Research Article

Examining The Effects Of Leadership Styles On Turnover Intention And Perceived Organizational Justice: Evidence From Public Hospitals In Hawassa Town, Ethiopia

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Abstract

The proposed work addresses the problem of high rate at which the number of employees being replaced by the organization in a certain period. This affects quality of care of patients and smooth functioning of an organization. This work focuses primarily on how various leadership styles affect employees that lead them to leave their jobs from public hospital in Hawassa Town, Ethiopia. A survey was conducted on 384 healthcare workers to look at different leadership styles such as transformational leaders, transactional leaders and laissezfaire leaders on the rate of employees being replaced. The survey also evaluated how fairness in terms of PayScale, rules and regulations and behaviour at workplace plays a mediator between the style of leader and rate of employees being replaced. The study carried out using structural equation modelling, depicts that the transformational leadership styles strongly reduce the employees desire to leave the organization with $\beta = -0.42$, $p < 0.001$ and makes them feel that their workplace is fair with $\beta = 0.58$, $p < 0.001$. In contrast to the transformational leadership style, laissezfaire leadership style depicted high desire of employees leaving organization with $\beta = 0.36$, $p < 0.001$ and more insecurity in organization with $\beta = -0.51$, $p < 0.001$. Thus, it shows that justice and fairness in an organization moderately bridges this gap of 34% variation in leadership style and number of employees getting replaced in the organization. The results indicate that training the higher management officials with transformational leadership style for Ethiopian hospitals, will aid in less rate of employees leaving the organization, and subsequently smooth running of the organization.

Index Terms - leadership styles, turnover intention, organizational justice, healthcare management

I. INTRODUCTION

Employee leaving the organizations become a major and ongoing problem for healthcare systems around the world and it is especially a big problem in developing countries across the globe. It is also important because we have the shortage of skilled medical professionals. World Health Organization says that an unstable workforce especially in low and middle income countries is a big danger it puts patient safety at risk. it also effect the long-term system performance and quality of safety and care at the organization in high danger [1]. High amount of peoples leaving the organizations puts lot of stress on the workers that work in that system or organization. It also make the patient care harder and makes to hire and train new workers expensive.

This issue has become big problem that Ethiopian public hospitals facing right now. According to several studies done in different countries the annual range of peoples leaving the organizations is from 12% to 20% and with nurses and mid-level professionals the dropping rate is even higher[2]. When these many peoples leave the organizations it hurts the performance of hospitals and the of services to the patients. Every year large number of peoples are being trained but many health systems in sub Saharan Africa still have shortage of doctors and nurses. This problem is not just in Ethiopia but all over the world [3].

The studies in the public hospitals in Hawassa Town make this problem very clear. Studies show that hospitals are losing staff all the time because people leave organizations and don't get better at their jobs. Other reasons show that lot of people leave because they are unhappy and don't get enough help from the organization to get better in their work [4]. It is important for both hospital managers and lawmakers to make sure that qualified health workers stay in their jobs for a long time and they are treated well.

People often think that the way a boss leads affects how workers feel about their job. if the boss is good peoples fell motivated to work. lot of people decide to stay or leave any organization because of the behavior of the leaders or boss [5]. good leader can make people happier in the organization. Good leader keep them from getting burned out in their jobs and motivate them to work harder. People tend to lose interest in their jobs and

quit when they have bad leaders [6, 7]. Healthcare leaders have to do more than simply run the business they also have to make sure that their staff employees feel valued, supported and good about the work they are doing. Current research on leadership in hospitals mainly looks at three main styles: transformational, transactional, and laissezfaire leadership [8], [9]. In these approaches leaders inspire their teams to maintain track of their work and deal with problems in different ways. Recent research from 2024 and 2025 tells us that transformative and inclusive leadership strategies reduce the intention of people leaving organizations by encouraging fairness and supportive workplace cultures [10], [11].

Organizational justice also plays a big part how fair employees think their workplace is. Organizational justice has a big effect on whether people stay or leave in organizations. It help us to know how people are treated, the choices they make, and the consequences they get [12]. Many studies show that when workers think that they are being treated unfairly or there is a bias in the organization they stop caring and lose interest in their jobs and think about quitting or leaving the organizations [13], [14]. According to recent systematic assessments from 2024 to 2025 one of the main reasons healthcare workers want to quit their jobs is still how fair they believe things are in organizations particularly in crowded public institutions where stress levels are high [15].

