

The Mediation Role of Leadership Support in the Relation between Conflict Management Styles and Job Satisfaction among Hospital Managers in Saudi Arabia

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Abstract: *This study investigated the mediating role of leadership support on the relationship between conflict management styles and job satisfaction of hospital managers in Saudi Arabia. The study adopted a quantitative, deductive, and cross-sectional research design. The researcher collected data with the aid of a structured self-administered questionnaire from 331 hospital managers. The participants were hospital managers from different healthcare institutions in Saudi Arabia. The items on the questionnaire used to collect data on conflict management styles, leadership support, and job satisfaction were adapted from validated questionnaires. The researcher employed Partial Least Squares Structural Equation Modeling to assess the measurement model, the structural model, and the mediation effect. The results indicated that conflict management styles positively contribute to the job satisfaction of hospital managers. This means that constructive conflict management styles contribute to the satisfaction of hospital managers. The results indicated that conflict management styles positively contributed to leadership support, and that leadership support positively contributed to job satisfaction. Most notably, the results indicated that leadership support mediated the relationship between conflict management styles and job satisfaction. This study explains the impact of different conflict management styles on job satisfaction in hospitals in Saudi Arabia. This study suggests the hospital leadership in Saudi Arabia should endorse constructive conflict resolution and supportive leadership to enhance hospital management satisfaction and improve organizational effectiveness.*

Keywords: Conflict Management Styles; Leadership Support; Job Satisfaction; Hospital Managers; Saudi Arabia.

1. Introduction

Healthcare organizations function in multifaceted environments where multidisciplinary coordination must occur. Operational pressures must be addressed and disputes arising from differing roles, expectations and professional priorities must be managed. In these environments, conflicts become organizational issues rather than interpersonal issues, and can impact teamwork, morale, leadership and overall employee satisfaction. The impact of various styles of conflict management becomes crucial. The response to conflict can serve to improve dissatisfaction and encourage cooperation, or the opposite can result. For the resolution of conflicts, the setting of the situation becomes the critical consideration. In the healthcare environment, the reliance of the industry on coordination, trust and cooperation of employees to achieve the operational goal of providing effective and safe care makes the unresolved conflicts all the more critical (Nikitara et al., 2024).

Healthcare management focuses on the satisfaction of employees. The level of satisfaction achieved is a direct reflection on the perceptions of employees concerning the various professional

expectations, the working environment and the overall satisfaction of employees. For hospital managers, the satisfaction of employees becomes paramount, as they carry the burden of the various functions and operational goals of the hospital. Prior studies have shown satisfaction of employees in the healthcare industry to be a reflection of various elements such as the leadership, the working environment and available professional and organizational support (Alkhateeb et al., 2025). Research dealing with nurse managers has shown that the satisfaction of employees is a reflection of the relationships and organizational support (Keith et al., 2021).

Leadership support may help interpret the relationship between conflict management styles and job satisfaction. Leadership support is characterized by the guidance, encouragement and recognition, resources, and support and assistance that a leader provides. In a hospital context, supportive leadership helps managers address conflict by providing direction, listening to problems, clearing barriers, and facilitating even communication. Supervisor support is associated with job satisfaction because supportive leaders create employees' sense of being appreciated and motivated at work (Setiawan & Sopiaah, 2023). In a health care organization, supportive leadership among health care managers resulted in higher job satisfaction of health care professionals in consideration of the challenging nature of the clinical and managerial environment of health care (Zhao et al., 2024).

While prior research has looked at conflict management and job satisfaction, not much research has been done on the relationship between the two in regard to hospital managers in Saudi Arabia. Previous studies show job satisfaction relates to conflict management, but this relationship has the potential to be strengthened with the help of management. This relationship has the potential to be strengthened with the help of management. This is most applicable in the Saudi healthcare market where there are a lot of changes in one area that increase the amount of work the management has to do and bring challenges to the quality and stability of the workforce. This study looks to the importance of leadership to fill the gaps in conflict management and job satisfaction of hospital managers in Saudi Arabia. The study also adds to the area of healthcare management because it looks at not only if conflict management styles impact the job satisfaction of hospital managers, but how leadership support allows this to happen.

1.1 Literature Review

1.2 Theoretical Discussion

The current study identifies, theoretically, that the conflict is an integral part of the workplace and that more challenges may arise in the healthcare sector. Here, managers are required to handle a multitude of complex work tasks for different groups, including professionals, and deal with the challenges of managing the operations. Conflict management theory outlines that conflict in itself is not damaging; the effect of a conflict is determined based on the model of managing the conflict. Rahim's conflict management theory is more relevant to this study, as it suggests classifications of management of conflict in terms of a person's concern for themselves over concern for the other. The classifications are integrating, obliging, dominating, avoiding, and compromising. Each of these styles offers a unique perspective on the management of a dispute. In the management of a hospital, it is anticipated that integrating and compromising as an approach to a style of conflict are conducive to effective communication, and constructive styles of management conflict are less conducive to conflict and may cause irritability. This is the theory that is most applicable to this research, as managers of hospitals are most likely to encounter challenges for a lack of clarity with regard to roles. This theory as well suggests that the style of management with which conflict is approached is likely to alter the individual's perception of, and derive, satisfaction from, the management of a conflict (Rahim, 2023).

Conflict management theory posits that the behavior people exhibit when managing conflict is influenced by the surrounding organization and the relationships that exist there. In a healthcare context, the conflict management style of a manager is most often not independent. Rather, the response is determined by the prevailing managerial employee relationships, the nature of supervisory

support, the organization's expectations, and the prevailing communication style. Prior research on nursing has demonstrated that the bases of managerial power and the form of influence of the manager relate to the style of conflict management. This presents the governing dynamic of health institutions in terms of authority, support, and the exercise of influence (Abou Hashish et al., 2023). This poses a specific challenge to hospital managers, as their ability to resolve conflict in a positive manner is the interdependence of senior managers providing supervision, support, and encouragement with the senior managers addressing and navigating challenging situations. In a supportive leadership environment, managers are empowered to utilize a conflict management style that is constructive and cooperative. In contrast, the lack of supportive leadership constrains managers' ability to resolve conflict in a constructive manner and fosters dissatisfaction with the work environment.

