

Evaluation of Transformational Leadership Characteristics of Healthcare Managers

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ARTICLE INFO	ABSTRACT
Keywords: Transformational Leadership Healthcare Managers Healthcare Workers Public Hospital Leadership Development	Purpose – The primary purpose of this research is to evaluate the transformational leadership characteristics of healthcare managers. For this purpose, an application was made to a public hospital in Ankara. Design/methodology/approach – In the research, a questionnaire consisting of the leadership scale was used. The research was conducted on 434 participants. The population of this research consists of physicians, nurses, midwives, and other health workers working in the public hospital where the research was conducted. Participants were asked to evaluate the transformational leadership characteristics of the managers they report to. Results – At the end of the research, it was found that the leadership scale used in the study had high reliability ($\alpha = 0.989$) and a strong factor structure (KMO = 0.979, total variance explained = 83.4%). Moreover, it was determined that there was no significant difference in the perceptions of transformational leadership between female and male employees and between managers and non-managers. However, it was determined that the differences in the education level, age, and length of service in the institution of healthcare workers did not affect their perceptions of transformational leadership. In addition, the participants stated that their managers had a medium level of transformational leadership. Discussion – In the research, health workers stated that their immediate managers exhibited moderate leadership characteristics (mean score=3,64). According to this result, managers need to improve their transformational leadership characteristics. This situation can be corrected with training. The management of health institutions is quite tricky due to their complex organizational structure. In addition, health institutions operate in a rapidly changing and transforming environment. Therefore, for health institutions to succeed, they must be managed by transformational leaders. In addition, health managers with leadership skills should improve themselves through training.
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1. Introduction

In today's rapidly changing and increasingly complex world, driven by globalization and technological advancement, institutions face intense competition and growing uncertainty. These dynamics have made organizational survival and sustainable success more challenging than ever before. In response, institutions are compelled to become more flexible, innovative, and proactive in adapting to change. Particularly in the healthcare sector, where the stakes are high and the environment is constantly evolving, effective leadership has become a critical factor for organizational performance and service quality.

Resistance to change and the tendency to maintain the status quo are common human behaviors that can hinder transformation processes within organizations. Therefore, the need for leaders who can lead and mobilize individuals toward collective goals is increasing. Transformational leadership has emerged as a leadership style that can meet this need. Transformational leaders not only motivate their followers to perform beyond expectations, but also build trust, admiration, and loyalty. With vision, charisma, and a strong sense of purpose, they inspire individuals to be active participants in

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organizational change.

In the context of healthcare, transformational leadership is particularly vital due to the complex, high-risk, and people-oriented nature of the sector. Healthcare managers are not only responsible for administrative efficiency but also for patient safety, service quality, staff engagement, and ethical decision-making. As such, leadership in healthcare encompasses a broad range of competencies — including emotional intelligence, strategic thinking, and communication skills — all of which are hallmarks of transformational leadership.

This research aims to examine the perceptions of transformational leadership among healthcare professionals working in a public hospital in Ankara. The research focuses on the four core dimensions of transformational leadership: inspirational motivation, individualized consideration, intellectual stimulation, and idealized influence. It also explores whether demographic factors such as age, gender, education level, and years of experience influence employees' perceptions of their managers' leadership behaviors.

As a result of literature research, it has been determined that there are very few studies on the research topic in the field of health management throughout Turkey. In addition, the research was conducted on a different sample and in a fully equipped state hospital. All these features increase the originality and value of the research.

The findings of this study are expected to contribute to both theory and practice by emphasizing the importance of transformational leadership in healthcare institutions. In addition, the study aims to provide practical suggestions to improve leadership development strategies and to provide a basis for research to be conducted in both public and private healthcare institutions.

2. Conceptual Framework

2.1. The Concept of Transformational Leadership

Transformational leadership is undoubtedly different from other types of leadership. Transformational leadership theory, developed by Bass (1985), has brought a new and different perspective to leadership. However, Bass's (1985) theory is the most comprehensive among leadership theories (Humphreys & Einstein, 2003: 93).

Transformational leadership has become increasingly popular since the 1980s and is considered one of the most influential and prominent theories (Odumeru and Ifeanyi, 2013: 355). In addition, among the studies conducted on leadership in Turkey, transformational leadership is the most researched type (Özkan, 2016: 627).

Transformational leaders and followers interact with each other to elevate each other's desires, goals, beliefs, strengths, and motivations to higher levels. In a sense, they reshape people. They transform people into individuals with personal ideas, who are sensitive to environmental and social issues, and who are dedicated to achieving the organization's vision (Barutçugil, 2014: 91).

Transformational leaders have a higher level of relationship with their followers than simple exchange and agreement. They exhibit behaviors expressed in four different dimensions to achieve high-level goals. Transformational leadership has a charismatic (influential) aspect first. Followers take their leaders, whom they find impressive, as an example. They inspire their followers with their determination to struggle and work and their persuasive skills and give them a sense of meaning and purpose. They encourage their followers to develop their intellectual aspects. Finally, they support their followers by giving them individual attention, providing guidance and coaching. These dimensions can be measured with the multifactor leadership scale (Bass & Riggio, 2006: 5, 6).

