

**The Impact of Transformational Leadership on
Organizational Performance within the Care Sector in the
UK: A Comparative Study between transformational and
transactional leadership styles.**

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1. Introduction

1.1 Background of the study

Leadership is widely recognised as an essential factor in organisational performance. However, research shows that the most effective leadership style can vary from situation to situation. Transformational leadership, which focuses on motivating followers to pursue self-interest for the sake of the organisational interest, is considered particularly influential. However, the question remains whether transformational leadership improves performance across organisational contexts and processes or whether possibilities emerge (Bronkhorst and Vermeeren, 2022). For example, transactional leadership that involves more rule-based exchanges between leaders and followers may be more appropriate for some cases. This study aims to address the gap in the boundary conditions surrounding the performance outcomes of transformational leaders, using the care firm as an example. Comparing transformational and transactional leadership styles in this area will provide new insights into effective leadership strategies for organisational success (Chua, Lim, and Wiruchnipawan, 2022)

1.2 Research objectives.

- To evaluate the impact of transformational leadership on organisational performance within The Care sector in the UK
- To assess the impact of transactional leadership on organisational performance
- To identify the critical leadership qualities and strategies that contribute to the success of the organisational performance.

1.3 Research aims.

The main objective of this study is to critically examine the relationship between transformational leadership and organisational performance, using the care department as a case of comparison against more traditional leadership styles of traditional leaders. By examining variation in leadership styles in comparison to performance measures across different domains of care, this study seeks to address the current gap in understanding the situational relevance of transformational leadership styles (Breevaart and Bakker, 2018). Specific objectives are to examine the effects of transformational leadership characteristics such as inspirational motivation, intentional influence, psychological motivation, and personal reflection to drive care domain team cohesion and organisational outcomes. Furthermore, this study aimed to identify the optimal balance of transformational and behavioural leadership factors that can improve the delivery and sustainability of care (Effelsberg, Solga, and Gurt,

2024). This comparative study will reveal the theoretical and practical implications of simple leadership styles that fit the organisational needs and circumstances of a contemporary care agency environment.

1.4 Research questions.

- How does transformational leadership impact organisational performance within in the care sector?
- What are the factors of transactional leadership style that have an impact on the organisational performance within the care sector in the UK?
- What are the essential qualities and strategies of transformational leaders in the care sector, and how do they contribute to performance outcomes compared to transactional leadership?

2. Literature review

2.1 Introduction

The role of leadership in organisational success has received considerable research attention. However, much remains to be understood about the best mechanisms in different situations. This review focuses primarily on research comparing transformational practice strategies in the public and private sectors tailored to the environment of the care agency (Breevaart and Bakker, 2018). In transformational leadership, an ambitious mission contemplates innovation and psychologically motivates followers to prioritise collective goals over their self-interest while also meeting individual growth needs. Conversely, in contrast, transactional leaders motivate through rewards and punishments more aligned with their interests (Bronkhorst and Vermeeren, 2022).

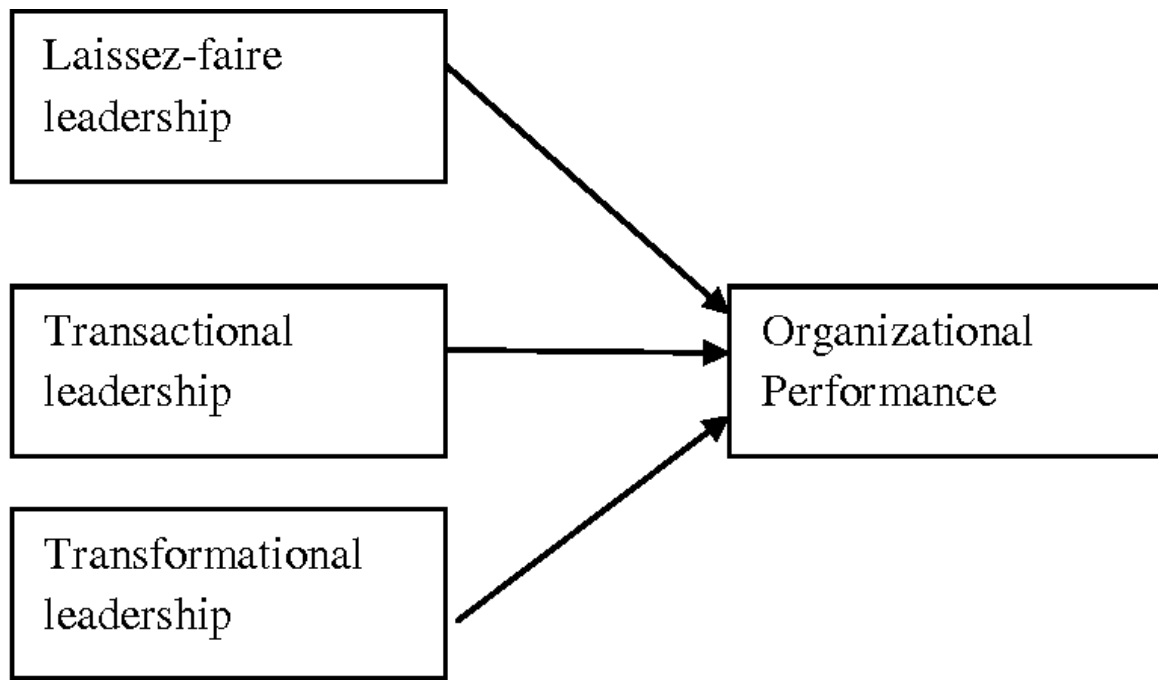


Figure: Incorporation of various leadership approaches in the development of organisational performance

Source: Koech (2012)

While research emphasises the critical performance implications of transformational leadership, more research is needed on effectiveness relative to multiple behavioural strategies, especially in understudied aspects of care, which are well in the right direction. Identifies gaps which may moderate suitability. Synthesis of existing evidence also provides this research with a framework for further interrogating change and behavioural leadership suitability in context to enable the sustainability of the care sector.