The study employs Social Exchange Theory in deriving certain workplace relationships as mutual exchanges. In such instances, employees are likely to exhibit positive workplace behaviors, such as commitment, trust, and satisfaction, if they perceive leaders as supportive, appreciative of their contributions, and of aid in enhancing employees' chances of success. Hence, leadership support can be an invaluable resource at the social and organizational level that influences how hospital managers perceive their work. Leadership support that is authentic and genuine can enhance trust and social exchange, as employees are likely to respond positively to leaders that are perceived as fair, caring, and consistent (Chen & Sriphon, 2022). When applied in the context of the current study, this line of thought means that leadership support is likely to mediate the relationship between managerial conflict handling strategies and satisfaction. Productive conflict handling is likely to provide managers with more favorable engagement with leaders, and in the presence of supportive leadership, help managers feel respected, provided with direction, and with organizational support, and thus results in higher satisfaction.

Organizational Support Theory can also help to understand the relationship between leadership support and job satisfaction. Supporting employees leads to positive employee attitudes because employees believe most organizational resources are channeled through their immediate supervisors. Support also reduces uncertainty, and increases motivation and appreciation. This theory posits that employees form an overall opinion regarding the extent to which the organization appreciates their contribution and is concerned about their wellbeing. The majority of the time, supervisors and senior employees are seen as the organizational representatives. Therefore, their support is likely to positively shape employees' perceptions and attitude toward the organization. The nature of the healthcare business makes leadership support imperative. Managers and employees are pushed to their limits and are required to make decisions and coordinate activities on an ongoing basis. Conflict that is managed constructively, with supporting leadership during tough times, creates an environment in which hospital managers are most likely to have a positive attitude toward their work and the organization.

1.3 Hypotheses Development

1.4 Conflict Management Styles and Job Satisfaction

Conflict management styles are expected to have a direct effect on job satisfaction because the way managers deal with workplace disagreements can influence their emotional, professional, and organizational experience. Managerial roles in a hospital require engagement with middle and top-level staff, doctors, nurses, and administration, as well as staff from other departments. This can foster a multi-dimensional environment for conflict. Constructive management of conflict can foster improved communication and working relationships and set beyond engagement and satisfaction. Unproductive management of conflict can foster a working environment that is dissatisfied and uncommitted. Previous studies in public institutions have shown a positive relationship between conflict management and job satisfaction. This is evident in an employee's greater job satisfaction when there is a positive and productive approach to conflict (Aditya & Setyawan, 2021).

In a hospital's conflict management system, the importance of positive conflict is magnified. This is because the hospital is built on an operational system that is interdependent and relies on communication. Because of the nature of conflict management that provides communication, promotes a solution and preserves relationships, positive conflict of the integrating and the compromising styles, fosters job satisfaction. The nature of conflict management that fosters inequity or prevents problem solving is the dominating and the avoiding style, therefore these styles are negatively related to job satisfaction. New data in nursing research has shown that the nature of conflict management in the health care environment is critical because of the effect it has on interpersonal relationships and the functioning of that environment (Nikitara et al., 2024). Thus, it is expected that the use of constructive conflict styles by hospital managers increases job satisfaction because it enhances the management, cooperative, and professional workings of the hospital.

H1: Conflict management styles have a significant positive effect on job satisfaction among hospital managers in Saudi Arabia.

1.5 Conflict Management Styles and Leadership Support

One way to consider leadership support is through conflict management styles because the manner in which conflict is managed can impact the nature of workplace interactions between managers and their superiors or senior leaders. Constructive conflict management creates an environment of openness and active problem-solving and of high regard for the relationship between hospital managers and hospital leaders. If hospital managers perceive leaders as offering “relational” guidance during hospital manager-led problem-solving initiatives, hospital managers are more likely to perceive that relationship as supportive. If hospital managers perceive leaders as offering “relational” guidance during hospital manager-led problem-solving initiatives, hospital managers are likely to perceive that relationship as supportive. If hospital managers perceive leaders as offering “relational” guidance during hospital manager-led problem-solving initiatives, hospital managers are more likely to perceive that relationship as supportive. There is a range of conflict resolution styles, and each requires a host of competencies, including emotional control and the ability to select the most effective strategy (Adham, 2023).

In the majority of the healthcare workplace settings, the support of senior executives has more to do with the way managers handle workplace conflict and constructive styles of workplace conflict management result in an environment where senior executives are more willing to offer support, guidance, and assistance. In the healthcare workplace settings of Saudi Arabia, research shows that the type of leadership practice and styles of abusive supervision negatively influence workplace conflict and the level of commitment of employees to the organization. This shows that the practice of leadership and styles of managing workplace conflict are highly intertwined (Alsadaan & Alqahtani, 2024). Therefore, effective styles of managing workplace conflict will enhance the perceptions of leadership support, because these styles promote a more positive and constructive relationship between managers and senior executives.

H2: Conflict management styles have a significant positive effect on leadership support among hospital managers in Saudi Arabia.

1.6 Leadership Support and Job Satisfaction

Leadership support enhances job satisfaction as employees derive satisfaction through guidance, recognition, provision of resources, and encouragement. Leadership support is critical in hospital management due to the nature of management where one has to be on the forefront of policy implementation, staff coordination, resource management, and dealing with everchanging operational issues. Supportive leadership reduces the anxiety that comes with the nature of management through provision of direction, active listening, removal of hindrances, and treating the management personnel as equals. Supportive leadership enhances management satisfaction, being that management is made to feel essential and that they are in a position to fulfill their roles and obligations. Studies in

healthcare services have indicated that supervision support improves nurses' job satisfaction and thus supportive leadership is a critical component of healthcare services (Altaş et al., 2024).

Healthcare managers and professionals alike are impacted by a combination of factors including the state of the organization and leadership relationships, as well as the presence of career support and effective organizational communication. Managerial trust, as well as the positivity of a manager's perception of a work environment, may increase when managerial support is actively demonstrated by organizational leaders. This is somewhat of a corroboration of the studies that indicate that supportive leadership is a strong positive factor of workplace experience for healthcare professionals within the healthcare support. The studies dependent on the job satisfaction of nurse managers have directly evidenced that leadership, role support, communication, and organizational resources are strong job satisfaction factors for healthcare managers. The expectation is that hospital managers will have higher job satisfaction levels when greater job management support is perceived. It is also the expectation that managerial support will be positively evidenced when leaders appropriately manage the job demands and show appreciation for the managers' roles.