2.2. Dimensions of Transformational Leadership

Bass and Avolio (1994) state that transformational leadership has four dimensions (4I). Idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (Tracey and Hinkin, 1998: 5). These four features allow the leader to make significant and radical changes. What these mean is explained below, respectively.

Charisma (Idealized Influence): Charisma is a common aspect of transformational and charismatic leadership. However, charisma is only one aspect of transformational leadership (Bass & Riggio, 2006: 5). Bass expanded House's charismatic leadership theory by arguing that charisma is necessary but insufficient in leadership (Yammarino, 1993). Charisma is also called idealized influence. The idealized influence feature is strong in leaders with vision and mission. In other words, for a leader to have idealized influence, he/she must have vision and mission. The opposite is also true. Transformational leaders gain the respect and trust of their followers thanks to these features and ensure that they make extra efforts to achieve the desired performance (Bass & Avolio, 1990: 22). Transformational leaders become role models for their followers through their behaviors. They respect and trust their followers and appreciate them. Followers identify with their leaders, want to emulate them, and see their leaders as individuals with extraordinary talents, determination, and perseverance. However, leaders who display highly idealized influence behavior are willing to take risks and are consistent. They do the right thing, have high moral and ethical values, and demonstrate these values through their behavior (Bass & Riggio, 2006: 6). They use their power only when needed, not for their gain (Hinkin & Tracey, 1999: 109).

Inspiration (Inspirational Motivation): Inspirational motivation is a behavioral aspect of transformational leadership that defines leaders who motivate followers to achieve the organization's vision (Waggoner, 2009: 4).

A transformational leader makes followers aware of how meaningful and important their work is and fuels their determination to struggle and work. They inspire their followers with their behavior. They instill team spirit in them. He/she influences his/her followers with his/her enthusiasm, excitement, and optimism. However, the transformational leader inspires his/her followers with his/her mind-opening vision about the future of the organization (Bass & Riggio, 2006: 6) and motivates them to achieve the vision by ensuring their participation in the process of determining the vision (Hinkin & Tracey, 1999: 109).

Intellectual Stimulation: Intellectual stimulation is a behavioral aspect of transformational leadership that defines leaders who encourage innovation by challenging the beliefs or ideas of their followers (Waggoner, 2009, p.4). Transformational leaders question existing assumptions, traditions, and beliefs, encourage their followers to do things in new ways and from a new perspective, and allow them to present their ideas with justification (Bass, 1997: 133). In organizations led by transformational leaders, people are not subject to destructive criticism when they make mistakes, so they are not afraid of making mistakes. Followers are ensured to participate in the problem-solving process, and their different perspectives and new ideas for solutions are taken into consideration. Even if they differ from the leader's ideas, followers' new or different ideas are encouraged (Bass & Riggio, 2006: 7), and followers are not openly and destructively criticized in society for their mistakes (Lunenburg, 2003:14).

Individual Consideration: Transformational leaders take individual interest in their followers, take their needs, desires and abilities into consideration, listen to them carefully, coach them and teach them what is necessary (Bass, 1997: 133). They are aware that their followers have different needs and desires from each other and approach them by taking these differences into account. For example, some employees want to be appreciated, some want freedom in doing their job and take initiative, while others avoid taking initiative and are content with fulfilling the tasks their superiors give. As a result, transformational leaders establish strong communication with their followers, prefer to manage by being among them and touching their lives individually instead of managing from the top. They take care of their followers one by one. For example, they remember the issues discussed in their previous meetings and consider and value them as special individuals rather than just employees. In addition, transformational leaders give their followers tasks to develop themselves. They follow up on the tasks they give in case the followers need new guidance or support. The followers do not feel like they are being controlled and are not bothered by this (Bass & Riggio, 2006: 7).

In short, thanks to their charisma, the transformational leader can ensure that the members of the organization adopt his vision and that his followers admire, respect, and commit to him. With his inspiring motivation feature, he motivates his followers by making them believe that their work is meaningful and important, guides them on how to reach their common goals, and expresses his belief that they can reach their goals. With his intellectual stimulation feature, he encourages his followers to develop new and different solutions to problems. Finally, with the characteristic of individual interest, it supports the professional and personal

development of its followers and approaches them as individuals with different desires and expectations (Karakitapoğlu and Gümüşlüoğlu, 2013: 106).

The combination of four factors allows the leader to realize the necessary change in the organization. Due to the leader's charisma, the emotional bond he establishes with his followers helps him break the emotional and psychological resistance to change. Intellectual stimulation provides new solutions, innovation, and the opportunity to strengthen the followers. Individual interest, on the other hand, encourages the followers and gives them high motivation (Nahavandi, 2014: 118).

