

## **THE ROLE OF TRANSFORMATIONAL LEADERSHIP IN EMPLOYEE WORK ENGAGEMENT: PREDICTIVE STUDY IN THE EMERGING HEALTHCARE SECTOR OF INDIA**

**Mr. Anurag Mishra**

PhD Scholar, Presidency University, anurag.mishra@presidencyuniversity.in

**Dr. Senthil Kumar Ranganathan**

Professor, Presidency university, Rajanakunte, Bangaluru, Karnataka,560064  
drsenthilkumar@presidencyuniversity.in

### **ABSTRACT**

Employees are the main assets of an organization, which determines the overall growth and outcome. Organizations adapt various strategies to utilize the capabilities of employees and make them engage. Effective leadership style have major role in guiding and influencing the employees for goal achievement and engagement at work in healthcare sector. Accordingly, the current study has been conducted in the hospitals to examine the relationship between three different styles of leadership-transformational, transactional and laissez-fair and employee work engagement. Instruments used for the study were Multifactor Leadership Questionnaire (MLQ6s) and Work Engagement Scale-9 (UWES-9).The study has been conducted in four private hospitals in Lucknow, Uttar Pradesh. Total of 320 questionnaire were send respondents via online emailed survey out of which 272 respondents have filled compete questionnaire. Findings suggested the significant role of transformational style of leadership among doctor and its importance on work engagement.

Key words: Transformational leadership, Transactional leadership, employee engagement, Doctors, healthcare

### **1.INTRODUCTION:**

Healthcare is a continuously growing sector. It involves services provided by hospitals, medical or surgical treatments, nursing etc. Patient care, clinical services, medical treatment and management are the major functions in health care sector. (Cooper,2018) have studied the dyadic relationship between surgeon and anesthesiologist and emphasized on teamwork and leadership between both of them. Further, the dyadic relationship can increase patient safety and care. While performing such services, there is a need of proper coordination and administration among healthcare sector employees.

Leadership in the health care sector is extended to management and delegation of tasks that require proper planning and setting up strategic goals. (Hanson & Ford,2010) noted that in healthcare leaders can develop competencies that contribute to process characteristics such as interaction and interdependence leading to collaboration, innovation, and organizational

learning . This in turn motivates individuals to carry out their roles and responsibilities. Proper co-ordination, effective team leading, integrity, understanding the environment and sensitivity towards tasks are the emerging challenges in this sector. Ayeleke et al., (2018) suggested the importance of effective leadership in healthcare. Study pointed out the needs of competent management and leadership workforces in healthcare. Similarly (Nicol ,2012) states that leadership in healthcare is arguably more challenging than in most other public or private sectors.

In today's era, due to rapid changes in technology and healthcare policies, especially in developing countries like India, there is a need to understand the value of efficient work management styles. Improper employee work engagement is an emerging issue in the health care sector. High workload, long hour job, commitment to patient care, lack of goal setting, improper managerial training, high turnover rates etc. are the major challenges in this sector. This also impacts healthcare workers emotionally. Employee work engagement is a tool which is significantly helpful to overcome such issues. (Lowe,2012) had surveyed over 10,000 employees in 16 Ontario hospitals for analyzing the role of employee engagement in hospital performance by using employee experience survey (EES). The study suggested that highly engaged employees are committed to their employer, satisfied with their work and willing to give extra effort to achieve the organization's goals compared to low engaged employees. Similarly, high level of employee engagement is helpful in retention, patient centered Care and patient safety. In further studies, Bakker, Schaufeli, Leiter & Taris(2008) highlighted "engaged employees have a sense of energetic and effective connection with their work, and instead of stressful and demanding, they look upon their work as challenging." (P.188).