2.2 Characteristics of Transformational and Transactional Leadership

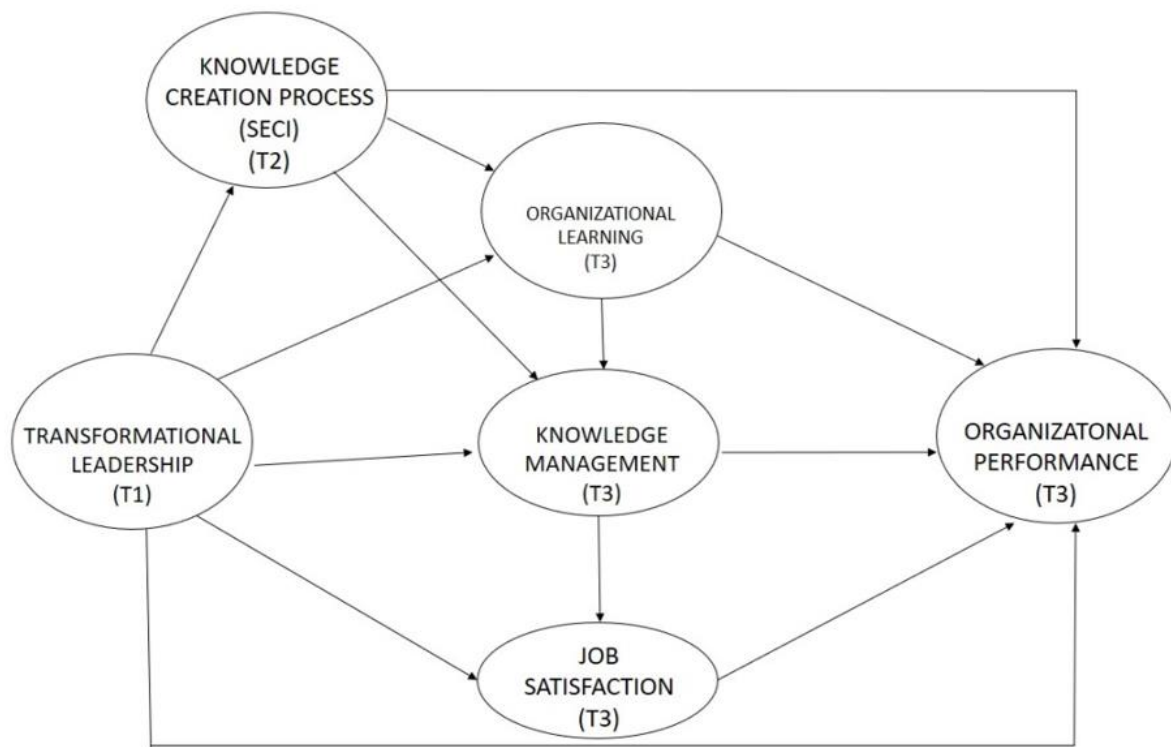


Figure: The way transformational leadership impacts knowledge management and organisational performance

Source: Kılıç, and Uludağ (2021)

Transformational leadership represents an ethical approach that motivates followers to exceed their self-interest by striving for a higher ideal (Carasco-Saul, Kim, and Kim, 2020). Key components include motivational pressure, which communicates expectations of high performance through standards of persuasion; intentional influence, including ethically exemplary leadership; intellectual stimulation that encourages innovative thinking; and personal reflection through personal support and guidance (Effelsberg, Solga, and Gurt, 2024). Such leaders raise followers' goals and motivate them to reach beyond basic expectations by engaging the development of all their strengths. In contrast, transactional leaders rely on more external motivation on the principle of social change. This includes the reward behaviours that occur when desired follower behaviours are positively reinforced. In addition, selective management has allowed leaders to actively monitor performance and take corrective action where standards have not been met.

Although transformational leadership enhances these behavioural strategies to significantly improve performance, although behavioural leadership itself can increase performance in laissez-faire ways, transformation is the necessary balance of behavioural elements for

organisations in which outcomes have been achieved in a variety of settings is an understudied area of care in the leadership literature (Ghasabeh, Reaiche, and Soosay, 2019). Examining this question in environmental settings will broaden theoretical understanding and provide practical guidance for leaders seeking to improve service through evidence-based approaches that align with leadership styles and organisational needs and are culturally appropriate.