3. Material and Method

3.1. Purpose and Importance of the Research

Our research aims to examine the leadership characteristics of healthcare managers. According to studies conducted within the scope of leadership, transformational leadership emerges as the most effective leadership theory. Transformational leaders create a strong and effective culture in their institutions. It is thought that addressing the issue in the field of healthcare and conducting research on different samples will contribute to the literature.

This research aims to examine the leadership characteristics of healthcare managers, with a specific focus on transformational leadership. Despite the acknowledged importance of leadership in healthcare, there is a need for more empirical research that specifically examines how transformational leadership manifests itself among healthcare managers across different organizational and cultural contexts. This study aims to address this gap by examining transformational leadership behaviors across different healthcare settings and across different manager populations. It is anticipated that the findings will provide valuable insights for both the academic community and healthcare organizations, contribute to the broader literature on leadership, and offer practical recommendations for leadership development in healthcare.

3.2. Research Method

A descriptive research was conducted and the quantitative method (survey) was used as a data collection tool in the research. Quantitative method is generally used in social sciences. This method is one of the most preferred methods (Yazıcıoğlu & Erdoğan, 2007: 7). Quantitative methods have their ability to systematically quantify attitudes, behaviors, and traits in a large sample, allowing for objective analysis and generalization of findings.

The survey was chosen because it provides a structured tool to collect measurable data on leadership characteristics and behaviors, and facilitates statistical analysis to identify patterns and relationships. The use of a standardized survey also increases the reliability and validity of the results. This approach is consistent with the aim of identifying and analyzing the prevalence of transformational leadership traits among healthcare managers.

Overall, the research methodology chosen provides a rigorous framework to systematically investigate the leadership characteristics of healthcare managers, producing findings that can inform both academic literature and practical leadership development initiatives.

3.3. Population and Sample of the Research

The research population includes healthcare professionals of an Ankara's fully equipped public hospital. Data regarding the population of the research are shown in Table 1.

Table 1. Population of the Research

Institution Information		Distribution of Employees by Title		
Institution	Total Number of Employees	Title	Intra-group Weight (%)	Number of Employees

A public hospital operating in Ankara	13142	Physician	37.4	4914
		Other Healthcare Personnel	62.6	8228

The research sample consists of 434 participants. The participants include administrators, non-administrators, physicians, nurses, midwives, health technicians, and administrative personnel. Personnel working as workers are not included in the population. Information on the study sample is shown in Table 2.

Table 2. Sample of the Research

Institution Information		Distribution of Employees by Title		
Institution	Total Number of Employees	Title	Number of Participants	Intra-group Weight (%)
A public hospital operating in Ankara	434	Physician	74	17
		Other Healthcare Personnel	360	83

In cases where the number of people in the population is known, the following formula is used to find a sufficient sample that can represent the population (Yazıcıoğlu and Erdoğan, 2007: 69-72):

$$n = (Nt^2 pq) / (d^2 (N-1) + t^2 pq)$$

The sample of the study with a population size of N: 13142 n: ?

$$n = (13142 \times (1.96)^2 \times 0.50 \times 0.50) / ((0.05)^2 \times (13142-1) + (1.96)^2 \times 0.50 \times 0.50) n = 385$$

The required sample size for our population was found to be 385. Accordingly, the sample size of our study (434) appears to be sufficient.

3.4. Research Scale

The transformational leadership scale was used in the study. The leadership scale developed by Koc (2023) and adapted to Turkish was used in the study. Koc (2023) developed a new scale by making use of the transformational leadership scales developed by Avolio & Bass (2004) and Podsakoff et al. (1996), and then adapted the scale he developed to Turkish.

Questions 5, 6, 8, 25, and 27 in the scale were removed from the analysis after the factor analysis, and the dimensions of intellectual stimulation, being a suitable model, and individual interest were combined under the title of "people-oriented leadership." In other words, the three dimensions in the original scale were combined by giving them a new name. Our scale became 4 dimensions after the factor analysis.

3.5. Hypotheses of the Research

H₁: Healthcare managers' transformational leadership scores differ depending on the gender of the participants.

H₂: Healthcare managers' transformational leadership scores differ depending on whether the participants are managers or not.

H₃: Healthcare managers' transformational leadership scores differ depending on the age of the participants.

H₄: Healthcare managers' transformational leadership scores differ depending on the education levels of participants

H₅: Healthcare managers' transformational leadership scores differ depending on the length of service in the institution of participants.

3.6. Findings and Comments

The research questionnaire also included demographic information about the participants. Participants were asked to answer questions such as gender, age, position, length of service, length of service with their managers, and educational status. Demographic information about the participants is shown in Table 3.