Additionally, appropriate leadership styles act as a catalyst that provides right direction and guidance in employee engagement. In health and medical, doctors play the role of leaders (Brill, 1977; Thylefors,2012).The purpose of this paper is to examine the role of leadership styles in employee work engagement in the emerging healthcare sector. This is fulfilled via review of previous studies in healthcare organizations and research related to leadership and employee work engagement in healthcare.(Conger, 1992,)stated that "Leaders are individuals who establish direction for a working group of individuals, who gain commitment from these group of members to this direction and who then motivate these members to achieve the direction's outcomes." (p18.).Leader is the one who can encourage his followers to accomplish a common goal (Northouse 2010).Further, (Stogdill,1950) states that leadership may be considered as the process (act) of influencing the activities of an organized group in its efforts toward goal setting and goal achievement.

As per Bass(1990), there are five factors which belong to transformational style of leadership: Idealized influence (behaviors), idealized influence (attributes), inspirational motivation, intellectual stimulation, and individual consideration. Leaders with idealized influence build trust and confidence with the followers by showing faith and respect. Leaders act as a role model and have a collective sense of mission. Inspirational motivation is the manner of providing clear mission and making others feel valuable. Intellectual stimulation is the encouragement provided by leaders to the followers to be creative in their work. Individualized consideration is the degree of showing interest in others' wellbeing. It helps in

the empowerment of the followers by the leaders. There are 3 factors of transactional leadership style: contingent reward, management by exception (active), and management by exception (passive). Contingent reward shows the degree to which leaders tell others what to do in order to be rewarded. Employees get rewards for good performance and also are recognized for their accomplishments. Management by exception is defined as negative reinforcement and corrective action. It has been subdivided into two parts: A leader who has management by exception (active) leadership styles, tries to prevent others from falling to achieve certain standards, follow employees' performance and correct their mistakes but a leader who has management by exception (passive) leadership style, does not act until a problem arises.

### 1.1 EMPLOYEE WORK ENGAGEMENT

Schaufeli and Bakker (2003) stated that "work engagement is a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication and absorption" (p. 74).

In the year 1990, William Kahn described the concept of Employee engagement. Kahn (1990) argued that "people can use varying degrees of their selves, physically, cognitively and emotionally in work role performances". Further he added that personal engagement as the harnessing factor of organization members' selves to their work roles; in engagement, people employ and express themselves physically, cognitively and emotionally during role performances. Similarly, personal disengagement as the uncoupling of selves from work roles; in disengagement, people withdraw and defend themselves physically, cognitively, or emotionally during role performances." (P.694)

In healthcare, doctors need to adapt kind of behavior which could make their team in comfort and provide better care to patients. (Attridge,2009) indicated that by adopting certain workplace behavioral health practices, working conditions, corporate culture and leadership, can improve work engagement. The employees' feelings regarding engagement in the organization are influenced by the leaders' behavior with subordinates with respect to the style and level of communication. (Suharti & Suliyanto, 2012; Saks, 2006). According to Maslach & Leiter (1997), the characteristics of engagement includes energy, involvement, and efficacy which is inverse of the dimensions of burnout .In case of burnout ,energy turns into exhaustion, involvement into cynicism and efficacy into ineffectiveness.

In seminal work by (Schaufeli & Bakker ,2003) have provided the framework of employee engagement scale. The scale has been characterized into three sub-scale-Vigor, dedication and Absorption. Characteristics of vigor include willingness to put effort in work; mental resilience and high level of energy during work and persistence in the face of difficulties. Dedication is characterized by involvement in once own work and finding the meaning in the work. It is the experience of pride, enthusiasm and inspiration; and challenge. The third part of scale is absorption which includes the characteristics of concentration and engrossment in work. Person has difficulty in detaching from work and time passes quickly. Parakh et al., (2016) conducted a study among 204 medical professional and dental for measuring work engagement. The study included utrecht work engagement scale-17(UWES-17) scale for measurement of work engagement on the basis of gender, education, designation, income, marital status, practice,

practitioners in private and government practice. The multiple linear regression results reveals that higher education is significantly related to work engagement with the P- value of  $0.02 < 0.05$ . Jeve et al., (2015) had conducted cross-sectional study among the employees of national health service (NHS) teaching hospital in the UK. The utrecht work engagement scale (UWES-9) scale was used for measurement of employee engagement. The overall results concluded that employee engagement was below average in employees. Findings suggested that further strategies are required to measure, analyses and improve work engagement among the employees.(Patrick & Mukherjee ,2018) has conducted a cross-sectional study among 372 employees of 20 hospitals in bangalore. The work and well-being survey (UWES) questionnaire was filled by doctors and nurses of corporate, government, private and trust hospitals. Results suggested that work engagement among doctors were more than nurses. Similarly male doctors showed more work engagement especially on the vigor dimension.