H3: Leadership support has a significant positive effect on job satisfaction among hospital managers in Saudi Arabia.

1.7 Mediating Role of Leadership Support

It is suggested that leadership support mediates the relationship between conflict management strategies and job satisfaction because constructive conflict management can enhance job satisfaction by building support from managers' leaders. In the hospital context, conflict management is inseparable from the management relationship. When managers engage in constructive conflict management, they are likely to be clear, open in the search for mutually beneficial solutions, and maintain a respectful relationship with their supervisors and leaders. This increases the likelihood that supervisors will provide guidance, recognition, and support. This support can lead to job satisfaction because it shows that managers are not facing the problems of the workplace by themselves. This mediation rationale also corresponds with the Social Exchange Theory, which describes that positive and constructive interactions in the workplace lead to employees feeling better about their work and being more positive (Chen & Sriphon, 2022). The mediation of leadership support finds further justification from the literature of supervisory support and job satisfaction as it describes leadership support as a component of a job resource that enables employees to manage the demands of work without stress while remaining positively engaged. Research shows leadership that supports employees' self-worth leads to greater job satisfaction and less of an impact from challenge-related problems at work (Setiawan & Sopiah, 2023). Likewise, leadership support can mitigate adverse situations at work and help cultivate positive job-related outcomes (Wei et al., 2025). Accordingly, management styles related to conflict can influence satisfaction either directly or indirectly through enhancement of leadership support.

This is especially true for healthcare institutions as hospital managers work within both a pressured and interdependent environment. Therefore, positive conflict management might help managers foster a better relationship with leadership, whereas leadership support could improve these relationships and promote greater satisfaction. Newer studies that focus on healthcare workers in the Gulf Cooperation Council countries suggest that job satisfaction encompasses both the organization and leadership, therefore satisfaction is related to both the actions of employees and the availability of supportive workplace conditions (Alkhateeb et al., 2025). Including the conflict management styles, work atmosphere, and leadership support, Alsaedi & Jumaan, (2025) posit that in the healthcare management arena, leadership support is a necessary step through which perceived satisfaction from the management of conflict is achieved. In line with this, the study perceives that leadership support will be one of the pathways through which conflict management styles create job satisfaction for hospital managers in Saudi Arabia.

H4: Leadership support mediates the relationship between conflict management styles and job satisfaction among hospital managers in Saudi Arabia.

2. Methodology

This study used a quantitative, deductive, cross-sectional design to explore the mediating influence of Leadership Support on the association between Conflict Management Styles and Job Satisfaction of hospital managers in Saudi Arabia. The quantitative method was justified because the purpose of the study was to check the relationships of the measurable variables which were obtained from the survey. The deductive method was justified because the research design was based on the existing theories and previous studies regarding conflict management, leadership support, and job satisfaction. The cross-sectional design was used to gather data on hospital managers' current views regarding conflict management, leadership support and job satisfaction. This design is justified in healthcare management research because it allows the researcher to study the attitudes and interrelationships of the hospital staff within the complicated structures of the hospital system (Nikitara et al., 2024).

The target population included all hospital managers across KSA healthcare institutions, including all public, private, and all other governmental hospitals. According to the Ministry of Health's (2023) Statistical Yearbook, KSA has a total of 499 hospitals. These consist of 290 hospitals run by the Ministry of Health, 59 hospitals run by other governmental sectors, and 150 hospitals in the private sector. From this distribution, hospital managers from all the healthcare institutions in KSA were included in the study. In this study, under hospital managers, we mean hospital executives and managers across all public and private hospitals of all levels and types, including the general managers and directors, as well as heads of the hospital departments, who are responsible for making strategic and operational decisions. The sample size for the study was determined using the Krejcie and Morgan sample size for finite populations with provision made for a larger sample size for the study to be sufficient for structural equation modeling. A survey-based data collection method was employed to gather data from hospital managers. The target population was representative of the type of institution, the type of managerial position, and the type and length of experience. Hospital managers were viewed as a relevant population for this research, as they are responsible for the management of conflict in the workplace and the operations of the hospital, as well as the type of leadership and management practices that may impact workplace satisfaction. Out of the total number of 331 hospital managers, valid questionnaires were received and analyzed. In healthcare research, leadership, organizational support, and workplace conditions are key determinants of satisfaction of healthcare staff with their workplace (Alkhateeb et al., 2025).

Data were collected using a structured self-administered questionnaire consisting of demographic information and three main constructs. The demographic section was developed based on the study context and covered respondents' personal and professional characteristics, including gender, age, educational level, managerial experience, hospital type, managerial level, and total experience in the healthcare sector. Conflict Management Styles were measured using 15 items adapted from Rahim (1983), covering integrating, obliging, dominating, avoiding, and compromising styles. This source was appropriate because Rahim's conflict management framework remains widely used to explain how individuals handle interpersonal disagreement in organizational settings (Rahim, 2023). Leadership Support was measured using 8 items adapted from Braathu et al. (2022), based on the Implementation Leadership Scale, and the items assessed supervisors' support, guidance, recognition, commitment, and responsiveness to hospital-related challenges. Leadership support was included because supervisor support is closely linked to job satisfaction and positive work attitudes (Setiawan & Sopia, 2023). Job Satisfaction was measured using 6 items adapted from Spector (1985), and the items assessed hospital managers' satisfaction with their work, responsibilities, professional expectations, work environment, and overall job experience. Job satisfaction is a central outcome in healthcare management because it is shaped by leadership, work environment, recognition, workload, and organizational support (Alkhateeb et al., 2025). All construct items were measured using a five-point Likert scale ranging from strongly disagree to strongly agree.

A pilot test was performed on the data collection instrument to verify its clarity and contextual appropriateness and ensure it fit the target respondents - hospital managers in Saudi Arabia. The pilot test also verified wording and clarity and confirmed the adapted items were fit to the constructs. Content validity was achieved by adapting the questionnaire from established measures and context

tailoring the items to Saudi hospital management. Reliability and validity of the measure were assessed post data collection. Reliability was assessed through indicators of internal consistency. Post data collection, the quality of the measure was assessed by evaluating the convergent validity and discriminant validity. In this case, discriminant validity confirmed Conflict Management Styles, Leadership Support, and Job Satisfaction were distinct constructs. PLS-SEM necessitates that the measurement model be assessed for confirmation of adequate reliability and validity prior to interpreting the structural model (Haji-Othman & Yusuff, 2022). Discriminant validity is assessed to confirm that a construct does not overlap with other models of the measurement (Rasoolimanesh, 2022). Ethical considerations ensured participation was voluntary, participants were made aware of the study purpose, and confidentiality and anonymity were provided prior to the survey.