Most of the research still comes from Western contexts. leadership, fairness and keeping their staff happy are becoming more important around the world because losing employees is expensive and disrupts business. In sub-Saharan Africa particularly in Ethiopia there are studies that address these issues [16]. It is essential to examine leadership and fairness among healthcare professionals because cultural variables such as hierarchy and authority may shape their understanding of the organizations and sometimes give them wrong ideas. [17]. Recent research tell us that organizational justice may act as mediator between people who want to leave the companies or organizations and leadership styles and how they are related to each other particularly in healthcare systems of developing countries [18].

So, this study focuses on three main questions:

(i) How do different types of leadership styles affect healthcare workers that are planning to leave their jobs in public hospitals in Hawassa Town and in Ethiopia?

(ii) How different types of leadership affect how fair people or employees think the organization is?

(iii) How does organizational justice act as a bridge between people who want to leave the companies or organizations and leadership styles in companies or organizations?

The results of this study help us to find insights for leadership development and employee retention strategies in the Ethiopian public healthcare institutions and organizations.

II. LITERATURE REVIEW

A. Leadership Styles in Healthcare Organizations

Leadership play very important role how hospitals run and work. how staff feel about their jobs and how patients get care in these organizations. Healthcare settings are very complex they depend on fast decision making, teamwork across different areas in which the organization works and constant emotional engagement on certain subject or topic. This makes leadership behavior very important [19]. When leadership is weak, employees often feel dissatisfied fell burned out and more likely to quit their jobs. But when leadership is strong and supportive it helps building confidence , motivation, loyalty and better overall performance in the organizations.

Bass and Avolio's Full Range Leadership Model divides leadership into three main types: transformational, transactional, and laissezfaire [8], [9]. These approaches tell us different ways that leaders get their teams to work hard and increase how involved they are in work and how much they affect the results and productivity in the organization.

Transformational leadership is usually the most effective style in hospitals. These leaders motivate people to put their own needs aside for the benefit of the organizational goals. They achieve this in different ways: being good role model being a good example by working hard and being honest. inspiring through vision giving them a clear view of how their everyday actions fit into a bigger aim. promoting creativity promoting innovation by asking for new ways to do things and paying attention to staff requirements and motivating [20]. Transformational leaders in hospitals encourage growth and new ideas. They also tell us how important working together is. Studies keep showing that this way of leading makes people happier at work and put trust in their minds that there is a fair structure and system in the organization and this increase the productivity of employs to work more for the organizations because they believe there is no bias it also making employees less likely to leave their jobs [21][22][23]. Plus studies showed that transformational leadership is always better at keeping staff than

transactional leadership [24]. Newer studies done in hospitals in 2024 back this up even more, showing that it is a strong reason why nurses do not quit their jobs [10].

Transactional leadership focuses more on transactional structure and clear exchanges between leaders and workers. It is all about rewards if you meet certain goals and corrective actions when expected goals are not met by the employees or workers [25]. This style can help keep things organized and running smoothly in hospitals like organizations where following procedures and being accurate are very important. Transactional leadership fails to motivate the employees to work more and fails to give emotional attachment to employees regarding their jobs [24], [26]. Recent studies show that it lowers the desire of some employees to leave a job in some situations, but it is still not as effective as transformational leadership [11].

Laissezfaire leadership involves minimal guidance and very little involvement from the leader. In this leader avoids making decisions and does not take responsibility until problems become serious because of this employees often feel stressed confused and unsure about what they are supposed to do in the organizations it is very bad structure for the organizations like hospitals. Many studies show that this type of leadership causes the most harm to both organizations and employees. It is strongly connected to burnout of employees in their jobs and increases dissatisfaction in their minds regarding thie jobs. It also increases the desire among employees to leave their jobs.

B. Turnover Intention in Healthcare Settings

Turnover intention means that employees are seriously thinking about leaving their jobs. It is seen as the strongest early warning sign that an employee wants to leave the organization. In healthcare a high level of turnover intention can affect lot of thing like the care and safety of the patient. It also affects the performance and the stability of the organization and in sectors like healthcare it is very important.

