

## THE INFLUENCE OF TRANSFORMATIONAL LEADERSHIP ON EMPLOYEES WELL-BEING AT AL HAMNAH HOSPITAL

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### ABSTRACT

Employee well-being is a critical component of performance and quality care in healthcare settings; however, many organizations face challenges in cultivating supportive and psychologically safe work environments. This study investigated the impact of transformational leadership on employee well-being at Al Hamnah General Hospital in Saudi Arabia, targeting a population of 243 clinical and non-clinical healthcare employees. Using a comprehensive sampling technique, 200 valid responses were obtained, representing an 82.3% response rate, which provided a robust dataset for analysis. Transformational leadership behaviors such as inspiring employees, fostering collaboration, and addressing individual needs were found to have a significant and positive effect on employee well-being. Results from the linear regression analysis showed that transformational leadership explained 38.8% of the variance in employee well-being ( $R^2 = 0.388$ ), with a Pearson's correlation coefficient ( $R$ ) of 0.623, indicating a moderate to strong relationship between the two variables. Further inferential analysis revealed that gender differences were statistically significant, with male employees reporting higher well-being scores than female employees. Additionally, job category significantly moderated the relationship between transformational leadership and employee well-being, suggesting that leadership behaviors should be tailored to address the specific needs of different occupational groups within the hospital. Conversely, age and education level did not exhibit significant moderation effects. These findings underscore the importance of transformational leadership in enhancing employee well-being in healthcare institutions. A satisfied and psychologically healthy workforce contributes directly to improved patient care and overall organizational effectiveness. Accordingly, it is recommended that healthcare organizations implement structured leadership development programs that emphasize transformational practices, particularly those adapted to diverse demographic and professional contexts. Future research should explore how cultural dynamics influence the effectiveness of transformational leadership and assess its long-term impacts across various healthcare settings.

**KEYWORDS:** transformational leadership, employee well-being, healthcare.

### Introduction

Effective management of human resources is fundamental to organizational success, especially in healthcare institutions where workforce performance directly affects patient safety and quality of care (Rafia et al., 2020). Leadership style has been identified as a key determinant of employee attitudes, motivation, and psychological outcomes. Among leadership approaches, transformational leadership (TFL) has emerged as a dominant paradigm due to its significant influence on employee engagement, organizational performance, and overall well-being (Iqbal et al., 2019; Chu et al., 2021).

Transformational leaders inspire employees to achieve collective goals by articulating vision, serving as role models, fostering collaboration, and providing individualized support. These behaviors create conditions that enhance job satisfaction, loyalty, and retention while also improving patient care outcomes (Ferozi & Chang, 2021; Seljemo et

al., 2020). In healthcare organizations, TFL has been associated with stronger safety culture, higher performance, and reduced turnover intentions, underscoring its relevance for both staff and patients.

Employee well-being, particularly psychological well-being, has gained increasing attention in the organizational literature as a driver of workforce resilience and performance. Recent studies confirm that TFL promotes well-being by fostering trust, providing meaningful work, and building supportive social relationships that buffer employees against workplace stressors (McCombs & Williams, 2021; Walsh et al., 2014). This suggests that leadership practices are not only managerial tools but also critical psychosocial resources for healthcare employees.

Despite these global findings, evidence from Saudi Arabia remains limited. The Kingdom's healthcare sector faces unique challenges, including persistent workforce shortages and reliance on expatriate staff, which complicate leadership and retention strategies (Al-Hanawi et al., 2019). Furthermore, demographic diversity across job categories, gender, and education levels may shape how employees perceive and respond to leadership behaviors—yet these dynamics remain underexplored in Saudi hospitals.

To address this gap, the present study examines the impact of transformational leadership on employee well-being at Al Hamnah General Hospital in Al Madinah Al Munawwarah, Saudi Arabia. Specifically, it evaluates the direct effects of TFL on well-being and investigates whether demographic factors—age, gender, education level, and job category—moderate this relationship. By situating the analysis in a Saudi healthcare context, the study contributes context-specific insights that can inform leadership development and workforce management practices aligned with national healthcare transformation goals.