Partial Least Squares Structural Equation Modeling was used to analyze the data. PLS-SEM was used because the direct and indirect associations between the latent constructs and the Leadership Support mediating construct were the focus of the study. The modeling approach is appropriate for research in social sciences and management because it enables the researcher to integrate the analysis of both the measurement and structural models (Purwanto & Sudargini, 2021). Two main steps were followed in this study. The first step involved examining item loadings and the evaluations of measurement model reliability and validity. The second step involved assessing the structural model evaluation and direct path estimations from the Conflict Management Styles to Leadership Support and Job Satisfaction. The mediation effect was evaluated by estimating the indirect path from the Conflict Management Styles to Job Satisfaction through Leadership Support. In accordance with Kaur and Kaur (2023), Bootstrapping was used to assess the direct and indirect path significance in the mediation analysis.

2.1 Findings

This section contains the study's results. First, data distribution and descriptive statistics were analyzed. After that, the measurement model was evaluated, and the reliability, convergent validity, and discriminant validity were examined. Then, the results of the structural model were elaborated. This included assessing the explanatory power of the model and the direct effects of Conflict Management Styles, Leadership Support, Job Satisfaction, and the indirect effect which was employed to assess the mediating effect of Leadership Support. Prior to the main statistical analysis, the normality test was conducted on the primary study constructs. Table 1 shows skewness in the range of -0.852 to -0.554, demonstrating that the study constructs of Leadership Support, Job Satisfaction, and Conflict Management Styles were all, marginally, negatively skewed. This shows that the study participants were generally, in the greater majority, highly agreement in all of the constructs of the study. The kurtosis of the study constructs is in the range of 0.759 to 3.422, and there was no significant deviation of the study constructs from normality. Thus, although Conflict Management Styles had the highest kurtosis, it still was within the thresholds for kurtosis in the context of multivariate analysis. Based on the results of the normality tests, the data were appropriate for subsequent analyses in PLS-SEM.

Table 1: Normality test

Construct	N	Skewness	Kurtosis
Leadership Support	331	-0.794	0.759
Job Satisfaction	331	-0.852	0.969
Conflict Management Styles	331	-0.554	3.422

The descriptive analysis aimed to reflect perceptions of the main study constructs including Leadership Support, Job Satisfaction, and Conflict Management Styles. According to Table 2, participants perceived Leadership Support positively. This is evident from the mean score of 3.843 and the standard deviation of 0.839. This potentially positive perception may be attributed to the support of leaders and their recognition and involvement in hospital related concerns. Job Satisfaction

had a mean score of 3.739 and a standard deviation of 0.841, suggesting that hospital managers were positively satisfied with their work and the professional related work and hospital environments. Conflict Management Styles had the mean score of 3.594 and had the lowest standard deviation of 0.525, indicating a moderate positive perception and agreement with the least variation in the ratings among the participants. Generally, it can be stated that the positive perceptions of hospital managers of Leadership Support and Job Satisfaction, and the positive perceptions of Conflict Management Styles reflect fairly on the management of Saudi hospitals.

Table 2: Summary of Descriptive Analysis

Construct	N	Mean	Std. Deviation
Leadership Support	331	3.843	0.839
Job Satisfaction	331	3.739	0.841
Conflict Management Styles	331	3.594	0.525

The initial measurement model was assessed to examine the reliability and validity of the use of each of the constructs prior to analyzing the structural relationships. The measurement model with its associated latent constructs was represented in Figure 1 with the three constructs: Conflict Management Styles, Leadership Support, and Job Satisfaction. In the initial measurement model, the latent constructs of Leadership Support and Job Satisfaction both demonstrated robust loadings and therefore, represented the constructs well. Conversely, the loadings for several Conflict Management Styles showed poor loadings and indicated a lack of sufficient representation for the Conflict Management construct. Consequently, the measurement model was constructed iteratively and poor loading indicators were eliminated. The purpose of iteratively refining the measurement model was to improve the measurement model prior to the final model evaluation. This iterative removal of indicators was in alignment with PLS procedure, as indicators loadings were reviewed to affirm that retained indicators adequately represented the associated latent constructs.