Table 3. Demographic Information

Gender	Frequency	Percentage	Pozisyon	Frequency	Percentage
Male	97	22	Manager	51	12
Woman	337	78	Non-managerial employee	383	88
Total	434	100	Total	434	100

Age Range	Frequency	Percentage	Length of service in the Institution	Frequency	Percentage
18 – 25	82	19	Less than 1 year	52	12
26 – 33	164	38	1 - 3 year	198	45
34 – 41	79	18	4 - 6 year	138	32
42 – 49	73	17	7 - 9 years	4	1
50 and above	36	8	10 years and above	42	10
Total	434	100	Total	434	100

Educational Status	Frequency	Percentage	Length of service with the Manager	Frequency	Percentage
High School	43	10	Less than 1 year	100	23
Associate and Bachelor's Degree	344	79	1 - 3 year	207	48
Postgraduate	46	11	4 - 6 year	104	24
Doctorate	1	0	7 - 9 year	10	2
			10 years and above	13	3
Total	434	100	Total	434	100

Title	Frequency	Percentage
Physician	74	17
Other Healthcare Personnel	360	83
Total	434	100

3.6.1. Reliability and Validity Analysis

The validity and reliability analysis of the scale used in the study was conducted by Koç (2023). However, since the scale was applied to a different sample, the validity and reliability analysis were performed again. As a result of the reliability analysis, the Cronbach's Alpha value of the scale was determined as 0.989. This value shows that the scale has high reliability. For the validity test, both exploratory and confirmatory factor analysis were conducted. As a result of the analyses, it was found that the scale was both valid and reliable.

Reliability Analysis

Cronbach's Alpha value of the Leadership Scale was determined as 0.989, as shown in Table 4. As a result, we can say that our scale is highly reliable.

Table 4. Transformational Leadership Scale Reliability Analysis Results

Scale	Variable Number	Cronbach Alpha
Leadership Scale	26	0.989

Validity Analysis

Factor analysis is the most commonly used method in social sciences for validity analysis. It is the method used to verify the scale's construct validity when applied to a different sample group in research. There are two different types of factor analysis: exploratory and confirmatory (Çokluk, Şekercioğlu and Büyüköztürk, 2014: 177-181).

Transformational Leadership Scale (TLS) Exploratory Factor Analysis

In order to determine whether the leadership scale is suitable for factor analysis, the KMO and Bartlett test results are examined. When Table 5 is examined, the KMO value is found as 0.979, and the Bartlett test result is $\chi^2=17331.911$ ($p=0.000$) ($p\leq 0.05$). When the KMO value is in the range of 0.90-1.00, it is interpreted as perfect, and therefore, the KMO value in the research is concluded to be perfect (Akgül & Çevik, 2003: 428). The Bartlett test result was also significant, with $p=0.000$; as a result, it was determined that the research data were suitable for factor analysis.

Table 5. KMO and Bartlett Test Results

Kaiser – Meyer- Olkin (KMO) Test		.979
Bartlett's Test	Chi-Square (χ^2)	17331.911
	Df	325
	Sig	.000

Since the common variance values of the items shown in Table 6 are above 0.1, it is concluded that the items in the scale meet the common variance condition as expected.

As shown in Table 7, it was found that the 4-factor TLS explained 83.424% of the total variance. A value between 40% and 60% of the total variance explained in social sciences is considered sufficient, and if this value is high, the scale's factor structure is strong (Can, 2014: 197). According to this result, it can be said that the factor structure of our scale is strong.

Communalities

Table 6. Communalities (Common Variance)

Item No.	Initial	Extraction	Item No.	Initial	Extraction
1	.808	.816	17	.848	.822
2	.877	.916	18	.850	.838
3	.886	.894	19	.916	.908
4	.801	.771	20	.911	.901
7	.795	.786	21	.845	.813
9	.714	.704	22	.784	.749
10	.811	.814	23	.851	.830
11	.802	.827	24	.864	.832
12	.851	.858	26	.753	.718
13	.797	.774	28	.866	.871
14	.832	.808	29	.884	.897
15	.870	.831	30	.904	.920
16	.875	.856	31	.916	.934

Table 7. Total Variance Explained (for TLS)

Factor	Initial Core Values			Load Values Square Inference Sums		
	Total	% Variance	Cumulative	Total	% Variance	Cumulative
1	20.367	78.336	78.336	20.159	77.534	77.534
2	.777	2.987	81.323	.631	2.425	79.960
3	.615	2.364	83.687	.472	1.814	81.774
4	.559	2.151	85.838	.429	1.650	83.424
5	.368	1.414	87.252			
6	.335	1.290	88.542			
7	.311	1.195	89.737			
8	.281	1.080	90.817			
9	.235	.903	91.720			
10	.226	.868	92.588			
11	.201	.772	93.361			
12	.188	.722	94.082			
13	.178	.686	94.769			
14	.166	.637	95.405			
15	.156	.600	96.006			
16	.146	.560	96.566			
17	.128	.492	97.058			
18	.113	.435	97.492			
19	.108	.416	97.909			
20	.102	.394	98.302			
21	.099	.380	98.683			
22	.084	.324	99.007			
23	.082	.315	99.321			
24	.071	.272	99.593			
25	.057	.219	99.812			
26	.049	.188	100.000			

As a result of the explanatory factor analysis of the transformational leadership scale, four factors were obtained and the items 5, 6, 8, 25, and 27 were removed from the scale because they were not included in the factors they should be included in. In our model, three factors were combined and collected under a single factor title.