The cost of losing healthcare staff is huge from hiring and training new employee it take lot of time and effort. It affects the overall productivity of the organization and they have to face service gaps during this time in their organizations [32]. Some studies say that it can cost as much as twice the nurses annual pay to hire a new nurse [33]. Staff turnover not only costs money but it also hurts teamwork and decrease the quality of patient care overall.

Turnover intention or we can say the amount of peoples leaving their jobs tends to be higher in developing countries where healthcare workers often deal with long hours shifts they have poor pay and limited promotion chances and they have weak leadership that make these thing worst [34].

In Ethiopia many studies shows the same pattern. Employees in public hospitals often show high turnover intention because they are dissatisfied with their jobs they feel treated unfairly and experience poor leadership [2], [35], [36]. Recent studies from 2024 and 2025 tell us that leadership quality and overall fairness remain two of the main reasons healthcare workers think about leaving their jobs [10], [18].

C. Organizational Justice

Organizational justice refers to how fair employees believe their workplace is. This includes fairness in rewards and outcomes fairness in how decisions are made and fairness in how people are treated by others. The concept comes from equity theory [37] and procedural justice theory [38] which both say fairness heavily shapes attitudes and behavior of employees and leaders in organizations at work.

Distributive justice is about whether employees feel that outcomes such as pay workload and recognition for the promotion are fair. In hospitals when staff believe that duties or rewards are not shared fairly they become more frustrated and emotionally exhausted. This increases the likelihood that they will think about leaving their job.

Distributive justice deals with whether employees feel that outcomes such as pay workload and recognition for the promotion are fair [39]. In hospitals when staff believe that duties or rewards are not shared fairly they become more frustrated and emotionally exhausted. This increases the likelihood that employees thinking about quitting their jobs [40].

Procedural justice is all about whether the way decisions are made seems fair and open [41]. This includes being consistently open and allowing employees to have a voice. Even when outcomes are not ideal people are more likely to accept them if they believe the process was fair and there is no bias [42]. Fair procedures help build trust in management and make employees feel more connected to their organization.

Interactional justice is about whether employees are treated with respect and fairness when decisions are made. It involves polite behavior clear explanations and being treated with dignity [43]. In stressful hospital environment this kind of supportive communication is very important [44], [45]. Studies show that when healthcare workers feel respected and fairly treated they are much less likely to think about leaving their jobs [15].

D. Leadership, Organizational Justice, and Turnover Intention

Many studies show that leadership style influences turnover intention both directly and indirectly via views of fairness [46], [47]. Social exchange theory explains this clearly. When leaders treat their employees properly and help them out employees feel valued and want to give back to the organization. This often leads them to stay with the organization longer [48].

Transformational leaders promote fairness by making decisions openly treating everyone equally and communicating with respect to each other in the organization [49]. When employees feel this way about justice they are happier with their jobs and less inclined to think about quitting. [50]. Recent studies from 2024 and 2025 show that fairness in the organization helps explain why transformational leadership is so effective in healthcare. It works as a link between leadership style and employees intention to leave [10], [18].

On the other hand laissezfaire leadership harms employees sense of fairness because leaders communicate poorly and act inconsistently [27]. Recent research suggests that fairness can also change how leadership affects turnover intention which makes it even more important for keeping staff [51], [52].

However there is still limited research that examines leadership fairness and turnover intention together in Ethiopian public hospitals. This gap makes the present study especially important and relevant.

Table I Summary of Key Literature on Leadership Styles, Organizational Justice, and Turnover Intention in Healthcare

Author(s) & Year	Study Context	Key Variables Examined	Key Findings Relevant to the Present Study
WHO (2016)	Global healthcare systems	Workforce stability	Workforce instability undermines healthcare quality and sustainability.
Tesfaye et al. (2021)	Ethiopia (public hospitals)	Turnover intention	High turnover driven by dissatisfaction and organizational factors.
Kinfu et al. (2009)	Sub-Saharan Africa	Workforce shortage	Persistent shortages of healthcare professionals.
Bass & Avolio (1990)	Leadership theory	Leadership styles	Transformational leadership yields superior outcomes.
Judge & Piccolo (2004)	Meta-analysis	Leadership effectiveness	Transformational leadership reduces turnover intention more than other styles.
Pattali et al. (2024)	Hospital nurses	Leadership, turnover	Transformational leadership reduces turnover intention.
Du et al. (2024)	ICU nurses	Justice mediation	Interactional justice mediates leadership–turnover relationship.
Mohamad et al. (2024)	Systematic review	Justice, turnover	Organizational justice is a key predictor of turnover intention.
Majali (2025)	Healthcare employees	Justice, turnover	Justice significantly reduces turnover intention.