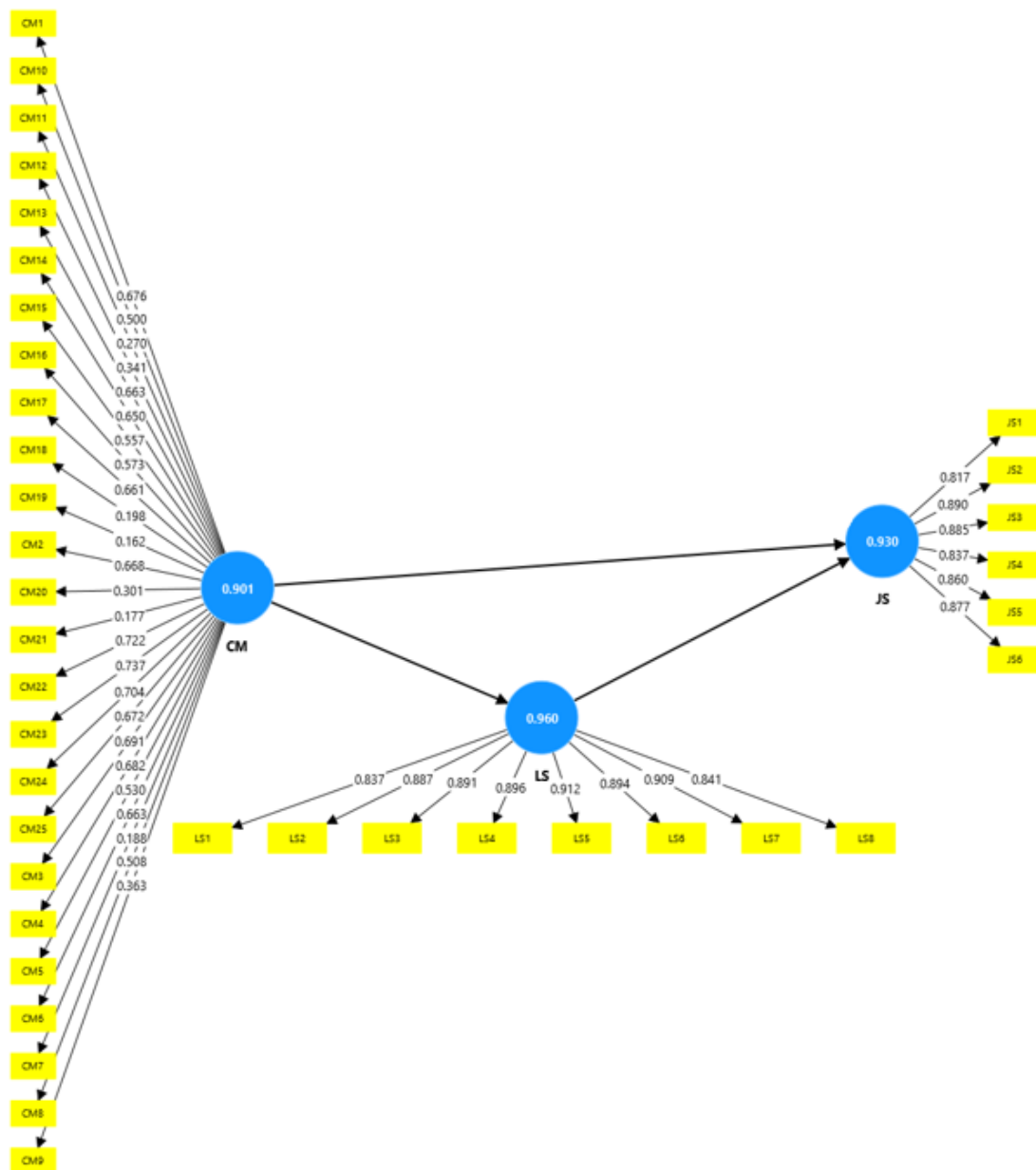


Figure 1: Evaluation of Measurement Model (Initial Model)

The construct reliability and validity of the initial measurement model were assessed using indicator loadings, Cronbach's alpha, composite reliability, and average variance extracted. As shown in Table 3, Job Satisfaction and Leadership Support demonstrated strong measurement quality in the initial model. The Job Satisfaction items recorded high loadings ranging from 0.817 to 0.890, with Cronbach's alpha of 0.930, composite reliability of 0.932, and AVE of 0.742. Similarly, the Leadership Support items recorded strong loadings ranging from 0.837 to 0.912, with Cronbach's alpha of 0.960, composite reliability of 0.961, and AVE of 0.781. These results indicate that both constructs achieved satisfactory internal consistency and convergent validity in the initial model. However, the Conflict Management Styles construct showed mixed results in the initial measurement model. Although the construct achieved acceptable internal consistency, with Cronbach's alpha of 0.901 and composite reliability of 0.924, its AVE value was 0.303, which was below the recommended threshold of 0.50. This indicates that the retained indicators did not explain sufficient shared variance within the construct at the initial stage. Several Conflict Management Styles items also recorded low loadings, particularly CM7, CM11, CM18, CM19, CM20, CM21, and CM9. These weak indicators reduced the convergent validity of the construct and suggested the need for model refinement. Therefore, the low-loading items were reviewed and removed before estimating the final

measurement model to improve construct validity and ensure that the retained items represented Conflict Management Styles more appropriately.

Table 3: Construct Reliability and Validity – Initial Model measurements

	Loading	Cronbach's alpha	Composite reliability	Average variance extracted (AVE)
CM1	0.676	0.901	0.924	0.303
CM10	0.500			
CM11	0.270			
CM12	0.341			
CM13	0.663			
CM14	0.650			
CM15	0.557			
CM16	0.573			
CM17	0.661			
CM18	0.198			
CM19	0.162			
CM2	0.668			
CM20	0.301			
CM21	0.177			
CM22	0.722			
CM23	0.737			
CM24	0.704			
CM25	0.672			
CM3	0.691			
CM4	0.682			
CM5	0.530			
CM6	0.663			
CM7	0.188			
CM8	0.508			
CM9	0.363			
JS1	0.817	0.93	0.932	0.742
JS2	0.890			
JS3	0.885			
JS4	0.837			
JS5	0.860			
JS6	0.877			
LS1	0.837	0.96	0.961	0.781
LS2	0.887			
LS3	0.891			
LS4	0.896			
LS5	0.912			
LS6	0.894			
LS7	0.909			
LS8	0.841			

After reviewing the initial measurement model, low-loading items from the Conflict Management Styles construct were removed to improve the quality of the measurement model. The final version of the measurement model is presented in Figure 2, and items in the final measurement model were those with the best, or highest, coverage of their respective constructs. The final version of the measurement model included three latent constructs i.e., Conflict Management Styles, Leadership Support, and Job Satisfaction. Leadership Support and Job Satisfaction constructs, and the items associated with those constructs, all retained strong item loadings, while Conflict Management Styles was adjusted based on the contribution of the items to the construct. The improvement in the measurement model also provided a better justification for assessment of construct reliability and validity (i.e., convergent, discriminant), as well as the assessment of the model and the relationships (i.e., structural) within the measurement model.