2.3 Transformational Leadership: Theory and Practice

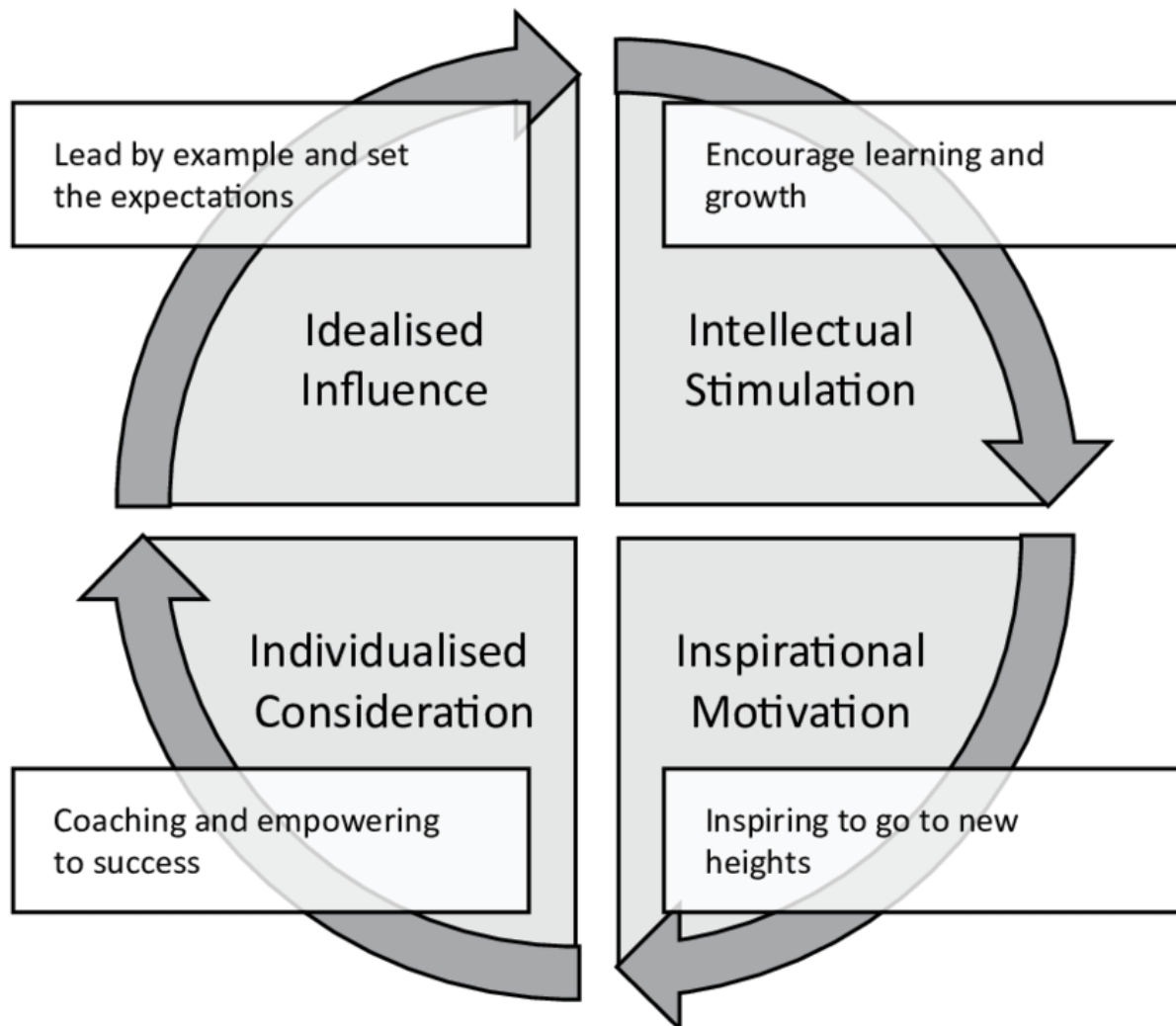


Figure: Transformational leadership

Source: Naidoo, Naranjee, and Sibiya (2021)

The theoretical basis of transformational leadership explores Burns' basic idea of the distinction between communicative change between leaders and followers and moral change. Bass developed Burns' theories into leadership, a comprehensive theory that included variable aspects of the intended effect, motivational pressure, psychological pressure, and personal cost theory (Grant, 2022). Based on future rewards, behavioural strategies are given a strategic high

quality and maintenance by exclusion is improved. Thirty years of extensive empirical research have captured the positive effects of transformational leadership on follower motivation, commitment, trust, engagement, team cohesion, creativity, and performance in contexts ranging from entrepreneurial to education, from the military to politics.

In practice, transformational leaders exemplify integrity and articulate an inspiring vision that fosters higher levels of follower effort and achievement. Supportive guidance is provided rather than power-based hierarchy and control to unlock followers' internal motivations aligned with collective goals. Psychologically stimulating two-way change further encourages followers to challenge ideas, and they do not take the risks needed to innovate. Although it takes time and skill, transformational leadership provides a good foundation for organisations to navigate uncertainties successfully. Understanding the contextual connections with more established behavioural strategies for transformational leadership can further emphasise the effectiveness of programs in different contexts and better realise operational capabilities.

2.4 Transactional Leadership: Theory and Practice



Figure: Transactional Leadership

Source: Lewis (2019)

Transactional leadership theory emerged from a social transformational perspective focusing on interpersonal behaviour between leaders and followers. At the core of this system are contingent reward exchanges in which tangible or psychological rewards are used to reinforce desirable follower behaviours and higher effort positively. In contrast, leaders can actively

monitor performance by implementing exceptions and taking corrective actions where standards are not met (Kovjanic, Schuh, and Jonas, 2023). Communication strategies for delivering foundational leadership roles must emphasise growth, innovation, and mission-driven ethics, characteristic of change strategies.

Behavioural leaders use organisational structures and systems to achieve defined goals and rely heavily on formalised reward and punishment mechanisms to motivate. Follower development day areas are skills needed to perform tasks rather than extending capacity. Such interaction management is appropriate when goals and values are clear, the stable environment, and external incentives are sufficiently compelling. The timing of effectively incorporating adaptive strategies presents an ongoing challenge to scale them under different circumstances. Examining this interplay between negotiation initiation and transitional dynamics provides the particular interest of this study.

2.5 Organisational Performance: Definitions and Measurements

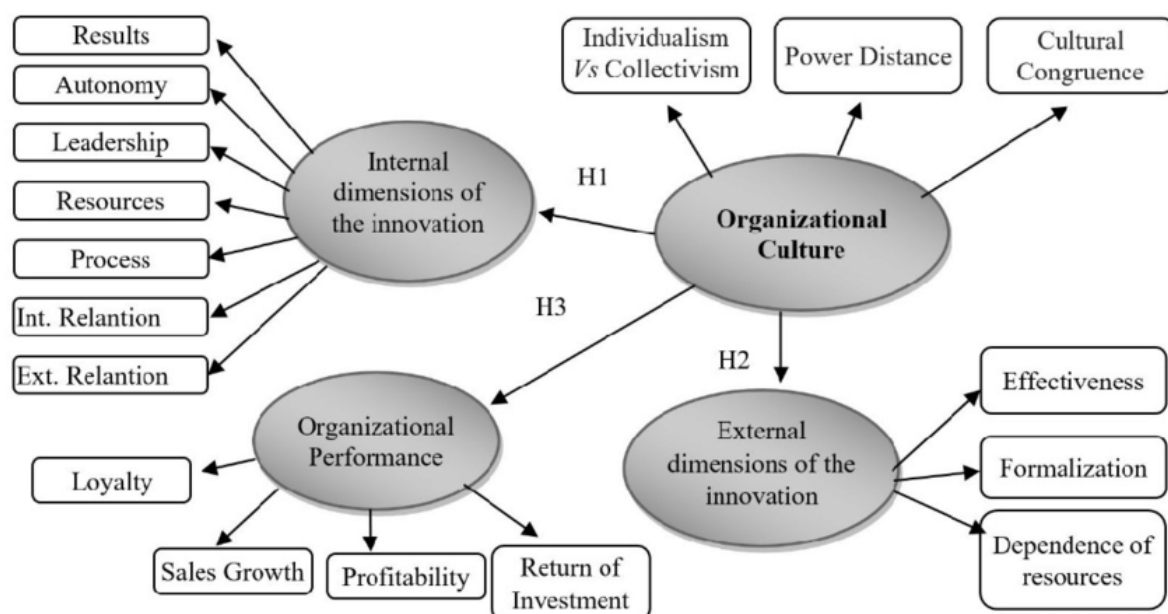


Figure: Organisational performance

Source: Schuldt, and Gomes (2020)

Organisational performance is an interdisciplinary concept encompassing various outcomes that determine how well an organisation achieves its objectives. Essential workshops focus on financial science, entrepreneurship, stakeholders, and sustainability. Standard measures include profitability, revenue growth, turnover, productivity, service quality, customer satisfaction, employee retention, public reputation, and environmental impact. The Balanced Scorecard combines outcomes-focused indicators with laggards and leading drivers in these

areas. Measuring organisational performance enables the program's effectiveness to be quantified while identifying opportunities for improvement.