E. Research Hypotheses

Based on the reviewed literature study developed the following hypotheses:

H1: Transformational leadership has bad effect on turnover intention. Many studies show that transformational leadership which includes inspiring and motivating people and creating trust and commitment makes it much less likely that employees will want to quit a company.

H2: Transactional leadership has bad effect on turnover intention. Transactional leadership which is based on a system of incentives and punishments that depend on performance and also tends to lower turnover intention by making roles and expectations clearer and making sure that employees are rewarded for reaching their goals..

H3: Laissez-faire leadership has good effect on turnover intention. when leaders do not give their employees any direction support or help it usually linked to unhappy employees and low engagement and high turnover rates because employees feel lost and unsupported in the organizations.

H4: Transformational leadership has good effect on organizational justice perceptions.

H5: Transactional leadership has good effect on organizational justice perceptions..

H6: Laissez-faire leadership has bad effect on organizational justice perceptions.

H7: Organizational justice has bad effect on turnover intention.

H8: Organizational justice mostly act as a bridge between leadership styles and turnover intention.

III. METHODOLOGY

A. Research Design and Setting

This study used quantitative cross sectional survey approach to investigate the relationship between leadership styles, organizational justice and turnover intention among healthcare professionals. A quantitative approach was chosen because it makes it easy to test specific ideas and uses statistical methods to look at how certain variables affect each other.

The study conducted in three major public health institutions in Hawassa Town and in Ethiopia. These included Adare General Hospital, Millennium Health Center, and Hawassa University Comprehensive Specialized Hospital. These organization facilities together serve almost 3.5 million people in the Sidama Region and employ almost 1,850 health professionals including both clinical and support staff. These hospitals were selected because they handle a high number of patients have a diverse workforce in their organization facilities and have faced lot of difficulties in retaining healthcare workers in their organization.

B. Sample Size and Sampling Procedure

The study population consisted of all healthcare professionals working in the selected hospitals. This included doctors, nurses, midwives, laboratory technologists, pharmacists, health officers and radiographers.

The sample size was calculated using Yamane's 1967 formula which is a common method for deciding how many participants are needed in social and health studies [53]. The minimum number of people needed for the study was 329 with a 95% confidence level and a 5% margin of error. extra 15% added to make up for people who did not answer or did not complete the surveys. In the end 400 questionnaires were sent out.

stratified random sampling method is used to make sure that all hospitals and industries are fairly represented. Each hospital was put into one main group and then that group was split up by type of job. Participants randomly selected from each group using their employee identification numbers. This process helped get rid of selection bias and make the sample good and more accurate for the study.

C. Measurement Instruments

All variables in this study were measured using well known multi item scales that have been widely used in healthcare and organizational research. We first wrote the questionnaire in English and then used a forward-backward translation method to make sure the meaning stayed the same. To make sure it was clear and reliable, we do a pilot test with 30 healthcare workers. These workers were not included in the final survey.

1) Leadership Styles

Leadership styles were assessed using the Multifactor Leadership Questionnaire (MLQ 5X Short Form developed by Bass and Avolio) [9]. standardized tool used to measure different leadership styles included in the study.

Transformational leadership 20 items

Transactional leadership 8 items

Laissez-faire leadership 4 items

Participants rated their supervisors on 5 point Likert scale in which we have 1 = Not at all to 5 = Frequently, if not always. The MLQ has been tested in many healthcare and cross cultural settings and is known for strong reliability and validity [8], [24].