### **Methodology**

This study employed a quantitative, cross-sectional design to examine the impact of transformational leadership on employee well-being at Al Hamnah General Hospital in Saudi Arabia. The choice of this approach was motivated by its objectivity, accuracy, and ability to provide clear insights into leadership behaviors and their effects on staff outcomes. The independent variable was transformational leadership, measured using the 22-item Transformational Leadership Inventory (TLI) developed by Podsakoff et al. (1990), while the dependent variable was employee well-being, assessed through the WHO-5 Well-being Index (Topp et al., 2015). Demographic characteristics such as age, gender, education level, job category, and years of experience were incorporated as moderators or control variables.

Data were collected using a structured electronic questionnaire distributed via official hospital emails and WhatsApp job groups between August and September 2024, accompanied by weekly reminders to maximize participation. The TLI captured key leadership behaviors including vision articulation, role modeling, collaboration, high performance expectations, individualized consideration, and intellectual stimulation, while the WHO-5 assessed subjective psychological well-being across five simple items rated on a six-point scale. In total, 243 employees were invited to participate, encompassing both clinical and non-clinical staff with at least six months of service, and 200 valid responses were obtained, yielding an 82.3% response rate, which exceeded the minimum sample size of 132 recommended by Krejcie and Morgan (1970). The census approach ensured inclusivity of diverse staff experiences across departments.

Reliability analysis confirmed excellent internal consistency for both instruments, with Cronbach's alpha values of 0.953 for the TLI and 0.913 for the WHO-5.

Data were analyzed using IBM SPSS Statistics Version 27, applying descriptive statistics to summarize sample characteristics and inferential analyses to test relationships. Specifically, simple linear regression assessed the predictive effect of transformational leadership on well-being, independent t-tests examined gender differences, one-way ANOVA tested variations by education and job category, and moderation analysis explored whether demographic variables influenced the strength of the leadership–well-being relationship. Ethical approval was secured from the institutional review board (Approval No: 24-087), informed consent was obtained electronically, and strict confidentiality and anonymity were maintained through secure online data collection. Participation was voluntary, and no identifying information was recorded, ensuring the integrity of the research process and the protection of participants throughout the study.

## Results

A total of 200 employees participated in the study, showing a response rate of 82.3%. As shown in Table 1, most respondents were male (82.5%), aged 31–40 years (54.5%) and held a bachelor's degree (48%). More than half of the respondents reported 11–20 years of work experience (57%), and most participants were married (84.5%). The largest proportion of participants reported a monthly income between 10,001 and 15,000 SAR (42%). Also, In terms of professional distribution, medicine (27%) and administration (25%) accounted for the largest occupational groups.

**Table 1**  
Distribution of Participants by Demographic Variables (N = 200)

Variable		Frequency (n)	Percentage (%)
<b>Gender</b>	Male	165	82.5
	Female	35	17.5
<b>Age (years)</b>	20–30	28	14.0
	31–40	109	54.5
	41–50	54	27.0
	51 and above	9	4.5
<b>Education</b>	High school	5	2.5
	Diploma	41	20.5
	Bachelor's degree	96	48.0
	Master's degree	48	24.0
	PhD	10	5.0
<b>Experience (years)</b>	0–10	68	34.0
	11–20	114	57.0
	21–30	12	6.0
	31 and above	6	3.0
<b>Marital Status</b>	Single	31	15.5
	Married	169	84.5
<b>Monthly Income (SAR)</b>	< 5,000	4	2.0
	5,000–10,000	64	32.0
	10,001–15,000	84	42.0

Variable	Frequency (n)	Percentage (%)
15,001–20,000	36	18.0
> 20,000	12	6.0
<b>Job Category</b>		
Medicine	54	27.0
Laboratory	17	8.5
Nursing	23	11.5
Radiology	3	1.5
Administration	50	25.0
Other	53	26.5

Descriptive statistics indicated a mean score of 3.85 (SD = 0.70) for transformational leadership and 3.20 (SD = 1.15) for employee well-being, suggesting moderate to high perceptions of leadership and moderate levels of well-being (see Table 2).