The factor loadings of the items are shown in Table 8. Although some of the items (İE4, İE7 and İVG13) have loadings under more than one dimension, the items cannot be considered overlapping items because the difference between these loading values is greater than 0.1.

Table 8. Transformational Leadership Scale Factor Pattern Matrix

Dimensions	Factors and Factor Loadings			
	1	2	3	4
L19	.838			
L20	.791			
L22	.738			
L24	.718			
L17	.678			
L16	.669			
L18	.660			
L15	.650			
L14	.637			
L23	.632			
L21	.627			
L26	.482			

L2	.903	
L1	.813	
L3	.770	
L7	.484	.296
L4	.438	.253
L30		.834
L31		.811
L29		.784
L28		.733
L11		.844
L12		.688
L10		.686
L9		.640
L13	.323	.491

Confirmatory Factor Analysis of Transformational Leadership Scale

Confirmatory factor analysis was applied to the transformational leadership scale model as shown in Figure 1. The values in Table 12 indicate the normalized factor loadings of the items, the factors and error values, and the correlation coefficients between them. In addition, those indicated with (***) in Table 9 indicate that the p values are much lower than 0.05. In other words, it shows that the factor loadings of the items are significant. These findings are evidence that our model is constructed correctly.

Table 9. Regression Weights and Significance of Transformational Leadership Scale Items

Regression Relationship	Regression weights (Factor Loadings)	"p" value (Meaningfulness)	Regression Relationship	Regression weights (Factor Loadings)	"p" value (Meaningfulness)
L1 <--- İE	.891	***	L17 <--- İOL	.902	***
L2 <--- İE	.938	***	L18 <--- İOL	.918	***
L3 <--- İE	.947	***	L19 <--- İOL	.934	***
L4 <--- İE	.880	***	L20 <--- İOL	.932	***
L7 <--- İE	.884	***	L21 <--- İOL	.900	***
L9 <--- İVG	.840	***	L22 <--- İOL	.859	***
L10 <--- İVG	.909	***	L23 <--- İOL	.907	***
L11 <--- İVG	.894	***	L24 <--- İOL	.904	***
L12 <--- İVG	.921	***	L26 <--- İOL	.848	***
L13 <--- İVG	.881	***	L28 <--- GAKES	.933	***
L14 <--- İOL	.898	***	L29 <--- GAKES	.947	***
L15 <--- İOL	.914	***	L30 <--- GAKES	.957	***
L16 <--- İOL	.924	***	L31 <--- GAKES	.967	***