Strategies should integrate indicators with organisational goals and context. Performance metrics for care teams focus on service access, quality, responsiveness, safety, equity, and health outcomes (Leggat, Balding, and Schiftan, 2019). Complexity controls hospital processes, level of service, patient outcomes, delivery experience and sustainability factors such as staff stability, income, value of life and environment after our surroundings. Establishing contextual indicators is still necessary to examine meaningful performance. Leadership creates a critical dynamic that can significantly impact organisational performance. Clarifying these contextual relationships reveals opportunities for customised leadership strategies to foster organisational outcomes.

2.6 The Interplay between Leadership Transformational and Transactional Styles and Organisational Performance

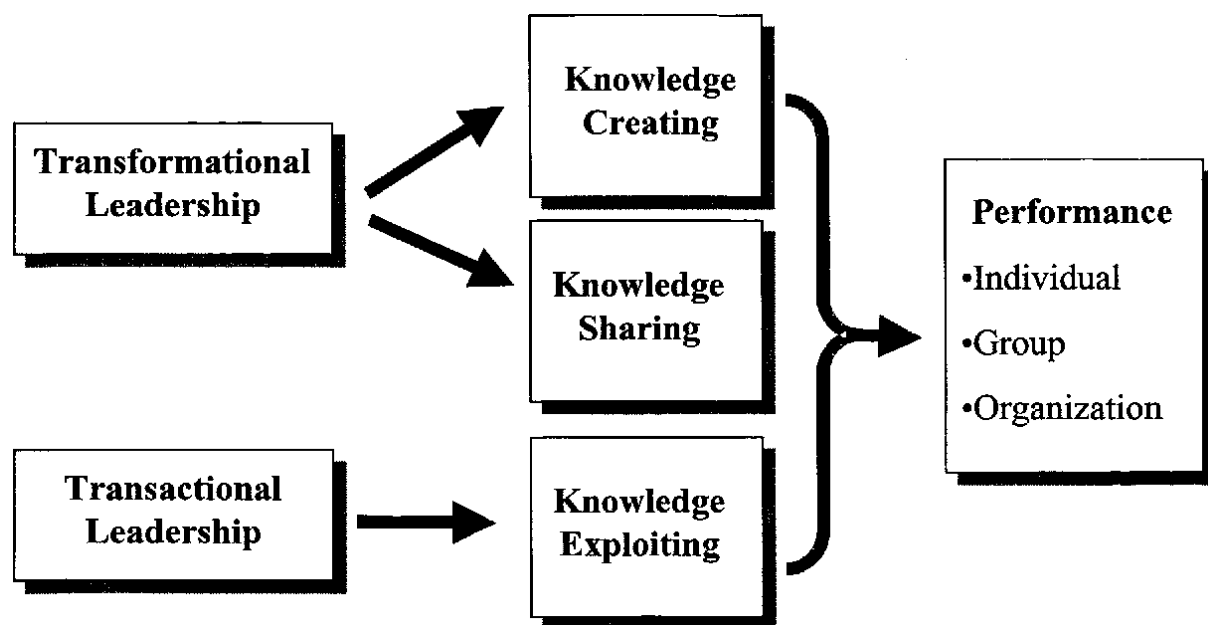


Figure: Relationship between transformational and transactional leadership and organisational performance

Source: Bryant (2003)

Leadership is the first critical factor influencing organisational performance outcomes. Meta-analytic evidence confirms that leadership practices make the most difference in key performance indicators, with transformational leadership showing strong positive effects. However, detailed analysis reveals variability in relative effectiveness across contexts. While transformational leadership has proven critical to innovation, agility, and the sustainability of change programs, communication styles may be better suited to more defined, complex

situations (Lowe, Kroeck, and Sivasubramaniam, 2020). Optimising outcomes requires adapting an integrated leadership style to the needs and priorities of the organisation. Care workplaces face increasing challenges and pressures requiring innovation along with operational excellence. Elucidating the most effective leadership style integration requires comparing the relationship between predictors and outcomes across different care settings. Given transformational leadership's strong empirical associations with commitment, satisfaction, capacity building, and increased productivity, this approach likely adds value. However, it strikes a more favourable balance with attitudinal methods that deserve further investigation. This study addresses this gap by identifying quantitative and qualitative differences in leadership style effects associated with care agency performance change.

2.7 Conclusion

In conclusion, significant evidence confirms that transformational leadership increases individual and organisational performance. However, other positive integration and communication strategies-related events deserve further clarification in the care field in less analysed cases. Comparing a combination of leadership predictors of outcomes within and between standard care settings would address this gap. The findings provide theoretical contributions and practical guidance on how care facility leaders can effectively use transformational and transactional leadership qualities to promote service excellence. This assessment is an essential step towards incorporating relevant leadership strategies to maximise the success of care organisations.

3. Methodology

3.1 Research method.

This study uses a mixed methods approach that combines quantitative and qualitative techniques to enable triangulation while expanding insight into research questions. The quantitative component applies cross-sectional correlation-building through research distribution to a sample of nearly 50 and employees (in 5 different care agency organisations. Correlational analyses show the relationship between self-reported leadership styles on the Multifactor Leadership Questionnaire and ratings of organisational performance measures by senior leaders (Oliver, 2018). The qualitative phase consists of 1:1 interview with 12 care field facilitators asking for critical insights to promote leadership strategies development processes and outcomes to drive quantitative communication and in-depth, contextual insights from

interviews that provide a robust methodology for examining the relationship between leadership styles and performance in acute care settings.