## 1.2 LEADERSHIP IN HEALTHCARE

Doctors in the healthcare need to play complex roles as a caretaker, medical practitioner and as a leader to perform their day to day activities. In the current scenario, there is a need for doctors to adopt a holistic approach to understand and engage with their job complexities. In previous studies of (Gayathri&Warrier,2021) on leadership training for doctors in India, states that there is a need of good leadership among doctors during surgery or during emergency decision making. Study emphasized on the need of leadership training programs during MBBS and post-graduate level among doctors. Doctors need to implement interdisciplinary services, healthcare team management during operations and surgeries and also maintain appropriate communication. Doctors also need to provide reward and recognition to their subordinates and fellow workers to improve their performance and make them engaged in the work. Witma et al.,(2011) emphasizes on appointments of doctors at lead positions as medical managers with formal hierarchal functions. Further as a leader, the principle of the doctor at medical profession is to improve the quality of clinical services. (Berlin,2010) have pointed out the intermediate stage between doctor's and staff's work. The study concluded the semi parallel and semi synchronous teamwork. Kumar et al., (2014) have stressed upon the leadership and managerial role in healthcare. The training on leadership skills is necessary among doctors at senior positions. This study also suggests that doctors need to exhibit skills of leadership among the team members and at clinical workplace. (Mishra,2008) have analyzed the importance of management among doctors. The role of doctors involves handling teams, people and the resources. The scarcity of leadership trainings among the doctors and nurses frustrates them which erodes the quality of patient care and services.(Malila, Lunkka &Suhonen,2017) conducted a study on role of authentic leadership in healthcare. The study focused on well-being at work, patient care quality, work environment and authentic leadership promotion. Researcher emphasized that authentic leadership is a leader's non-authoritarian, ethical and transparent behavior pattern.

Curtis et al., (2011) suggested that leadership in nursing needs to get enhanced in undergraduate programs. Kumar & Khiljee (2016) study states that the collective leadership approach is most

likely to create and sustain quality improvement. The researcher suggested that lack of engagement and resistance to change are the major challenges in healthcare staffs.

Slavkin (2010) emphasized on the importance of leadership in health care. The study argued that leadership in the health care workforce, whether within public or private organizations, will continue to require creative, interdisciplinary and most often culturally diverse collaborations especially transformational leadership style. Alloubani et al., (2014) examined the role of leadership styles on quality of services in healthcare, especially transformational style of leadership. The study revealed that transformational leadership attributes and behaviors were positively related to organizational outcomes such as teamwork success, staff satisfaction and effectiveness. However, effective leadership style is a major challenge. Fischer (2012) indicated the significant role of transformational leadership in nursing. The transformational leadership in nursing has been associated with high-performing teams and improved patient care which requires further training among nursing. Mehrad et al.,(2020) argued the single best elements which contribute on employee engagement is leadership.

(Stiehr & Kueny,2017) studied the role of transformational leadership practices in healthcare organizations among the nursing leaders. Emotionally intelligent, extrovert, agreeable, and self-efficient leaders can help nurses to experience higher job satisfaction and lower turnover rates due to transformational style of leadership. Similarly patient care will also be more effective while nursing. Study also suggested that organizations can increase the transformational leadership behaviors through top-down training strategies. Salanova et al.,(2011) argued that the extra role performance of nurses is being effected by transformational style adapted by nurses manager. (Wong & Cummings,2007).concluded that transformational leadership reduces adverse events and improves Patient satisfaction

### **1.3 LEADERSHIP AND WORK ENGAGEMENT IN HEALTH CARE SECTOR:**

In a study by (Manning,2016) analyzed the leadership styles of nurse managers and influence on the employee engagement of nurses. Study was conducted among the 441 nurses of three hospitals. The research measured work engagement by Utrecht Work Engagement Scale and leadership styles by Multifactorial Leadership Questionnaire 5X short form. The multiple correlation findings suggested that transformational and transactional leadership styles of nurse managers are significantly influencing on nurse engagement whereas passive-avoidance is negatively related to nurses' engagement.