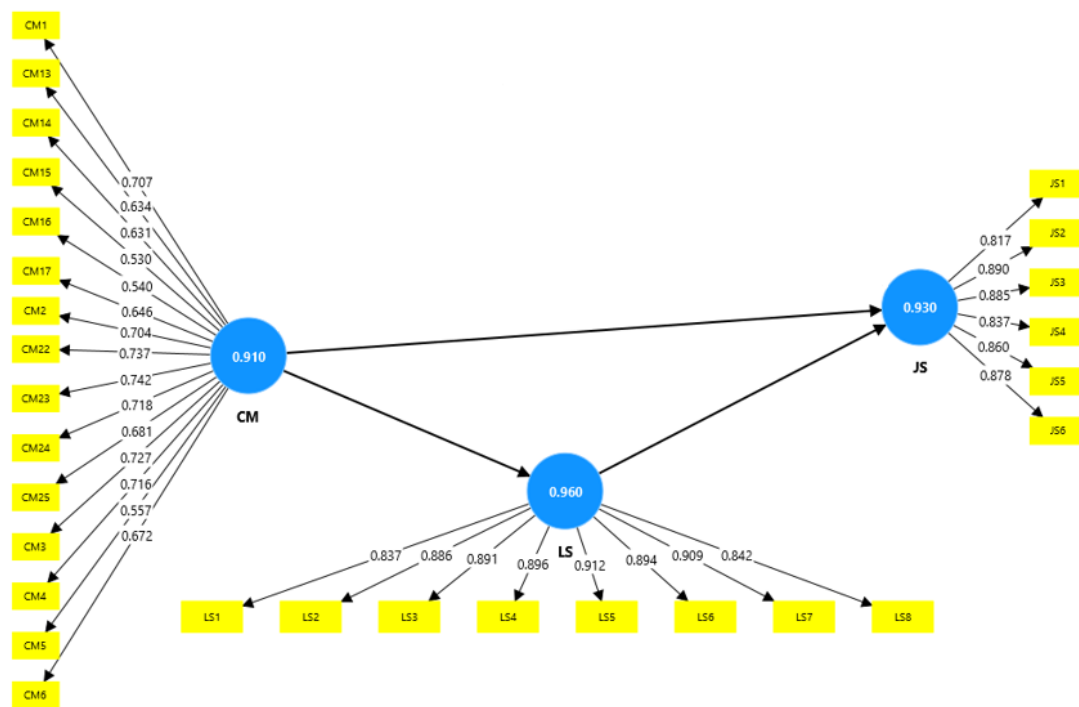


Figure 2: Evaluation of Measurement Model (Final Model)

After removing the low-loading indicators from the initial model, the final measurement model was evaluated. The refined model across the three study constructs, as illustrated in Table 4, achieved sufficient reliability and validity. Regarding Conflict Management Styles, the retained indicators showed loadings ranging from 0.530 to 0.742, with Cronbach's $\alpha = 0.910$, composite reliability = 0.918, and AVE = 0.544. These results indicate that the construct achieved sufficient internal consistency and convergent validity. Although several retained indicators for Conflict Management Styles had moderate loadings, they were retained because the overall measurement quality of the construct was adequate and the indicators remained relevant to the conflict management construct. This showed that the refined Conflict Management Styles construct was adequate for the further stages of analysis. Job Satisfaction and Leadership Support also demonstrated adequate measurement quality in the final model. The Job Satisfaction indicators showed strong loadings ranging from 0.817 to 0.890, with Cronbach's $\alpha = 0.930$, composite reliability = 0.932, and AVE = 0.742. Similarly, the Leadership Support indicators showed strong loadings ranging from 0.837 to 0.912, with Cronbach's $\alpha = 0.960$, composite reliability = 0.961, and AVE = 0.781. These values confirm that both constructs had high internal consistency and adequate convergent validity. Overall, the final measurement model showed that Conflict Management Styles, Job Satisfaction, and Leadership Support had sufficient reliability and validity, allowing the analysis to proceed to discriminant validity and structural modeling.

Table 4: Construct Reliability and Validity – Final Model measurements

	Loading	Cronbach's alpha	Composite reliability	Average variance extracted (AVE)
CM1	0.707	0.910	0.918	0.544
CM13	0.634			
CM14	0.631			
CM15	0.530			
CM16	0.540			
CM17	0.646			
CM2	0.704			
CM22	0.737			
CM23	0.742			
CM24	0.718			

	Loading	Cronbach's alpha	Composite reliability	Average variance extracted (AVE)
CM25	0.681	0.930	0.932	0.742
CM3	0.727			
CM4	0.716			
CM5	0.557			
CM6	0.672			
JS1	0.817			
JS2	0.890			
JS3	0.885			
JS4	0.837			
JS5	0.860			
JS6	0.878	0.960	0.961	0.781
LS1	0.837			
LS2	0.886			
LS3	0.891			
LS4	0.896			
LS5	0.912			
LS6	0.894			
LS7	0.909			
LS8	0.842			

Discriminant validity was determined by the heterotrait-monotrait ratio of correlations. Table 5 shows each HTMT value well under the cut-off of 0.85 showing the three constructs were empirically separate. The HTMT value for Conflict Management Styles and Job Satisfaction was 0.565; the HTMT value for Conflict Management Styles and Leadership Support was 0.608. The greatest HTMT value of 0.742 was assigned to the Leadership Support and Job Satisfaction pair and was still below the value of concern. It can be concluded that Conflict Management Styles, Leadership Support, and Job Satisfaction refer to separate concepts and that discriminant validity was demonstrated in the final measurement model. This model was therefore considered appropriate to evaluate the structural model.

Table 5: The heterotrait-monotrait ratio of correlations (HTMT)

	CM	JS	LS
CM			
JS	0.565		
LS	0.608	0.742	

CM = Conflict Management Style; JS = Job Satisfaction; LS = Leadership Support.

Discriminant validity was further assessed using the Fornell-Larcker criterion to confirm that each construct was sufficiently distinct from the other constructs in the model. According to Table 6, the square root values of AVE, which are presented on the diagonal, were greater than the inter-construct correlations. Conflict Management Styles yielded a diagonal value of 0.866, which was greater than the correlations with Job Satisfaction and Leadership Support. Likewise, Job Satisfaction yielded a diagonal value of 0.861, which was greater than the correlation with Leadership Support. Leadership Support also yielded a diagonal value of 0.884, which was greater than the correlations with Conflict Management Styles and Job Satisfaction. The results demonstrate that the constructs Conflict Management Styles, Job Satisfaction, Leadership Support, and the rest of the constructs in this study, represented in the model, share more variance with their respective indicators. The Fornel Larcker results are consistent with discriminant validity, demonstrating that Conflict Management Styles, Job Satisfaction, and Leadership Support were empirically distinct.

Table 6: Latent Variable Correlations (Fronell-Lacer criteria)

	CM	JS	LS
CM	0.866		
JS	0.529	0.861	
LS	0.579	0.702	0.884

CM = Conflict Management Style; JS = Job Satisfaction; LS = Leadership Support.