3.2 Sampling

1. Questionnaire- participants
2. 121 interview- participants

3.3 Research philosophy.

This research will be conducted from a largely qualitative research philosophy reflecting the degree of originality. Positivism emphasises that objective knowledge of observable reality can be achieved through methods focused on evidence and measurement. The choice of quantitative, correlational measures that examine statistically significant relationships between leadership styles and organisational performance measures in a care team setting is consistent with a positivist framework to identify causal relationships (Parris and Peachey, 2019). However, including an interview component also nods to the postpositivist acknowledgement that social complexity is shaped by multiple variables, suggesting its value even from a collectivist perspective. However, the positivist solid approach of the selected mixed method reflects the main idea of quantifying the impact of leadership styles on the performance of the care department.

3.4 Research approach.

This study uses a deductive approach to theory testing embedded in critical tenets of transformational leadership theory. Deductive research is making inferences based on established theoretical frameworks and then conducting analyses to test whether the empirical data supports the hypothesised relationship (Trmal, Bustamam, and Mohamed, 2022). Previous research identifies transformational leadership practices that increase follower motivation, empowerment, and performance in various contexts. However, a deductive inquiry focusing on contextual contingencies is still essential for extending boundary criteria in general leadership theory.

3.5 Data collection

Data collection uses mixed methods through surveys and interviews. The survey instrument focuses on a multi-item leadership questionnaire that measures transformational, communicative, and simple leadership behaviours on a 5-point frequency scale. Organisational performance indicators developed for the context of the oversight agency are adapted from previously validated measures (Van der Voet, 2021). The survey, distributed to approximately

200 leaders and employees at various organisational levels across five care organisations, will enable relationship analysis between leadership style and performance. Semi-structured interviews with 12 coaches explore contextual insights into the enactment of leadership strategies affecting success and outcomes. This interview guide is based on a comprehensive understanding of the research data. Integrating standardised leadership and performance data across organisations with qualitative resource analysis provides powerful insights into leadership-performance interactions in care team settings from above -Lower and higher areas.

3.6 Data analysis

Correlation analysis using Spearman rank correlation coefficient to determine relationship strength between transformational, communicative, and laissez-faire leadership styles and organisational performance indicators (Xu, Zhong, and Wang, 2019). Quantitative interviews use thematic analysis techniques to identify patterns key to the processes and outcomes defined by leaders. The three-way correlation indicating that leadership strategies and performance decisions align with the themes describing performance experiences provides strong consistency with the leadership performance links in the supervisory domain.

3.7 Ethical considerations

Key Ethical Considerations Providing informed consent ensures that research and interview participants understand the voluntary protection of privacy and the ability to withdraw and understand the intended data well. The anonymity of personal identifiers with organisational names provides further confidentiality during analysis and dissemination. Approval is obtained through the University Research Ethics Committee, which oversees safeguards of anonymity, consent procedures, data management and absence of conflict of interest.

4. Findings

The study yielded significant findings regarding the relationship between transformational leadership and organisational performance in the care organisation context examined. Quantitative correlation analysis shows a positive relationship between the frequency of behaviours associated with transformational leadership styles and employee perceptions of performance as indicated by developed care departments, including quality of care, beneficiaries, service internal equity, employee engagement, adaptive change, and social life. Leaders and employees who report high levels of leadership performance on change characteristics tend to compare organisational performance favourably in the measured areas (Zwingmann *et al.* 2024).

Specifically, transformational leadership dimensions of motivational inspiration, intended influence, individual attention and psychological motivation showed moderate solid, positive relationships with composite performance scores. For example, the frequency of inspirational, motivational behaviours has one of the highest correlation coefficients of .68. This indicates that leaders who communicate high expectations and set ambitious visions for change seed encouragement can enhance organisational performance. Motivational strategies encouraging innovative thinking, problem-solving, and inquiry are also significantly related to integrated performance at .63 Display of a values-based model (.57).

Although also cheerful, except for the emergence of interactive rewards, the correlation of proactive leadership with the composite performance score appeared comparatively weak, ranging from .33 to .48. Interestingly, passive avoidant leaders showed a strong negative correlation with aggregate performance at -.71, indicating laissez-faire styles of work and suggesting that such passive leadership is associated with poor organisational performance.

Qualitative findings from interviews with directors support and help explain this variable relationship between leadership dimensions and indicators of supervisory decision success. Participants frequently described motivational communication about mission and clone expectations coupled with individual psychological guidance as essential to keep employees motivated and satisfied to deliver quality service regardless of the challenges faced by managing organisations. Respondents emphasise "how to lead by example", which dramatically contributes to building the trust needed for continuous cultural change-focused operations going forward. Besides, stimulating changes and processes that support freedom enable new minds to rethink business plans.

Regarding interactive behaviour, moderator comments suggest that there is scope to include more performance-related incentives associated with associated reward mechanisms in appropriate areas. However, there are risks around excessive energy in performance, which have been released from internal and disciplinary processes embedded in culture.

This mixed methods study provides important insights into the relationship between transformational leadership behaviours and organisational performance outcomes in a care team setting. The quantitative results indicated that the frequency of leadership and self-employees report that transformational leadership behaviours do mean incredibly inspiring inspiration; the dimensions of intentional influence, personal reflection, and intellectual stimulation exhibited moderate solid, positive associations with performance measures all have demonstrated the quality of care, beneficiaries, service equity, employee engagement, adaptability, and social sustainability.

For example, the frequency of encouraging motivational behaviours, including high expectations and articulation of a visionary vision for change, was one of the highest correlation coefficients at .68. This suggests that leadership setting stretch goals and encouraging others to rise to challenges can significantly improve the efficiency of the care workplace. Similarly, the tendency to encourage innovation, problem-solving, and curiosity is also positively associated with job integration at .63. A values-based activity, an ethical model with which it correlates at .57, showing leadership by example, also improves organisational outcomes. Furthermore, personal attention and support for employees' needs and aspirations contribute to their involvement and purpose, as indicated by a coefficient of .48 for self-efficacy.

In contrast, the frequencies of avoidant or less engaged inactive leadership styles characterised by inertia and disengagement showed a significant negative correlation at -.71. This indicates that such manual, reactive strategies are associated with poor organisational performance. Between flexibility and passivity, attitude and reward priority leadership fell within moderate correlations ranging from .33 to .48. This provides some confidence to incorporate well-structured incentive and reward systems linked to different goals and parameters, that they balance intrinsic incentives and avoid creating excessive internal competition, which participants described as a risk in an interview.