Similarly Popli & Rizvi(2016) made a study among 340-line managers for measuring the relationship between employee engagement and leadership styles. Multi-factor Leadership Questionnaire (MLQ-5X Short Rater Form and E3 (Development Dimensions International [DDI]) scale were used for measurement of leadership and employee engagement of employees respectively. The finding revealed that transformational and transactional leadership styles are playing significant role in employee engagement and passive-avoidant leadership style is negatively related to employee engagement. Employees below age of 25 and who were only graduates were more engaged than above age group of 25 and post-graduate.

(Asisbar& Azar,2014) have examine the effectiveness of leadership styles in internal

healthcare executives of all teaching and non-teaching hospitals affiliated to Iran university of medical sciences. The study revealed that transformational leadership style was more dominating as compare to transactional and laissez-fair style of leadership.

Further, Gilbert et al., (2012) have conducted a study among junior doctors of National health service (NHS) south central region and found out that doctors recognized importance of leadership, team working and professionalism. Junior doctors, who have attended leadership trainings have high level of expressive skills and have significant relationship with staffs. However, majority of respondents do not feel valued by their managers. Furthermore (Warren & Carnall,2011) pointed out the importance of good medical leadership for high-quality healthcare. Among all medical staffs, leadership development is essential component of education. Doctors along with strong academic and clinical carries have to develop a set of knowledge, skills and behaviors that will enable them to engage and lead in highly complex, rapidly changing environments.

The above studies suggested there is a significant gap pertaining to leadership styles and work engagement in the healthcare sector which requires further studies. The above discussion connotes that leadership styles are the predictors of employee work engagement. Therefore, there is a hypothetical relationship between leadership styles and work engagement among clinical doctors.

Hypothesis 1. There is a positive relationship between transformational leadership style and work engagement among the doctors in healthcare sector.

Hypothesis 2. There is a positive relationship between transactional leadership style and work engagement among the doctors in healthcare sector.

## **2 .MEASUREMENT SCALE**

For measurement of leadership, study included the Multifactor Leadership Questionnaire (MLQ6s).The 21 questionnaire scale has seven dimensions of leadership styles: Idealized influence which is measured by items of 1,8, and 15;Inspirational motivation by items of 2,9, and 16;Intellectual stimulation by items of 3,10 and 17;Individual consideration measured by items of 4,11,and 18; Contingent reward by items of 5,12 and 19;Managemnet by exception by items of 6,13 and 20 and Leissez-faire leadership by items of 7,14 and 21.The questionnaire has consists of 5-point likert scale with the options 0-Not at all,1-once in a while,2-sometimes,3-Fairly often and 4-Frequently,it not always. The cronbach's alpha of MLQ6s were 0.78 which is representing it acceptability and reliability.

Work engagement was measured by Utrecht Work Engagement Scale–9 [UWES-9]. which consists of 17-item instrument. The scale has been used worldwide in various countries .It has 7-point likert scale ranging from (0) to 6(always) having cronbach's alpha of 0.80.