**Table 2**

Descriptive Statistics of Transformational Leadership and Employee Well-Being

Variable	Mean	SD	Range
<b>Transformational leadership</b>	3.85	0.70	1–7
<b>Employee well-being</b>	3.20	1.15	1–5

As shown in Table 2, participants reported moderately high perceptions of transformational leadership (M = 3.85, SD = 0.70) and moderate levels of employee well-being (M = 3.20, SD = 1.15).

Pearson’s correlation analysis revealed a moderate to strong positive association between transformational leadership and employee well-being ( $r = .623$ ,  $p < .001$ ). This indicates that higher levels of transformational leadership behaviors were linked with greater employee well-being. A simple linear regression further confirmed this relationship, showing that transformational leadership significantly predicted employee well-being, accounting for 38.8% of the variance,  $R^2 = .388$ ,  $F(1, 198) = 125.61$ ,  $p < .001$ . The unstandardized coefficient ( $B = 0.701$ ,  $p < .001$ ) suggests that for every one-unit increase in transformational leadership, employee well-being increased by an average of 0.70 units. The moderation analysis examined whether demographic characteristics influenced the relationship between transformational leadership and employee well-being. Gender emerged as a significant moderator: male employees reported higher well-being scores (M = 3.40, SD = 1.13) compared to female employees (M = 2.30, SD = 1.26),  $t(198) = 5.14$ ,  $p < .001$ . This suggests that men may experience a stronger positive impact from transformational leadership than women, highlighting the need for leadership strategies that account for gender-specific workplace challenges. Job category also showed a significant moderating effect. A one-way ANOVA revealed meaningful differences in well-being across professional groups,  $F(5, 194) = 3.18$ ,  $p = .009$ , indicating that employees in clinical, administrative, and technical roles may perceive and respond differently to transformational leadership behaviors. Thus, a uniform leadership approach may not be equally effective across all occupational groups in a hospital context.

By contrast, neither age nor educational level demonstrated significant moderating effects ( $p > .05$ ), suggesting that the positive influence of transformational leadership on employee well-being was consistent across these demographic groups. This implies that transformational leadership practices can generally benefit employees regardless of their age or educational background.

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## Discussion

This study demonstrated a significant positive relationship between transformational leadership and employee well-being at Al Hammah General Hospital. These findings are consistent with global evidence (Arnold, 2017; Zwingmann et al., 2014) and reinforce theoretical models proposed by Burns (1978) and Bass (1994). Importantly, the study contributes new empirical evidence from Saudi Arabia, where research on leadership and well-being remains limited. Previous studies (Alharbi, 2018; Al-Hanawi et al., 2019) have highlighted the importance of leadership in addressing workforce shortages and improving organizational performance. This study findings extend this work by showing that transformational leadership is particularly effective in enhancing psychological well-being in the Saudi healthcare sector, supporting national reforms under Vision 2030 focused on workforce development and quality of care.

This study showed that age and education did not significantly influence the relationship between transformational leadership and employee well-being, suggesting that the benefits of transformational practices are broadly applicable across these groups. By contrast, gender and job category emerged as significant moderators. Male employees reported higher levels of well-being, which aligns with prior studies showing that women in Saudi healthcare often encounter additional stressors related to work–life balance and organizational barriers (McCombs & Williams, 2021). Differences across job categories further indicated that clinical, administrative, and technical staff perceive and respond to leadership behaviors in distinct ways, echoing findings by Tucker et al. (2021). Collectively, these results highlight the need for leadership interventions in Saudi hospitals to be both gender-sensitive and role-specific, rather than uniform.

From a practical perspective, hospitals should prioritize structured leadership development programs that emphasize individualized consideration, inclusive communication, and psychological safety. Gender-sensitive initiatives including mentorship opportunities for female staff, flexible work arrangements, and equity-focused promotion policies could help in reducing disparities in well-being. Similarly, role-specific strategies are warranted, including stress management resources for clinical staff, leadership empowerment workshops for administrative personnel, and targeted team-building interventions for technical employees. Such tailored approaches are likely to maximize the positive effects of transformational leadership across diverse workforce groups.

In conclusion, this study reaffirms the value of transformational leadership in enhancing employee well-being within Saudi healthcare while underscoring the importance of contextualized, inclusive, and role-responsive leadership practices.

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