2) Organizational Justice

Organizational justice was assessed using Colquitt's organizational justice scale [43], which captures three dimensions:

Distributive justice 4 items

Procedural justice 7 items

Interactional justice 9 items

We used a 5-point scale to score each issue with 1 = Strongly disagree and 5 = Strongly agree. This scale is well known for being accurate and complete when it comes to measuring fairness at work [12], [15].

3) Turnover Intention

A three item test based on Mobley et al. used to measure turnover intention. [30]. Example item: "I often think about quitting my current job." Each item used a 5 point Likert scale from 1 = Strongly disagree to 5 = Strongly agree. This short scale has been proven to predict actual turnover behavior well [31].

4) Control Variables

To ensure that the results were not influenced by personal disparities, many background variables added: age, gender, educational attainment, professional classification, years of service, and monthly remuneration etc [30], [34].

D. Data Collection Procedure

We got authorization from the Hawassa University Institutional Review Board and each hospital before we started collecting data.

Data were collected over an eight week period. Trained research assistants distributed the questionnaires during staff meetings and shift changes. Participants were informed about the purpose of the study assured that their responses would remain confidential and reminded that taking part was completely voluntary if they want they did not have to take part in these surveys.

The questionnaires were put back in sealed envelopes once they were filled out to keep the answers private. No personal information of participants collected and all data kept secret and only used for study.

E. Data Analysis Techniques

All responses were entered and analyzed using SPSS version 27.0 and AMOS version 26.0.

1) Preliminary Analysis

We used descriptive statistics to check for missing values and Cronbach's alpha $\alpha > 0.70$ to check for reliability in order and to check the quality of the data. The skewness and kurtosis values checked to see if they within the permissible range of ±2.

2) Measurement Model Assessment

Confirmatory Factor Analysis used to check the validity of the concept. [54]. Model fit assessed using widely accepted indices:

a) $\chi^2/df < 3.0$
b) Comparative fit index (CFI) > 0.90
c) Tucker Lewis index (TLI) > 0.90
d) Root Mean Square error of approximation (RMSEA) < 0.08
e) Standardized Root Mean Square residual (SRMR) < 0.08

These thresholds are consistent with recent SEM methodological recommendations [55]

3) Structural Model and Mediation Analysis

To test the main hypotheses structural equation modelling used to explore how leadership styles, organizational justice, and turnover intention were related to each other [56].

The study also looked at how organizational justice acted as a middleman by using a bootstrapping method which is a new and dependable way to investigate indirect effects. Following Preacher and Hayes [57] bootstrapping method with 5,000 resamples used to create bias corrected confidence intervals for indirect paths [58].

Mediation was important if the 95% confidence range for the indirect effect did not include zero as is common practice [59], [60]. We chose bootstrapping because technique is less affected by non normal data and has been strongly advocated in recent methodological investigations in 2024 and 2025 [61].

4) Common Method Bias

This study examined for common method bias because the data came from self reported surveys to make sure that one source did not have too much of an effect on the outcomes. Two methods were used Harman's single factor test and the marker variable method. results showed that no single factor explained most of the difference which means that CMB not a substantially big issue in this dataset [62].

All statistical tests evaluated at a significance threshold of $p < 0.05$.

IV. RESULTS

400 questionnaires given to healthcare professionals at three public hospitals and 384 of them filled out correctly and sent back. This means that 96% of the people who received them responded back. This is very good response rate for organizational research that is based on surveys and it makes the study's results more credible and reliable findings.

Table II Demographic Traits of Participants (N = 384)

Characteristic	Category	Frequency	Percentage
Gender	Male	198	51.6
	Female	186	48.4
Age	20-30 years	156	40.6
	31-40 years	147	38.3
	41-50 years	59	15.4
	Above 50 years	22	5.7
Education	Diploma	92	24.0
	Bachelor's degree	241	62.8

	Master's degree	47	12.2
	PhD/Specialist	4	1.0
Professional Category	Nurse	201	52.3
	Physician	47	12.2
	Health Officer	53	13.8
	Laboratory Technician	38	9.9
	Pharmacist	28	7.3
	Other	17	4.4
Tenure	Less than 2 years	89	23.2
	2-5 years	148	38.5
	6-10 years	98	25.5
	More than 10 years	49	12.8

Table II shows a summary of the respondents demographic information. The sample has a good mix of men and women, with 51.6% men and 48.4% women. The majority of participants young with 40.6% being between the ages of 20 to 30 and 38.3% being between the ages of 31 and 40.