## **3.Descriptive statistics**

The survey was emailed among 320 doctors participants in 4 private hospital in Lucknow, Uttar Pradesh. Out of which 272 respondents have filled and submitted all the questionnaires having rate of response of 85 percent. Table 2. predicts the rate of respondents of doctors. Maximum

respondents belongs in the range of 35 to 45 year range (81,29.8%). On the basis of Gender, Male participants (144,52.9%) are more in number than female (128,47.1%).Based on qualification maximum participants have highest degree of MS (95,34.9%) as compare to others. Employees on current job having experience below 10 years are (N=166,42.6%);between 11 to 20 years (N=41,15.1%);21.30 years (N=56,20.6%)and 30 to 40 years(59,21.7%) .Specializations data is mentioned in the table. On the basis of demographic factor, the following hypothesis has been suggested:

Table 1. provided the Mean and standard deviation of components of MLQ scale, WUES scale and demographic factors

#### 4.DATA ANALYSIS

**Table.1. Descriptive Statistics**

	MEAN	STD. DEVIATION	N
Engagement	4.4382	0.59796	272
Idealized Inf	2.7402	0.58081	272
Inspirational Motivation	2.6078	0.63243	272
Int Stimulation	2.5135	0.66776	272
Individual Consideration	2.5858	0.60813	272
Cont Reward	2.3419	0.69816	272
MB Exception	2.5797	0.62622	272
LZ faire	1.7096	0.66436	272
Age	2.5147	1.06944	272
Years of Service	2.2132	1.20826	272
Gender	1.4706	0.50005	272
Highest Qualification	2.8088	1.13654	272
Specialization	6.6618	3.89004	272

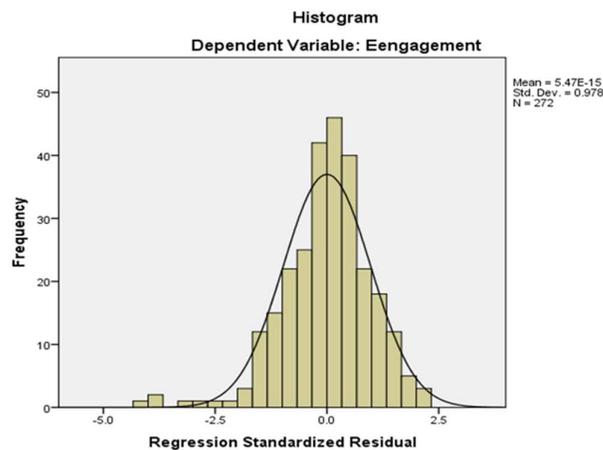
**Table.2 Demographic profile of respondents**

Age	N	%
Below 25	61	22.4
25 to 35	70	25.7
35 to 45	81	29.8
45 above	60	22.1
<b>Gender</b>		
Male	144	52.9
Female	128	47.1
<b>Highest Qualification</b>		
MBBS	59	21.7
BDS	29	10.7
MD	89	32.7

MS	95	34.9
<b>Year of service</b>		
Below 10 Years	116	42.6
11 to 20 Years	41	15.1
21-30 Years	56	20.6
30-40 Years	59	21.7
<b>specialization</b>		
Anesthesiology	41	15.1
Cardiology	4	1.5
Dental	32	11.8
Gastroenterology	9	3.3
General physician	44	16.2
MD ( forensic medicines and toxicology)	10	3.7
Medicine	1	0.4
Neurology	25	9.2
Ophthalmology	20	7.4
Orthopedics	40	14.7
pediatrician	15	5.5
Psychology	4	1.5
Surgeon	27	9.9

Before testing the hypotheses, the underlying assumptions and conditions of multicollinearity and normality of data has been tested. According to the study of Green(1990) if the value of predictor variables greater than 0.90, then it should be combined. As we can see in table.3 there are non of values greater that 0.9 which indicated that independent variables are not related to each other .Similarly, from figure 1. we can see from the below histogram that the standardized residuals appear to be approximately normally distributed.