İE : Idealized Effect

İVG : İnspirational Motivation

İOL : People-Oriented Leadership

GAKES : Ensuring Acceptance of Group Goals

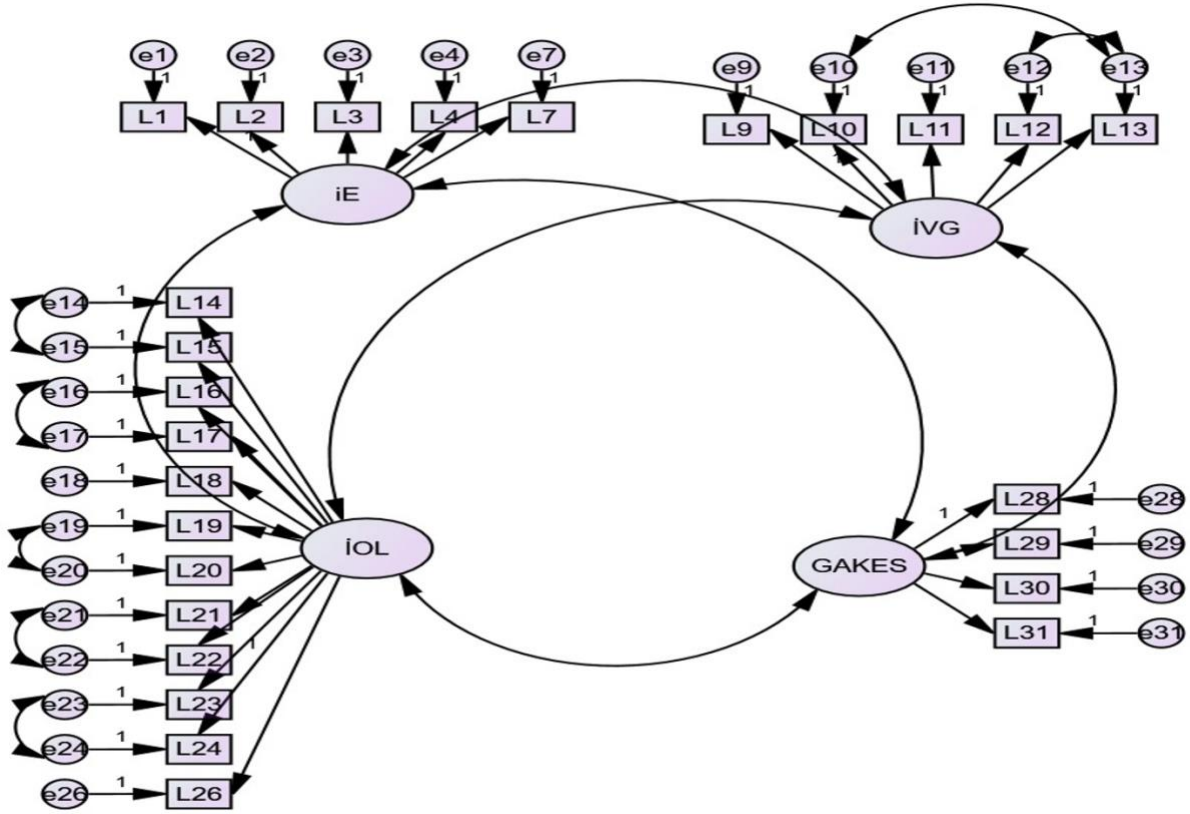


Figure 1. Transformational Leadership Scale Model

In order to determine the compatibility of the model, the fit index values should also be reviewed. The required fit values are shown in Table 10.

As a result of the confirmatory factor analysis of the Transformational Leadership Scale (TLS), the fit values shown in Table 13 were reached. Therefore, $CMIN/DF=2.953 \leq 3$, $CFI=0.968 \geq 0.95$, $NFI=0.952 \geq 0.90$, $TLI=0.964 \geq 0.95$, $RFI=0.946 \geq 0.90$, $IFI=0.968 \geq 0.95$, $RMSEA=0.067 \leq 0.08$ and $RMR=0.032 \leq 0.05$ were obtained. As a result, it was determined that the TLS model was constructed without errors according to these findings.

Table 10. TLS Fit Values

Fit measures	Fit Values
χ^2/sd (CMIN/DF)	2.953
CFI	0.968
NFI	0.952
TLI	0.964
RFI	0.946
IFI	0.968
RMSEA	0.067
RMR	0.032

3.6.2. Descriptive Statistics

Descriptive statistics provide information about the perceptions of the participants. Descriptive statistics of the transformational leadership scale are given in Table 11/ Table 12. When the findings are reviewed, it is determined that the average of the responses given by the participants to the statements in the scale is 3.64. Based on all these findings, the participants stated that their closest managers exhibited moderate leadership characteristics.

Table 11. Descriptive Statistics of the Transformational Leadership Scale

	N	Minimum	Maximum	Mean (average)		
	Sample Number	Minimum Value	Maksimum Value	Average	Std. error	Std. Deviation
Leadership Scale	434	1.00	5.00	3.6405	.05141	1.07097

Table 12. Descriptive Statistics Findings in Terms of Scale Dimensions

Leadership	N	Minimum	Maximum	Mean	Std. Deviation
	Participant Number	Minimum Value	Maksimum Value	Average	
İdealized Effect	434	1.00	5.00	3.7244	1.08144
İnsprational Motivation	434	1.00	5.00	3.5751	1.08533
People-Oriented Leadership	434	1.00	5.00	3.5972	1.14674
Ensuring Acceptance Of Group Goals	434	1.00	5.00	3.7471	1.11032
N (Sample Number)	434				

3.6.3. Normality Test

Normality test is performed to decide which tests to use when testing research hypotheses. If the research data show a normal or near-normal distribution, parametic tests can be performed (Yazıcıoğlu & Erdoğan, 2007: 191).

Decision-making by looking at the skewness and kurtosis coefficients of the distribution is one of the methods used for normality testing (Can, 2014: 82-91). Making decisions according to the skewness and kurtosis coefficients is a healthier and more reliable method than other methods (Akgül and Çevik, 2003:100). The fact that the skewness and kurtosis values are between +1 and -1 indicates that the data is normally distributed (George & Mallery, 2012; Şencan, 2005: 199; Büyüköztürk, 2018: 40). As seen in Table 13, since the skewness value was found as “-0.530” and the kurtosis value as “-0.510”, it was decided to conduct parametric analyses for the testing of the hypotheses.

Table 13. Skewness and Kurtosis Values for Normality Test

Leadership Scale	Values	Standart Error
Skewness	-.530	.117
Kurtosis	-.510	.234

3.6.4. Analyses for Testing Hypotheses

In this study, t-test for unrelated (independent) samples and one-way ANOVA test were performed to test the hypotheses.

Testing the H₁ hypothesis:

T-test results for testing the hypothesis H₁: “Healthcare managers' transformational leadership scores differ depending on the gender of the participants” are given in Table 14.

Table 14. T-Test Results for Hypothesis H₁

Dependent Variable	Gender	N	Average	S. Deviation	t- value	Meaningfulness
Transformational Leadership	Women	337	3.641	1.083	0.044	0.965
	Male	97	3.636	1.032		

As seen in Table 14, it was concluded that the gender of the participants did not affect their perceptions ($t=0.044$ and $p=0.965>0.05$). As a result, the H₁ hypothesis was rejected.