62.8% of the people had a bachelor degree and 13.2% had a master degree. Nurses made up the biggest group of professionals with 52.3 percent. Health officers came next with 13.8 percent and doctors came last with 12.2 percent. Most of the people who answered 61.7% had worked for five years or less.

The sample was diverse across key demographic and professional variables which shows that the findings are relevant to other healthcare settings.

B. Reliability and Validity Assessment

We calculated Cronbach's alpha values for each construct to see how well the scales work together. All of them were higher than the usual threshold of 0.70, which means they are reliable. The results were as follows:

transformational leadership $\alpha = 0.94$

transactional leadership $\alpha = 0.86$

laissez-faire leadership $\alpha = 0.82$

distributive justice $\alpha = 0.89$

procedural justice $\alpha = 0.91$

interactional justice $\alpha = 0.93$

turnover intention $\alpha = 0.87$.

These numbers show that the tools utilized quite reliable and consistent.

A Confirmatory Factor Analysis used to test the whole measurement model. The model fit indices showed that the model fit the data well: $\chi^2/df = 2.47$, CFI = 0.94, TLI = 0.93, RMSEA = 0.062 (90% CI: 0.057–0.067), and SRMR = 0.051. The most recent standards for CFA and SEM [54] and [55] say that these values are okay.

All of the standardized factor loadings greater than 0.60 and statistically significant $p < 0.001$ which supports convergent validity. The Average Variance Extracted values were between 0.58 and 0.72, which is higher than the minimum value of 0.50. We also found discriminant validity because the square root of the Average Variance Extracted for each construct higher than its correlations with other variables.

Harmans single factor test used to see if the data were affected by common method variance. The results indicated that first factor represented just 32.4% of the total variance falling short of the 50% threshold. This shows that common method variance was not a big problem in the study.

C. Descriptive Statistics and Correlation Analysis

Table III shows the **means**, **standard deviations**, and **correlation coefficients** among the study variables. The results indicate several meaningful relationships between the leadership styles, organizational justice and turnover intention.

Table III Correlations and Descriptive Statistics

Variables	M	SD	1	2	3	4	5	6	7
1. Transformational Leadership	3.28	0.86	—						
2. Transactional Leadership	3.12	0.74	.58**	—					
3. Laissezfaire Leadership	2.45	0.92	-.51**	-.44**	—				
4. Distributive Justice	2.89	0.97	.52**	.38**	-.46**	—			
5. Procedural Justice	2.95	0.91	.61**	.42**	-.53**	.68**	—		
6. Interactional Justice	3.21	0.88	.64**	.45**	-.49**	.59**	.71**	—	

7. Turnover Intention	3.42	1.03	-.49**	-.32**	.41**	-.47**	-.54**	-.52**	—

*Note: M = Mean, SD = Standard Deviation and *p < 0.01 (two-tailed)

Transformational leadership is linked to all three aspects of organizational justice in moderate to strong way (r = 0.52–0.64, p < 0.01). This means that higher levels of transformational activity linked to better views of fairness in the organization. It also has a strong negative link with turnover intention (r = −0.49, p < 0.0) which means that people who worked for transformative leaders were less likely to want to leave.

Transactional leadership while still useful insome organizations showed weaker positive correlations with organizational justice dimensions (r = 0.38–0.45, p < 0.01) and smaller negative link with turnover intention (r = −0.32, p < 0.01). This means that it can help make things fairer to some extent but it may not be as good at stopping people from thinking about leaving their jobs as compare to transformational leadership.

Laissezfaire leadership on the other hand showed negative correlations with all dimensions of organizational justice (r = −0.46 to −0.53, p < 0.01) and strong positive correlation with turnover intention (r = 0.41, p < 0.01). In other words employees more likely to feel unfairly treated and think about quitting their jobs if their leaders and bosses are less active.

Finally all three dimensions of organizational justice : distributive, procedural and interactional are negatively related to turnover intention (r = −0.47 to −0.54, p < 0.01) confirming that perceptions of fairness play a critical role in whether employees choose to stay or leave.

