' organizational commitment and subjective general health*. Retrieved from: <http://bora.uib.no/bitstream/handle/1956/8610/118523556.pdf?sequence=1&isAllowed=y>
- Krasikova, D. V., Green, S. G., & LeBreton, J. M. (2013). Destructive leadership a theoretical review, integration, and future research agenda. *Journal of Management*, 39(5), 1308-1338.
- Krejcie, R.V., & Morgan, D.W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement*, 30(3), 607-610.
- Lee, J. (2005). Effects of leadership and leader-member exchange on commitment. *Leadership & Organization Development Journal*, 26(8), 655-672.
- Liu, D., Chen, X. P., & Yao, X. (2011). From autonomy to creativity: a multilevel investigation of the mediating role of harmonious passion. *Journal of Applied Psychology*, 96(2), 294.
- Lowe, K. B., Kroeck, K. G., & Sivasubramaniam, N. (1996). Effectiveness correlates of transformational and transactional leadership: A meta-analytic review of the MLQ literature. *The leadership quarterly*, 7(3), 385-425.

- Luthans, F. (2005). *Organizational Behavior (10th ed.)*. New York: McGraw – Hill/ Irwin Publication.
- Meyer, J.P., Stanley, D.J., Hescovitch, L. & Topolnytsky, L. (2002). Affective Continuance and Normative Commitment to the Organization. A meta-analysis of antecedents, correlates and consequences. *Journal of Vocational Behavior*, 61(1), 20-52.
- Northouse, P.G. (2010). *Leadership: Theory and Practice*. (5th ed.). London: Sage.
- Nyengane, M. H. (2007). *The relationship between leadership style and employee commitment: An exploratory study in an electricity utility of South Africa* (Doctoral dissertation, Rhodes University).
- Pahi, M.H., Hamid K.A., Ahmed, U., & Umrani W.A. (2015) The Unresolved Dilemma of Leadership-Commitment Relationship: A Proposed Framework. *Business and Economics Journal*, 7(1), 1-5.
- Park, S. M., & Rainey, H. G. (2007). Antecedents, mediators and consequences of affective, normative, and continuance commitment empirical tests of commitment effects in federal agencies. *Review of Public Personnel Administration*, 27(3), 197-226.
- Ringle, C.M., Wende, S. and Becker, J.-M. (2015). *Smart PLS 3*. Smart PLS GmbH, Bönningstedt.
- Robbins, S. P., Judge, T. A. & Sanghi, S. (2007). *Organizational Behavior*. (12th ed.). India: Pearson, Prentice Hall.
- Rowe, K. (2007). *The imperative of evidence-based instructional leadership: Building capacity within professional learning communities via a focus on effective teaching practice*. Centre for Strategic Education.
- Ryan, J. C., & Tipu, S. A. (2013). Leadership effects on innovation propensity: A two-factor full range leadership model. *Journal of Business Research*, 66(10), 2116-2129.
- Shaikh, S. S., & Akaraborworn, C. (2017). Integrative Leadership is a Precursor of Engagement of Bank Employees in Pakistan. *International Journal Human Resource Studies*, 7(3), 257-281
- Sorenson, R. L. (2000). The contribution of leadership style and practices to family and business success. *Family Business Review*, 13(3), 183-200.
- Spinelli, R. J. (2006). The applicability of Bass's model of transformational, transactional, and laissez-faire leadership in the hospital administrative environment. *Hospital Topics*, 84(2), 11-19.

- Spreitzer, G. M. (1996). Social structural characteristics of psychological empowerment. *Academy of Management Journal*, 39(2), 483-504.
- Spreitzer, G. M., De Janasz, S. C., & Quinn, R. E. (1999). Empowered to lead: The role of psychological empowerment in leadership. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 20(4), 511-526.
- Sutermeister, R. A. (1969). *People and productivity*. New York: McGraw-Hill.
- Theodosiou, M., & Katsikea, E. (2007). How management control and job-related characteristics influence the performance of export sales managers. *Journal of Business Research*, 60(12), 1261-1271.
- Tichy, N. M., & Devanna, M. A. (1986). *The Transformational Leader*. New York: Wiley.
- Wallace, E., de Chernatony, L., & Buil, I. (2013). Building bank brands: How leadership behavior influences employee commitment. *Journal of Business Research*, 66(2), 165-171.
- Williams, J. C (1987). *Human behavior organizations*. Cincinnati, OH: South-Western pub.co.
- Zellars, K. L., Tepper, B. J., & Duffy, M. K. (2002). Abusive supervision and subordinates' organizational citizenship behavior. *Journal of Applied Psychology*, 87(6), 1068.
- Zhang, X., & Zhou, J. (2014). Empowering leadership, uncertainty avoidance, trust, and employee creativity: Interaction effects and a mediating mechanism. *Organizational Behavior and Human Decision Processes*, 124(2), 150-164.