**Figure.1**



**Table .3**

Correlations													
	Idealized Inf	Inspirational Motiv	Int Stimulation	Ind Consideration	Cont Reward	MBException	LZ faire	Eengagement	Age	Years of Service	Gender	Highest Qual	Specialization
Idealized Inf	1												
Inspirational Motiv	.279**	1											
Int Stimulation	.274**	.318**	1										
Ind Consideration	.319**	.209**	.192**	1									
Cont Reward	.236**	.268**	.181**	.074	1								
MBException	.217**	.273**	.151*	.051	.261**	1							
LZ faire	-.148*	-.127*	-.046	-.035	.043	-.128*	1						
Eengagement	.312**	.234**	.374**	.302**	.245**	.188**	-.087	1					
Age	.018	.123*	-.068	.023	-.001	.060	.022	.063	1				
Years of Service	.158**	.243**	.091	.131*	.053	.122*	-.077	.173**	.891**	1			
Gender	-.009	.150*	-.063	.029	-.015	.112	-.098	.134*	-.013	.047	1		
Highest Qual	.014	-.091	-.027	-.006	.052	.027	.074	-.097	.476**	.366**	-.133*	1	
Specialization	.052	.046	.064	.064	-.075	-.046	-.036	.085	.211**	.261**	.076	.258**	1

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

For measuring relationship between variables leadership styles (Idealized influence, inspirational motivation, intellectual consideration, contingent reward), employee engagement, age, year of service and gender, correlation and regression analysis has been used. According to the study of Cohen,1988) the effect of correlation coefficients is to be considered as follows: coefficient is less than 0.28 are considered small effects, coefficient range from 0.28 to 0.49 have medium effects and large effects are greater than 0.49.

As per the above table, the correlation analysis indicated a moderate and positive relationship between transformational leadership component and employee engagement : Idealized influence and employee engagement( $r = .312, p < 0.01$  level of significance), Inspirational motivation ( $r = .234, p < .01$ ), Intellectual stimulation ( $r = .347, p < 0.01$ ) and individual consideration ( $r = .302, p < 0.01$ ). Similarly ,results also revealed a low and positive relationship between transformational leadership components and employee engagement: Contingent reward ( $r = .245, p < 0.01$ ), Management by exception ( $r = .188, p < 0.01$ ) and negative relationship

between laissez-Faire and employee engagement ( $r = -.087, p < 0.01$ ). The above results provided an association among variables for further testing.

<b>Model Summary<sup>b</sup></b>										
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin - Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.543 <sup>a</sup>	.295	.262	.51351	.295	9.038	12	259	.000	2.013
a. Predictors: (Constant), Specialization, LZ faire, Ind Consideration, Cont Reward, Gender, Age, Int Stimulation, MBException, Idealized Inf, Inspirational Motiv, Years of Service										
b. Dependent Variable: Engagement										

**Table.4**

**Table.5**

<b>ANOVA<sup>a</sup></b>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	28.600	12	2.383	9.038	.000 <sup>b</sup>
	Residual	68.298	259	.264		
	Total	96.897	271			
a. Dependent Variable: Engagement						
b. Predictors: (Constant), Specialization, LZ faire, Ind Consideration, Cont Reward, Gender, Age, Int Stimulation, MBException, Idealized Inf, Inspirational Motiv, Years of Service						

**Table.6**

Coefficients <sup>a</sup>													
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	2.426	.298		8.148	.000	1.840	3.013					
	Idealized Inff	.131	.062	.127	2.117	<b>.035</b>	.009	.252	.312	.130	.110	.757	1.321
	Inspirational Motiv	-.051	.058	-.054	-8.81	.379	-.166	.063	.234	-.055	-.046	.717	1.394
	Int Stimulation	.256	.053	.286	4.838	<b>.000</b>	.152	.361	.374	.288	.252	.778	1.286
	Ind Consideration	.184	.055	.187	3.325	<b>.001</b>	.075	.293	.302	.202	.173	.858	1.165
	Cont Reward	.141	.049	.164	2.881	<b>.004</b>	.045	.237	.245	.176	.150	.836	1.197
	MB Exception	.057	.054	.060	1.059	.291	-.049	.164	.188	.066	.055	.846	1.182
	LZ faire	-.026	.049	-.029	-.529	.598	-.123	.071	-.087	-.033	-.028	.916	1.092
	Age	.074	.077	.132	.959	.338	-.078	.225	.063	.059	.050	.144	6.923
	Years of Service	.010	.067	.020	.150	.881	-.121	.141	.173	.009	.008	.150	6.657
	Gender	.146	.065	.122	2.233	<b>.026</b>	.017	.274	.134	.137	.116	.913	1.095
	Specialization	.010	.009	.067	1.192	.234	-.007	.027	.085	.074	.062	.859	1.164