D. Structural Model and Hypothesis Testing

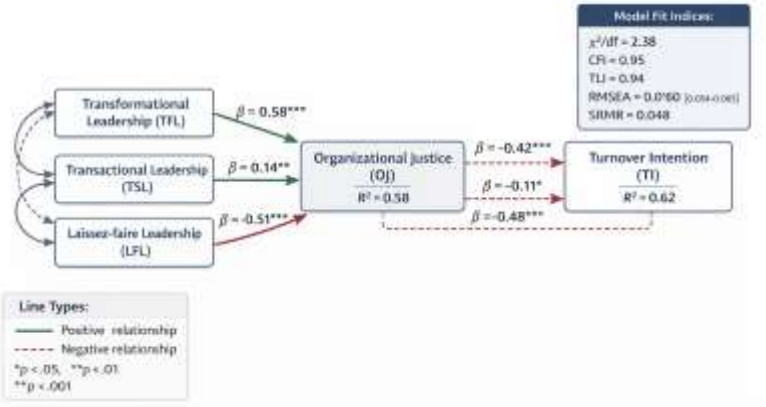

Fig. 1. Framework for structural equation models

It shows how leadership styles effect the fairness in the workplace and the desire to leave a job are related in Ethiopian public hospitals N = 384. Arrows show the standardized route coefficients. Solid green lines show good relationship and dashed red lines show bad relationships. Curved arrows with two heads show how different leadership styles are related.

Table IV Direct Impacts of Leadership Styles on Organizational Justice and Turnover Intentions

Path	Standardized Coefficient (β)	SE	t-value	p-value	Result
TFL → OJ	0.58	0.047	12.34	<.001	H4 Supported
TSL → OJ	0.14	0.052	2.69	.007	H5 Supported
LFL → OJ	-0.51	0.046	-11.09	<.001	H6 Supported
TFL → TI	-0.42	0.051	-8.24	<.001	H1 Supported
TSL → TI	-0.11	0.055	-2.00	.045	H2 Supported
LFL → TI	0.36	0.048	7.50	<.001	H3 Supported
OJ → TI	-0.48	0.049	-9.80	<.001	H7 Supported

*Note: TFL = Transformational Leadership, TSL = Transactional Leadership, LFL = Laissezfaire Leadership, OJ = Organizational Justice and TI = Turnover Intention

As shown in Table IV transformational leadership exerted the strongest positive effect on organizational justice (β = 0.58, p < 0.001) and strong negative effect on turnover intention (β = −0.42, p < 0.001) it supporting H1 and H4.

Transactional leadership demonstrated smaller but statistically significant effects on organizational justice (β = 0.14, p = 0.007) and turnover intention (β = −0.11, p = 0.045) it supporting H2 and H5. Laissez-faire leadership

significantly reduced organizational justice (β = −0.51, p < 0.001) and increased turnover intention (β = 0.36, p < 0.001) it supporting H3 and H6.

Organizational justice exhibited a strong negative effect on turnover intention (β = −0.48, p < 0.001) it supporting H7.

E. Mediation Analysis

Mediation effects examined using bootstrapping with 5,000 resamples [58]. a method recommended for testing indirect effects due to its robustness to non normality [59]. As presented in Table V all indirect effects statistically significant with 95% bias corrected confidence intervals excluding zero [60], [61]. This finding provides strong support for H8.

Table V Indirect Effects and Mediation Analysis

Path	Direct Effect	Indirect Effect	95% CI	Total Effect	Mediation Type
TFL → OJ → TI	-0.42***	-0.28***	[-0.35, -0.21]	-0.70***	Partial
TSL → OJ → TI	-0.11*	-0.07**	[-0.12, -0.03]	-0.18**	Partial
LFL → OJ → TI	0.36***	0.24***	[0.18, 0.31]	0.60***	Partial

*Note: CI = Bias corrected confidence interval *p < .05, **p < .01, **p < .001

Organizational justice partially mediated the effect of transformational leadership on turnover intention β = −0.28, 95% CI [−0.35, −0.21] accounting for about 40% of the total effect. This means that transformational leaders help reduce employees turnover intentions not only through direct motivation and inspiration but also by creating a fair work environment.