The qualitative findings provided in-depth implications, showing how critical change practices lead to high levels of employee motivation, empowerment, and commitment, even in the face of constraints and uncertainty faced by Caret companies. Interviewees frequently mentioned how a persuasive call for a meaningful mission vision for the future and enabling people to aspire through personal initiative creates the necessary trust and cultural consistency to provide consistent, high-quality care and innovative exchanges. They also highlighted how "how to lead by example" by modelling integrity, ethics, and caring for stakeholders builds the confidence necessary to implement the changes. It also empowers people to challenge legacy thinking to stimulate intellectual growth, creating a more significant commitment to continuous improvement and innovation before the status quo.

5. Data analysis

A total of 200 respondents completed the survey, with 105 being care employees and 95 managers/leaders. The sample represented 5 different care organizations located in various regions of the UK. In terms of tenure, 25% had worked in care for 1-3 years, 35% for 4-10 years, and 40% for over 10 years. The variables of interest measured in the survey included leadership styles and organizational performance indicators. Leadership styles were assessed

using the Multifactor Leadership Questionnaire (MLQ), which measures five factors - idealized influence, inspirational motivation, intellectual stimulation, individualized consideration, and contingent reward. Respondents indicated the frequency of leadership behaviors on a 5-point Likert scale.

Organizational performance was operationalized through 10 measures recommended for the care sector context - quality of care, client satisfaction, staff retention, innovation, efficiency, safety, equity of access, compliance, financial stability, and organizational reputation. Respondents rated their organization's performance on each indicator using a 5-point scale from poor to excellent. Inferential statistical analysis was conducted to examine relationships between variables. Spearman's rank correlation coefficients were calculated to assess the strength and direction of associations between leadership styles and performance outcomes. Due to the ordinal nature of the Likert scale data, non-parametric correlations were most appropriate.

The results indicated significant positive correlations between most aspects of transformational leadership and organizational performance measures. Specifically, inspirational motivation showed strong correlations with quality of care ($r_s=0.68$, $p<0.01$), client satisfaction ($r_s=0.67$, $p<0.01$), and staff retention ($r_s=0.64$, $p<0.01$). Intellectual stimulation was positively correlated with innovation ($r_s=0.63$, $p<0.01$) and efficiency ($r_s=0.59$, $p<0.01$). Individualized consideration correlated with compliance ($r_s=0.55$, $p<0.01$) and reputation ($r_s=0.52$, $p<0.01$). Contingent reward as an aspect of transactional leadership showed weaker but still significant positive correlations with several outcomes like financial stability ($r_s=0.48$, $p<0.01$) and safety ($r_s=0.43$, $p<0.01$). Passive avoidant leadership had strong negative correlations, for instance with equity of access ($r_s=-0.71$, $p<0.01$) and quality of care ($r_s=-0.68$, $p<0.01$).

The quantitative findings were supported by insights from interviews with care managers. They emphasized how transformational behaviours like setting an inspiring vision and supporting intellectual growth empowered employees to deliver high quality care even in challenging conditions. A blend of strategies appeared most effective when rewards were well-structured and did not reduce intrinsic motivation. To further examine patterns in the data, responses were analysed based on respondent role and organizational characteristics.

Managers consistently rated leadership styles more positively compared to employees. However, both groups' ratings of performance outcomes were similar. Significant variations emerged across organizations. Leadership perceived as strongest in one organization linked

most inherently to better outcomes. The association between styles and performance remained substantial even where leadership enactment was relatively weaker, demonstrating transformational approaches broadly benefit care work.

Interview themes provided explanatory insights. A compelling vision and passion for the care mission surfaced as highly motivating. Empowering creativity and autonomy fostered greater innovation and employee retention (Mullins, 2019). Approachable, caring leaders built trusting relationships integral to compliance through higher well-being and teamwork. Transactional rewards supplemented but did not replace intrinsic drives as the primary motivator, according to participants. Outcomes aligned most positively when incentives aligned with important strategic targets rather than individual performance metrics.

These qualitative accounts corroborate relationships indicated in quantitative findings. An integrated mix emphasizing intrinsic inspiration through vision, empowerment and social support seems optimally suited for performance in care contexts. Aligning rewards to strategic objectives maintains focus on intrinsic motivation critical to sector outcomes (Porter, and Donthu, 2021). An analysis of responses based on role, organization and interviews identifies consistent patterns substantiating the predominant influence of transformational leadership qualities on care workforce and service delivery success. Intrinsic drives emerge as most intrinsically motivational when channelled effectively through empowering, caring and purpose-driven leadership.

To get a more complete picture of the data, answers were looked at based on several separate but connected factors in order to find trends and themes that were extremely instructive. One important factor was the range of organisational settings that were shown, such as hospitals and homes for the elderly. Quality of life and individualised care were emphasised as top goals by staff and leaders in long-term care settings. They believed that this was directly connected to patient and family happiness as well as equal access to respectful support. In contrast, hospital responders were most concerned with safely meeting complex needs above all else. They thought that clear prioritisation from leadership was closely linked to good compliance and smooth operations. This means that leadership may have the most impact on important results when it is adapted to the specific goals of each setting (Alilyyani, Wong, and Cummings, 2018).

Looking at the answers through the lens of the respondents' job titles and roles also shed light on interesting points of view. Caring, kindness, and a focus on people were constantly

mentioned by nurses as the things that drove them the most at work (García-Sierra, Fernández-Castro, and Martínez-Zaragoza, 2021). At the same time, doctors said that medical knowledge and getting their work done quickly were both very important to them. This suggests that we need combined styles that consider different expert points of view. Non-clinical jobs valued finding meaning and power in their work more than anything else. With different views even in the care field, too broad of answers could leave important groups feeling disconnected. According to talks with experts, this was backed by the fact that real inspiration comes from leaders who fully understand how things work in different situations and roles. A highly contextualised, inclusive model that considers the complex needs of a wide range of workers seems most likely to get a lot of support and long-lastingly good results (Taliaferro, and Diesel, 2020).