The results for the structural model in Figure 3 show the significant relationships among Conflict Management Styles, Leadership Support, and Job Satisfaction. Conflict Management Styles had a positive direct effect on Job Satisfaction and a positive effect on Leadership Support. Leadership Support had a positive effect on Job Satisfaction as well. This means that managers who had more constructive Conflict Management Styles reported higher Leadership Support and greater Job Satisfaction. The figure shows how much of the variation in the endogenous constructs is explained by the model, which shows that the proposed relationships had a positive effect in explaining the variation of Leadership Support and Job Satisfaction. The path model results show, at a broad level, the relationships that are suggested in the study, that are direct and mediated and that are explained in the next tables with the coefficient of determination, direct effects, and the indirect effect.

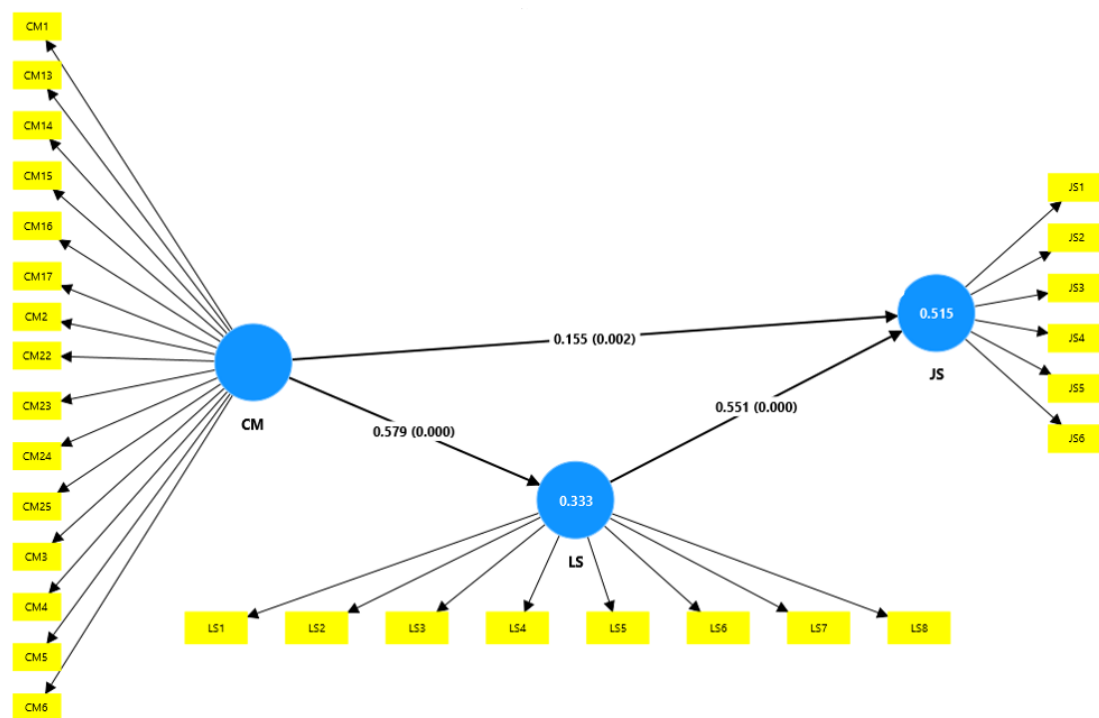


Figure 3: Path Model Significance Results

To evaluate the explanatory ability of the structural model, the coefficient of determination was analyzed. The R-square value for Job Satisfaction in Table 7 was 0.520, meaning Conflict Management Styles and Leadership Support accounted for 52.0% of Job Satisfaction's variance. This shows the model captured the level of job satisfaction of hospital managers. The stability of the model was confirmed by the adjusted R-square value for Job Satisfaction, which was 0.515 (very close to the R-square value). The R-square value of 0.335 was for Leadership Support, and it was shown that Conflict Management Styles accounted for 33.5% of variance. This shows that Conflict Management Styles accounted for the variance of hospital managers' perceptions of leadership support, in the model. The adjusted R-square value for Leadership Support was also stable, at 0.333. The model provided adequate stipulative power with the R-square results for both endogenous constructs and was appropriate to test the direct and the proposed mediating relationships.

Table 7: Coefficient of Determination (R^2)

	R-square	R-square adjusted
JS	0.520	0.515
LS	0.335	0.333

CM = Conflict Management Style; JS = Job Satisfaction; LS = Leadership Support.

The direct hypotheses were tested by examining the path coefficients, sample means, standard deviations, t-statistics, and p-values. As shown in Table 8, the path from Conflict Management Styles to Job Satisfaction was positive and statistically significant, with $\beta = 0.155$, $M = 0.158$, $SD = 0.051$, $t = 3.062$, and $p = 0.002$. This result supports H1 and indicates that Conflict Management Styles had a significant positive effect on Job Satisfaction. In other words, hospital managers who reported more constructive conflict management styles were more likely to report higher job satisfaction. The results also showed that Conflict Management Styles had a strong positive and statistically significant effect on Leadership Support, with $\beta = 0.579$, $M = 0.584$, $SD = 0.045$, $t = 12.776$, and $p < 0.001$. This finding supports H2 and indicates that constructive conflict management styles were associated with stronger perceptions of leadership support. In addition, Leadership Support had a positive and statistically significant effect on Job Satisfaction, with $\beta = 0.551$, $M = 0.549$, $SD = 0.076$, $t = 7.212$, and $p < 0.001$. Therefore, H3 was also supported. Overall, the results confirm that all direct hypotheses were statistically significant, showing that Conflict Management Styles directly improved Job Satisfaction and Leadership Support, while Leadership Support also contributed positively to Job Satisfaction.

Table 8: Direct Hypotheses

Hypothesis	Beta	Sample mean (M)	SD	T statistics	P values
CM → JS	0.155	0.158	0.051	3.062	0.002
CM → LS	0.579	0.584	0.045	12.776	0.000
LS → JS	0.551	0.549	0.076	7.212	0.000

CM = Conflict Management Style; JS = Job Satisfaction; LS = Leadership Support.