A similar pattern appeared with laissezfaire leadership, where organizational justice partially mediated its positive relationship with turnover intention β = 0.24, 95% CI [0.18, 0.31] also explaining around 40% of the total effect. This result suggests that passive or absent leadership indirectly increases employees desire to leave by damaging their perceptions of fairness within the organization.

F. Effects of Control Variables

There are some interesting trends that showed up when we looked at control variables. Educational level β = −0.12, p = 0.018 and tenure β = −0.15, p = 0.006 both significantly related to lower turnover intention. This means that employees with higher qualifications or those who have been with organization longer less likely to think about leaving. In other words it looks like education and experience make people more loyal to their organizations.

On the other hand monthly salary did not show meaningful effect on turnover intention β = −0.07, p = 0.182. similarly variables such as age, gender and professional category not significant predictors suggesting that personal demographics play a relatively less role in influencing employees intention to leave the orgsanizations. Overall the final structural model performed strongly explaining 62% of variance in turnover intention $R^2 = 0.62$ and 58% of variance in organizational justice $R^2 = 0.58$. These results show that model able to explain things well and accurately reflect the primary factors that affected staff retention in the hospitals.

V. DISCUSSION

This research investigated impact of leadership styles and organizational fairness on turnover intentions among healthcare professionals in public hospitals in Hawassa and Ethiopia. The results provide strong theoretical and practical evidence that leadership behavior and fairness are essential variables in employee retention particularly in healthcare systems.

A. Leadership Styles and Turnover Intention

Transformational leadership showed a strong bad effect on turnover intention β = −0.42, p < 0.001. Leaders who provide support , motivation and personal development significantly reduce employees intentions to leave the organization. This line with other studies and social exchange theory which says that supportive leadership builds loyalty and emotional attachment.

Transactional leadership had a weaker but significant bad relationship with turnover intention β = −0.11, p = 0.045. Reward based system which might help keep things stable in the short term but it does not seem to work well at motivating people to commit to the organizations for long term.

Laissezfaire leadership is positively correlated with turnover intention β = 0.36, p < 0.001 suggesting that weak leadership makes workers want to quit their jobs. In high stress healthcare environments lack of direction and decision making by the leadership increases stress and role uncertainty which makes people want to quit their jobs even faster.

B. Leadership Styles and Organizational Justice

Transformational leadership increased people perception of fairness and trust in their organizations $\beta = 0.58$, $p < 0.001$ resulting in more trust and fair decisions inside the organization. Laissezfaire leadership on the other hand reduced people perception of fairness $\beta = -0.51$, $p < 0.001$. transactional leadership did not improved corporate justice $\beta = 0.14$, $p = 0.007$.

C. Organizational Justice and Turnover Intention

Organizational justice had negative relationship with turnover intention $\beta = -0.48$, $p < 0.001$. According to the theory of equity fair treatment is important way to keep people working in public healthcare settings where there are not many rewards or job opportunities.

D. Theoretical and Practical Implications

This study extends leadership and organizational justice research to the Sub-Saharan African healthcare context and confirms organizational justice as a key mediating mechanism. Practically hospitals should prioritize transformational leadership development and making fairness part of how businesses run. it also address passive leadership behaviors and adopt justice based retention strategies to keep their employees.

VI. CONCLUSION

Leadership and organizational justice affected turnover intention at Hawassa Town public hospitals. This shows that leadership and fairness are important for keeping healthcare workers in organizations.

By increasing organizational fairness transformational leadership lowered turnover intention directly and indirectly. Motivating, helping and treating coworkers properly builds trust and commitment which boosts employees retention in organizations. In complex healthcare settings laissezfaire leadership reduced justice, accountability and clarity it also increasing turnover. Transactional leadership is less effective in retention of employees.

Organisational justice mediated leadership and turnover intention. Fair decision making, fair results and polite treatment of other coworkers reduce employees desire to leave showing that fairness is an effective way to keep employees in public healthcare sector.

These findings imply Ethiopian public hospitals should invest in transformational leadership training to avoid passive leadership. Organizational justice through clear rules and management improves workforce stability anf fairness which leads to a more stable workforce better service continuity and higher quality healthcare.

This study shows Sub Saharan Africans that fair and transformational leadership keeps healthcare workers motivated and committed.

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