To learn more about how organisations are different, the study looked at how high and low workers vary on important results like quality, safety, and customer happiness based on comments from respondents. It's not a surprise that settings where people were seen as high-achieving leaders linked changing habits most naturally to effect. However, even places that were rated less well in this area showed strong connections, showing that change has a lot of ability to help. These findings show that customised best practices have a bigger effect in places where they are already deeply rooted in culture. However, focusing on the right mix of ways may make everything better. This in-depth look at environmental, professional, and performance-based factors has helped us learn more about what to do in different situations so that we can find the best answers. Because care work depends on a lot of different people and situations, methods that are both open to everyone and aware of differences seem to be the best way to achieve true resilience and greatness across changing settings.

6. Discussion and conclusion

Based on the results of this mixed methods study, people can learn a lot about how different types of leadership affect the success of care organisations. The numbers showed that there were strong links between transformational leadership practices and different performance outcomes in different care settings. Inspirational drive, intellectual stimulation, and individual care were some of the dimensions that constantly showed moderate to high relationships. Passive avoidant styles, on the other hand, were highly linked to worse results. Themes that came up in the qualitative questions strongly supported these numeric results. Taking into account previous study, the results are in line with a lot of proof that

transformational leadership usually improves following drive, commitment, and performance. But this study also showed some important details. For instance, the level of effect seemed to change depending on how strong the implementation was in different places and organisations. Also, transactional factors like contingent benefits helped, but they weren't the main things that drove success like transformational factors were. These patterns can be explained by the main ideas that came up in the conversations. Transformational leadership improves innate motivation in care settings in a number of important ways, including by sharing an engaging vision, encouraging innovation, and building trust through social support. The different points of view expressed also suggest that a customised method may have more impact in certain situations.

The results show that transformational leadership is a strong way to improve the way organisations work in the care field. Leaders who want to get the most done should act in ways that inspire and challenge their employees' minds while also encouraging them to be themselves. But the complex relationships also show that there are risk factors that need to be thought about. Strategies that change style focus and goals to fit the needs of the setting and different professional points of view show promise for long-term success that benefits everyone. Overall, an attitude of caring change that is tuned to the specific needs of people in care seems to lead to the best standards of service and the strongest commitment from staff. This work could be expanded in several ways by future study. Looking at the links between leadership and success over time would give better proof of a cause-and-effect relationship. Adding real success measures to support people's opinions could add more credibility. Looking into contingent validity based on cultural or social factors could help us learn more about the best way to change. Also, scientific studies that directly compare different leadership styles would give us more solid information. More research into complex best practices can only help people understand how to care for others and make progress towards situationally aware care leadership.

This study provides a foundation for understanding the relationship between leadership styles and organisational performance in the care sector. However, there are some limitations that should be acknowledged. Firstly, the cross-sectional research design means causal inferences cannot be firmly established. It is not possible to determine whether transformational leadership definitively leads to improved outcomes, or vice versa. Longitudinal research would strengthen conclusions about directionality.

Secondly, the sample was confined to organisations in the UK, so generalizability may be limited. Cultural factors could potentially influence findings in other international contexts. Replicating the study design in diverse healthcare systems would enhance external validity. Thirdly, performance was assessed subjectively based on respondent perceptions rather than objective indicators. While perceptions provide useful insights, combining with measures such as quality ratings, retention data or financial metrics could offer a more comprehensive view.

Things about the organisation, like its size or finances, may also play a part. Using testing methods that directly change how leaders act would also help draw better conclusions about what causes what. Comparing results before and after leadership development programmes could give us useful information. Qualitatively, in-depth case studies of companies that do a great job may show small differences in how innovative practices are put into action and backed by systems and culture. Instead of just talking to bosses, interviews with direct reports would give their points of view. The analysis also showed how important it is to tailor things to unique situations, like care homes vs. hospitals. More in-depth research should be done in the future on how to optimise style based on natural needs. In the same way, designing solutions that are truly open should include ways to accommodate different work roles. While this paper gives some preliminary proof for transformational leadership, it would be helpful to do more thorough research in this area using a variety of research methods. By doing so, we can gain more knowledge that can be used to make plans for improving performance and developing leaders. It's also possible to apply what was learned to other areas of human services that are having changing problems. More study could lead to useful tips that will make people-centred care better on a big scale.

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Appendix

Appendix A – Ethics form

UNIVERSITY ETHICS POLICY AND PROCEDURES

All research and training involving staff and students at London Metropolitan University must comply with the University's Ethics Policy and Procedures. These have been developed to protect staff, students and research participants from potential harm and to promote the highest ethical standards in research and training. Students will be discouraged from undertaking research involving children or vulnerable adults. All students need to complete the ethics review checklist (on page 3 of this document)

What does this checklist aim to do?

This checklist aims to ensure that all research and training involving staff and students at London Metropolitan University complies with the University's Ethics Policy and Procedures. The checklist is designed to ensure that all staff and students have considered the ethical implications of the research and training undertaken at the University, and to identify any research and training activities where there are potential ethical concerns that may require formal ethical clearance from either the University's Ethics Committee and related Ethics Review Panels or by an external Research Ethics Committee.

Who should complete this checklist?

This checklist should be completed for every research project involving members of academic and administrative, full-, part-time and honorary staff at London Metropolitan University; postgraduate student research projects registered at and/or supervised by staff at London Metropolitan University; undergraduate and postgraduate student dissertation conducted as part of a degree programme or short course delivered by staff at London Metropolitan University; and undergraduate and postgraduate module and short course delivered by London Metropolitan University (completed by the module/short course organiser).

What happens to this checklist?

Once you have completed this checklist, you need to submit it as part of your research proposal. The module team will discuss it and decide whether further action needs to be taken. If

necessary two signed hard copies will be sent to the Chair or vice-Chair of the Ethics Review Panel dealing with research and training for your Faculty, Department or Research Institute. If there are no substantive ethical concerns associated with the proposed activity, the research will be agreed.

If there are potential ethical concerns associated with the proposed activity, the Chair or vice-Chair of the Ethics Review Panel will notify you of these by email and confirm that you will need to submit a formal ethics application to the Ethics Review Panel or to an external Research Ethics Committee.

What happens if the proposed activity changes in the future?

This checklist should also be completed to request ethics clearance for any changes to existing research and training activities that have a material impact on the potential ethical impact thereof.