Testing the H₂ hypothesis:

T-test results for testing the hypothesis H₂: “Healthcare managers' transformational leadership scores differ depending on whether the participants are managers or not” are given in Table 15.

Table 15. T-Test Results to Test Hypothesis H₂

Dependent Variable	Pozition	N	Average	S. Deviation	t - value	Meaningfulness
Transformational Leadership	Manager	51	3.79	0.88	1.300	0.198
	Non-managerial Employee	383	3.61	1.09		

As seen in Table 15, it was concluded that the participants' positions did not affect their perceptions ($t=1.300$ and $p=0.198>0.05$). As a result, hypothesis H₂ was rejected.

Testing the H₃ hypothesis:

The ANOVA analysis results for testing the hypothesis H₃: “Healthcare managers' transformational leadership scores differ depending on the age of the participants” are shown in Table 16.

Table 16. Test Result of Hypothesis H₃

Dependent Variable	Age Groups	Participant Number (N)	Average	Standart Deviation	F Value	Meaningfulness (P Value)
Leadership	18-25 age-range	82	3.72	1.24	0.299	0.879
	26-33 age-range	164	3.61	1.05		
	34-41 age-range	79	3.62	1.02		
	42-49 age-range	73	3.68	1.00		
	50 year and above	36	3.50	0.95		

As seen in Table 16, it was determined that the age of the participants did not affect their perceptions ($F=0.299$, $p=0.879>0.05$). As a result, hypothesis H₃ was rejected.

Testing the H₄ hypothesis:

The ANOVA analysis results for the testing of the hypothesis H₄: “Healthcare managers' transformational leadership scores differ depending on the education levels of participants” are shown in Table 17.

Table 17. One-way ANOVA Analysis Result for Testing Hypothesis H₄

Dependent Variable	Education Level	Participant Number (N)	Average	Standart Deviation	F Value	Meaningfulness (P Value)
Leadership	High School	43	3.88	1.10	2.352	0.072
	Associate and Bachelor's Degree	344	3.64	1.07		
	Postgraduate	47	3.42	0.97		

As seen in Table 17, it was concluded that the education level of the participants did not affect their perceptions ($F=2.352$, $p=0.072>0.05$). As a result, hypothesis H₄ was rejected.

Testing the H₅ hypothesis:

The results of the one-way ANOVA analysis for testing the hypothesis H₅: “Healthcare managers' transformational leadership scores differ depending on the length of service in the institution of participants” are shown in Table 18.

Table 18. One-way ANOVA Analysis Result for Testing Hypothesis H₅

Dependent Variable	Working Years	Participant Number (N)	Average	Standart Deviation	F Value	Meaningfulness (P Value)
Leadership	Less than 1 year	52	3.94	1.16	2.194	0.069
	1-3 year	198	3.49	1.07		
	4-6 year	138	3.70	1.07		
	7-9 year	4	3.81	0.85		
	10 year and above	42	3.72	0.87		

As seen in Table 18, it was determined that the participants' length of service in the institution did not affect their perceptions ($F=2.194$, $p=0.069>0.05$). As a result, hypothesis H₅ was rejected.

4. Conclusion and Recommendations

In the ever-changing and evolving world, it has become more difficult for institutions and organizations to compete and survive due to the impact of globalization. The state of complexity and uncertainty is lead institutions and organizations need to be more creative and intuitive. Institutions and organizations that want to achieve success have become necessary to adapt to change and transform. Due to people's reluctance to change and transformation and their desire to continue the current situation, there is a need for a leader who can realize change and transformation. Today, it is thought that transformational leader-type managers will meet this need. Transformational leaders motivate their followers to be productive and help them achieve great success. In short, a transformational leader influences their subordinates, makes them trust themselves, and inspires admiration in their followers with their attitudes and behaviors.

Learning and embracing a transformational leadership style increases the likelihood of leadership success for healthcare managers. This leadership approach positively impacts employee loyalty, organizational commitment, and job satisfaction, and is critical to leading a successful healthcare organization. If employees

are disengaged with their organization or dissatisfied with their jobs, their intention to leave can significantly increase. Clinical professionals who effectively implement transformational leadership can retain valuable and talented employees, ensuring the protection of both their organization's interests, their employees' interests, and their own (Perez, 2021).

The research was conducted in a public hospital operating in Ankara. Transformational leadership was examined in general and in terms of dimensions, and whether the demographic characteristics of the participants affected their perceptions was examined. Five (5) hypotheses were tested for this purpose.

In the transformational leadership scale used in the research, the "inspirational motivation" dimension is represented by five (5) items. From the items 9, 10, 11, 12 and 13 in the research questionnaire, it is understood that the enthusiasm, excitement and optimism of the transformational leader affect his followers. He inspires his followers with his vision and gives them morale to achieve the vision (Bass & Riggio, 2006: 6).