a. Dependent Variable: Engagement

The Durbin-Watson statistics for the analysis is 2.013. The test range from 0 to 4, but the value needs to be approximately very close to 2 to indicate that there is no correlation between residuals. As a results from table 4, our value is very close to 2, so it can be accepted that there is independence of errors (residuals). If the VIF goes above 10, it can be assumed that due to multicollinearity the regression coefficients are poorly estimated. In the case of this sample, the VIFs are not above 10 and concluded that the multicollinearity among all the predicted variables are negligible. Also, we can see all the tolerance values are greater than 0.1.so we are confident that there is no collinearity in that particular data set. All the assumptions of normality and multicollinearity is presented and data is valid for further analysis.

The data analysis results revealed that the predicted variables have significant impact on the work engagement of doctors in the healthcare sector. The multiple regression model summary of table 5, statically significantly predicted employee work engagement,  $F(12,259) = 9.038$ ,  $p < .001$ .The adjusted R2 having the value of 0.262 predicts that up to 26.2 percent of variance in employee engagement due to style of leadership and demographic factors.

The data analysis results from table 6, revealed that transformational and transactional style of leadership is significantly impacting on the work engagement.( $P < .05$ ).Components of transformational style(idealized influence behavior ,individual consideration, and intellectual stimulation) resulted a positive and significant impact on doctors work engagement in health care sector. The transactional style of leadership components (contingent reward) has positive and significant impact on work engagement. ( $P < .05$ ). The analysis on correlation and multiple

regression interrelated the significant and positive relationship between transformational leadership and transactional leadership and work engagement of doctors.

## **5. DISCUSSION**

On the basis of above analysis, we can conclude that transformational style of leadership is positively associated with employee engagement. The transformational style of leadership helps in providing faith, easiest way of communication and makes others to feel good. In the healthcare sector, the transformational styles inspire doctors with proper communication, developmental opportunities and to think about unique solutions. The attributes i.e idealized influence, inspirational motivation; Intellectual stimulation and Individual consideration are positively associated with the work engagement among medical practitioners. Employee engagement is supported by previous literature. Muddle(2020) have studies the role of transformational, transactional and passive avoidant leadership styles on the employee engagement among 84 health employees from three Papua New Guinea (PNG) healthcare sector. Results reveals that transformational and transactional leadership styles are significantly impacting on the employee engagement but passive avoidant leadership style is negatively impacting on it.

Salanova et al.,(2011) concluded that the extra role performance of nurses is being effected by transformational style adapted by nurses manager.

Similarly, Transactional style of leadership is also positively associated with work engagement. It direct and motivate employees to achieve rewards and recognition on achievement of goals. The findings of study concluded the positive and significant impact of contingent reward on engagement of doctors on healthcare sector. Our findings suggested that contingent reward is significantly impacting on work engagement. The study proves that rewards and recognition make doctors to perform well and achieve their goals. Similarly, there is attention paid on others also for achieving their goals. The finding is supported by the research of (Mainning,2016) opinioned that contingent reward and management by exception have significant impact on employee engagement. (Foon,2002) stated that transformational style and contingent reward attribute of transactional style of leadership increases the value and significance of the work.

Employees are aware about the standards which needs to be carryout for work. The attributes i,e contingent reward and management by exception have significant impact on employee engagement of among medical practitioners. In the health care the participation of male was found to be more than female. It could be concluded that work engagement of male participants is influenced by leadership styles.

## **6. LIMITATIONS AND FUTURE RESEARCH**

The current study has certain limitations. The study has been conducted on the basis on convenience sampling and it has only one time survey. Hence it is difficult to generalize the results. Future research can be made on longitudinal basis to get more generalized results. Secondly, study has only been conducted on leadership styles for measurement of employee engagement. There are many attributes for measurement of employee work engagement. Thanasingh & Srividhya (2018) made an attempt to analyze the factors which are influencing employee engagement and its relationship with service quality in hospitals at thoothukudi

district. The employee engagement was measured on 5-point likert scale on the factors i.e. Job characteristics, senior management, work team, organization, training and development, hospital infrastructure, hospital personnel, services offered and facilities offered.