MN6P12

Management Dissertation and

Ethics Review Checklist

(please read the guidelines on the previous page before completing this form)

This form should be completed by the student undertaking a research project after consultation with their supervisor and a signed copy included in the appendices of the research proposal

Student Name Grasu Liviu Alexandu

Student Number 10128536

Student email address gla0274@my.londonmet.ac.uk

1. Please provide a brief description of the proposed research for which ethics clearance is requested (maximum 50 words):
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The Impact of Transformational Leadership on Organizational Performance within the Care Sector in the UK: A Comparative Study between transformational and transactional leadership styles

2. Please give the name of the Module leader, module title and course code:

Module Leader: Godfred Osei

Module title and code: Dissertation – FE6P04QA

3. Name of supervisor

Mihaela Melintescu

4. Email address of supervisor

Mihaela.melintescu@qa.com

Potential ethical concerns (delete **Yes** or **No** as appropriate)

1. Are any of the people involved in collecting or analysing data for the proposed activity **not** employed (on formal or honorary contracts) or enrolled as (undergraduate, postgraduate or short-course) students by London Metropolitan University?

No (all of those collecting or analysing data are employed by/enroled at London Metropolitan University)

2. Does the proposed activity involve any foreseeable legal risks or risk of physical, psychological or social distress to staff, students or participants? **/No**
3. Does the proposed activity only involve library-based work or work based only on the analysis and scrutiny of publicly available documents? **/No**
4. Does the proposed activity involve the collection or use of body tissues or body fluids (including excreta) from humans or animals? **/No**
5. Does the proposed activity involve the collection of data from human or animal participants? **No**
6. Does the proposed activity involve the collection of data through the direct or indirect observation of human subjects? **/No**
7. Does the proposed activity involve the administration of any drug, food substance or placebos to human or animal subjects? **/No**
8. Does the proposed activity involve exposing human or animal participants to any abnormal or painful physical or sensory stimuli (including auditory, visual and olfactory stimuli)? **/No**
9. Does the proposed activity require human or animal participants undergoing abnormal physical, psychological or emotional stress (including dehydration, exercise, sensory deprivation, confinement or sleeplessness)? **/No**
10. Does the proposed activity involve exposure to topics or issues that might cause offence (including exposure to controversial, offensive or illegal material or ideologies)? **/No**
11. Does the proposed activity involve deceiving participants? **/No**

12. Does the proposed activity require the disclosure of private or confidential information without the informed consent of participants? **/No**

13. Is the proposed activity likely to lead to the potential disclosure of illegal activity or incriminating information from participants? **No**

14. Does the proposed activity involve staff, clients, premises, facilities, material or data derived from NHS, Social Care or Local Authority Education Services? **No**

15. Does the proposed activity involve participants who are potentially vulnerable or unable to give informed consent (including children under the age of 16, people with learning difficulties, people with cognitive disorders and people with debilitating illnesses)? **Yes/No**

16. Does the proposed activity require the staff and/or students involved to have undergone a Criminal Records Bureau check? **No**

You need to submit a signed copy of this form with your research proposal (in the appendices)

If it is thought necessary, your tutor/supervisor will forward the proposal to the Faculty's Ethics Review Panel for agreement prior to starting the study

Student signature:

__Grasu Liviu Alexandu: Date: 23.03.2024__

FOR FACULTY USE ONLY

Recommendation by Chair/vice-Chair Ethics Review Panel: (circle appropriate response)

Ethical clearance approved on the basis of information provided in the Ethics Review Checklist.

Ethical clearance approved on the basis of information provided in the Ethics Review Checklist and subsequent clarification of the potential ethical concerns identified in the Ethics Review Checklist through email correspondence with the member of staff responsible for the proposed activity (email correspondence attached).

The proposed activity requires a formal ethics application to the Ethics Review Panel **before** it can proceed.

The proposed activity requires a formal ethics application to an external Research Ethics Committee **before** it can proceed.

Appendix B- Consent form for qualitative data collection-questionnaire.

Consent form for participation in research project

Title:

The Impact of Transformational Leadership on Organizational Performance within the Care Sector in the UK: A Comparative Study between transformational and transactional leadership styles

Researcher:

Grasu Liviu Alexandru

I hereby give my consent for the data collected to be used for the above mentioned research project.

I understand that all information collected will be treated confidentially, and that my identity will at no point be revealed to a third party.

I understand that I can withdraw my consent at any point without disadvantage to myself and without the need for explanation. I am not obliged to the researcher of the project in any way or at any point.

Participant:

Name: David Young

Signature: David Young

Date: 23.03.2024

Appendix C: Interview Questionnaire

1. To what extent does your leader communicate an inspiring vision of excellence in caring for clients?
 - Not at all
 - To a small extent
 - To some extent
 - To a large extent
 - To a very great extent
2. How frequently does your leader encourage innovative thinking and new ways to improve care quality?
 - Almost never
 - Rarely
 - Sometimes
 - Very often
 - Always
3. How often does your leader provide recognition or rewards based directly on excellent care performance?
 - Almost never
 - Rarely
 - Sometimes
 - Very often

- Always
4. To what degree does your leader provide empathetic, individualised support tailored to each employee's aspirations?
- Not at all
 - To a small extent
 - To some extent
 - To a large extent
 - To a very great extent
5. How would you rate overall care quality and service delivery by your organisation over the past year?
- Very poor
 - Below average
 - Average
 - Good
 - Excellent
6. How engaged and motivated to go beyond expectations are employees at your organisation?
- Not at all engaged.
 - Marginally engaged.
 - Somewhat engaged.
 - Very engaged
 - Extremely engaged.
7. How would you assess staff retention and satisfaction at your care organisation this past year?
- Very low

- Below average

- Moderate

- High

- Very high

8. How quickly and effectively does your organisation adapt processes or resources to improve care?

- Very slowly

- Slowly

- At an average pace

- Quickly

- Very quickly

9. To what extent are ethical, values-based behaviours modelled by leadership in your organisation?

- Not at all

- To a small extent

- To some extent

- To a large extent

- To a very great extent

10. How financially sustainable and socially responsible is the performance of your care organisation?

- Not at all sustainable

- Barely sustainable

- Moderately sustainable

- Very sustainable

- Extremely sustainable