In the transformational leadership scale used in the research, the "people-oriented leadership" dimension is expressed with twelve (12) items. From the items 14, 15, 16, 17, 18, 19 and 20 in the research questionnaire, it is understood that the transformational leader encourages his followers to look at problems from different perspectives and find solutions (Nahavandi, 2014 p. 177). In other words, he broadens the horizons of his employees, encourages them to think independently, be innovative, question and find new and different solutions to problems (Northouse, 2013 p. 193). From the items 21, 22, 23, 24 and 26 in the remaining research questionnaire, it is understood that the transformational leader cares for his followers individually, spends time with them and guides them. The transformational leader is aware of the demands and needs of his followers and approaches them accordingly (Bass and Riggio, 2006 p. 7).

In the leadership scale, the dimension of "ensuring acceptance of group goals" is expressed with four (4) items. As can be understood from the statements in items 28, 29, 30 and 31 of the scale, the transformational leader encourages his followers to work together to achieve the same vision by directing them to become a team (Bass & Riggio, 2006: 6).

In this research, the perceptions of healthcare professionals working in a public hospital in Ankara regarding the transformational leadership qualities of their managers were examined. The research focused on the main dimensions of transformational leadership — inspirational motivation, individualized consideration, intellectual stimulation, and idealized influence — and evaluated how employees perceived their managers across these dimensions. Additionally, the influence of demographic variables on these perceptions was analyzed.

According to the findings, healthcare professionals rated their managers as exhibiting a medium level of transformational leadership. This indicates that the leadership competencies of healthcare managers need to be developed and that there is a significant need for training and support programs, especially regarding transformational leadership practices. The overall mean score of 3.64 indicates a positive trend but also reflects that the desired level of transformational leadership behaviors has not been fully achieved.

In the sub-dimensions, inspirational motivation, it was found that managers were able to demonstrate vision, optimism and enthusiasm, but their influence was not particularly high. In terms of individualized consideration, although managers made some effort to guide and support their employees on an individual level, this was perceived as insufficient. It was also found that managers did not encourage innovative thinking and independent problem solving strongly enough.

Hypothesis testing showed that demographic variables such as gender, age, educational background, years of professional experience, and managerial status had no statistically significant effect on perceptions of transformational leadership. This suggests that employees across various demographic profiles have similar perceptions of their leaders' transformational qualities. This result suggests also that perceptions of transformational leadership are shaped more by the observable behaviors of managers, the organizational climate, and the quality of leader-employee interactions, rather than individual characteristics. Therefore, leadership development in healthcare organizations should focus not only on individual competencies but also on fostering an organizational culture that supports leadership.

Transformational leadership is of particular importance in the healthcare sector, which is inherently complex, uncertain, and rapidly evolving. Given its positive impact on employee motivation, organizational

commitment, innovation, and patient satisfaction, transformational leadership should be considered a core competency for healthcare managers. The results of the study suggest that managers need to be further developed in this regard, and that such development is only possible through systematic and ongoing leadership training programs.

In this context, healthcare institutions should implement leadership development programs, coaching and mentoring initiatives, and organizational development strategies to enhance the transformational leadership capacities of their managers. Providing training in areas such as vision creation, inspirational motivation, valuing individual differences, and employee development would directly contribute to the overall quality of healthcare services.

In conclusion, the success of healthcare organizations depends not only on infrastructure and financial resources, but also on the presence of strong and effective leaders. Adopting a transformational leadership approach as part of the organizational culture can significantly increase employee satisfaction and service quality, as well as contribute positively to patient satisfaction and public health outcomes.

Recommendations

Based on these findings, the following recommendations are made to strengthen leadership practices within healthcare organizations:

1. **Leadership training programs should be implemented:** Transformational leadership skills can be developed through structured training. Therefore, healthcare managers should receive regular in-service training on leadership and professional development opportunities should be provided to them.
2. **Leadership development should be institutionalized:** Leadership development should be embedded into the organizational strategy rather than left to individual initiative. Healthcare institutions should establish structural mechanisms — such as coaching, mentoring, and job rotation — to support managerial growth.
3. **Transformational leadership should be embraced at all management levels:** Building an effective organizational culture requires not only top-level leaders but also mid- and lower-level managers to adopt transformational leadership principles. This holistic approach will help establish a sustainable leadership model across the institution (Block, 2002).
4. **Managers with health management training should be preferred:** Those with undergraduate or graduate degrees in health management or related fields should be preferred for leadership positions. This will ensure that managers have both sectoral knowledge and leadership skills.
5. **Further research should include different institution types:** Since this study was conducted in a public hospital, similar research should be carried out in private healthcare institutions to compare leadership perceptions and practices. Such comparisons would enrich both the academic literature and practical insights.
6. **Cross-sectoral studies should be encouraged:** Transformational leadership is not exclusive to the healthcare sector. Conducting similar studies in education, industry, and service sectors would help identify patterns and differences across various organizational contexts.

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