The indirect hypothesis was tested to determine whether Leadership Support mediated the relationship between Conflict Management Styles and Job Satisfaction. As shown in Table 9, the indirect path from Conflict Management Styles to Job Satisfaction through Leadership Support was positive and statistically significant, with $\beta = 0.319$, $M = 0.320$, $SD = 0.049$, $t = 6.455$, and $p < 0.001$. This result supports H4 and confirms that Leadership Support significantly mediates the relationship between Conflict Management Styles and Job Satisfaction. The finding indicates that constructive conflict management styles do not only influence job satisfaction directly, but also improve job satisfaction indirectly by strengthening perceived leadership support. Therefore, hospital managers who use more constructive conflict management styles are more likely to perceive stronger leadership support, which in turn contributes to higher job satisfaction.

Table 9: Indirect Hypothesis

Hypothesis	Beta	Sample mean (M)	SD	T statistics	P values
CM → LS → JS	0.319	0.320	0.049	6.455	0.000

CM = Conflict Management Style; JS = Job Satisfaction; LS = Leadership Support.

3. Discussion

Empirical evidence has emerged from this study to support the framework of Leadership Support as a mediating variable between Conflict Management Styles and Job Satisfaction of hospital managers in Saudi Arabia. One of the results showed that, in general, Conflict Management Styles had a positive influence on Job Satisfaction. This means that hospital managers who use constructive methods to deal with workplace-related conflicts are more likely to report higher levels of job satisfaction. This has significant implications in a hospital, as managers are typically faced with conflicts of a relational, administrative, and operational nature regarding the coordination and communication of staff, the allocation of resources, and the decisions that need to be made. Managers who adopt integrating and compromising methods of conflict management can deal with conflicts of a constructive nature, and this can help them to dispel conflict and create constructive working relationships. This also is in line with previous research that suggests that if workplace conflicts are managed properly, employees' satisfaction with their job's increases (Aditya & Setyawan, 2021).

The results suggest that hospital managers who constructively manage conflict perceive more support from their supervisors and senior leaders. This is because constructive conflict management creates open communication, constructive relationships, and positive interactions that may improve managers' and leaders' relationships. If conflict at work is managed in a way that is constructive, leaders are more likely to offer support, appreciation, and assistance since conflict is perceived as a collaborative concern of the organization and not a personal issue. This result is consistent with healthcare research that suggests leadership and conflict management in healthcare are connected (Alsadaan & Alqahtani, 2024). This also extends the research that suggests that in healthcare, managerial power, influence, and conflict management are connected (Abou Hashish et al., 2023).

The study also concluded that Leadership Support positively impacts Job Satisfaction. This means that hospital managers who are offered more Leadership Support, become more and more satisfied with their job, duties, and the working environment. Satisfaction is achieved through Supportive Leaders. Managers are offered Supportive Leaders' Guidance, Motivation, Appreciation, and Assistance with issues Management faces when dealing with Operations or Interpersonal issues. Within the hospital environment, this type of Support is essential since Managers operate in a high-pressure environment and must deal with hospital staff, Administration demands, and Service delivery issues. This finding reflects other studies' findings that Support from Supervisors and Management leads to an increased and positive sense of Job Satisfaction (Setiawan & Sopiah, 2023). This further corroborates studies done in the Healthcare sector that Supportive Leaders improves the Healthcare Workers' Job Satisfaction by improving the Healthcare Workers' Satisfaction with the Healthcare Job by improving the Healthcare Work and decreasing the Healthcare Work's Stress and Uncertainty (Zhao et al., 2024)

The key finding of this study is the mediation of Leadership Support in the relationship of Conflict Management Styles and Job Satisfaction. It indicates that constructive conflict management increases job satisfaction directly and indirectly through the increase of leadership support. This finding has a theoretical implication that within the context of a social exchange relationship, constructive behavior in the workplace and supportive leadership complement each other and foster positive employee relationship. Hospital managers who manage conflict constructively may foster trust and support of leadership, and supportive leaders may respond in kind with direction, praise and reinforcement. This finding is in line with the study of Chen and Sriphon (2022) in that the behavior of leadership and trust are the cornerstones of social exchanges in organizations. It brings the healthcare management literature a new perspective in that leadership support is one of the key variables that links Conflict Management Styles and Job Satisfaction of hospital managers in the Saudi Arabian context.

Practically, the findings indicate the need for both conflict management capability and leadership support system strengthening across Saudi hospitals. Administrators ought to develop training systems to build conflict management capability among middle managers. Concomitantly, senior executives ought to create enabling environments through investing time, Offering tailored guidance, acknowledging managers' efforts, addressing operational challenges, and elucidating barriers to

managers. This study posits that the propositions improve managers' job satisfaction and, consequently, enhance the functionality of the hospital. This proposition echoes the emerging body of evidence in healthcare that increasingly more leadership correlates with higher job satisfaction in healthcare organizations (Khajehpour et al., 2026). Hence, this study posits that conflict management, specifically, is one of the many individual managerial skills and should be conceived as part of the extensive leadership support system that strengthens satisfaction and improve organizational functionality in the context of Saudi hospitals.

4. Conclusion

This research focused on the mediating role of Leadership Support in the relationship between Conflict Management Styles and Job Satisfaction in the context of Saudi Arabian hospital managers. It showed that Conflict Management Styles positively impact Job Satisfaction. This means that hospital managers are more satisfied with their jobs when they deal with conflict in a constructive way. The results showed that Conflict Management Styles positively impact Leadership Support, which means that dealing with conflict in a constructive way strengthens managers' perceptions of Leaders as being supportive, as well as being supportive and responsive. Also, Leadership Support positively impacts Job Satisfaction which means that Leadership Support is an important resource in the organization of a hospital. The research also showed that Leadership Support positively impacts the relationship between Conflict Management Styles and Job Satisfaction. This means that Conflict Management Styles enhance Job Satisfaction directly and also indirectly through the Leaders' Support. The study shows that when dealing with Conflict Management and Leadership Support separately, one is essentially dealing with the same issue. This study has shown that Support should relate to Leaders' Support and Conflict Management should relate to managers' Conflict Management. This involves promoting and supporting managers' conflict management skills along with supportive leadership actions such as guidance, recognition, and help in dealing with challenges in the work environment. The study shows that in the healthcare context Leadership Support helps deal with constructive conflict, thereby helping enhance Job Satisfaction of hospital managers. Subsequent studies may build on this model to incorporate additional healthcare professionals, analyze differences between public and private hospitals, or trend studies to determine the effect of conflict management and leadership support on satisfaction over a period.

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