The similar study of Mutsuddi (2016) in health care have stated that employee engagement is influenced by factors such as included job attractiveness, involvement with the organization, goal achievement, fair compensation, availability to resources, opportunity to growth, supervision relations, participation and feedback.

Thirdly, this research has only been conducted on doctors in health care sector. There are other employees such as nurses, ward boys, medical representatives and pharmacists on whom engagement research need to be conducted in future.

## 7. CONCLUSION AND PRACTICAL IMPLICATIONS:

Transformational style of leadership is more effective and significant in health care. The understanding of doctor's in working environment plays a major role in communication and engagement at work. Doctors association with others needs to make others proud and it should provide meaning fullness in work. Since transformational style of leadership provides new ways of thinking and expression of behavior, it is necessary to provide leadership trainings in medical staff members. Similarly, transactional leadership style of leadership can make to achieve the set of specific goals. However, findings do not support laissez-fair style of leadership. It has been concluded that this style of leadership is not applicable for work engagement in organizations. It is necessary for the organization to train their employee for avoiding laissez-fair style of leadership.

## REFERENCES

1. Attridge M (2009) "Measuring and managing employee work engagement: A review of the research and business literature." *Journal of Workplace Behavioral Health*, Vol.24,No.4,pp. 383-398
2. Ayeleke R O ,Dunham A. North N and Wallis, K (2018) "The concept of leadership in the health care sector." *Leadership*, pp.83-95. DOI: [10.5772/intechopen.76133](https://doi.org/10.5772/intechopen.76133) In book: Leadership <https://www.researchgate.net>
3. Azar F E and Asiabar A S (2015) ," Does leadership effectiveness correlates with leadership styles in healthcare executives of Iran University of Medical Sciences", *Medical journal of the Islamic Republic of Iran*, Vol ,29,pp. 166
4. Bass B and Avolio B (1995) Multifactor Leadership Questionnaire (MLQ). 2nd ed. Redwood City, CA: Mindgarden
5. Brill N Q (1977) "Delineating the role of the psychiatrist on the psychiatric team", *Hospital and Community Psychiatry*, Vol. 28 ,No.7, pp. 542-544
6. Cohen J (1988) Statistical power analysis for the behavioral sciences. San Diego, CA: Academic
7. Conger J A 'Learning to Lead' San Francisco: Jossey-Bass (1992, p18)

8. Cooper J B (2018), "Critical role of the surgeon–anesthesiologist relationship for patient safety '*Anesthesiology*, Vol.56,No.3,pp. 402-405.
9. Curtis E A, de Vries, J and Sheerin F K (2011), "Developing leadership in nursing: exploring core factors" *British Journal of Nursing*, Vol.20,No.5, pp. 306-309
10. Foon M S (2016),"A conceptual framework of transformational and transactional leadership on nurse educators job satisfaction", *International Journal of Social Science and Humanities Research*, Vol.4,No.1,pp. 596-605.
11. Gayathri K and Warriar U (2021). "Doctors as leaders–how essential is leadership training for them?". *Vilakshan-XIMB Journal of Management*, pp.1-81. DOI 10.1108/XJM-08-2020-0099
12. Gilbert A, Hockey P , Vaithianathan R, Curzen N and Lees P (2012)," Perceptions of junior doctors in the NHS about their training: results of a regional questionnaire", *BMJ Quality & Safety*, Vol.2,No.3,pp. 234-238, doi: <http://dx.doi.org/10.1136/bmjqs-2011-000611>
13. Green S B (1991).,"How many subjects does it take to do a regression analysis?" *Multivariate Behavioral Research*,Vol,26,No.3,pp. 499–510.
14. Jevc Y B, Oppenheimer C and Konje J (2015), "Employee engagement within the NHS: a cross-sectional study". *International journal of health policy and management*, Vol, 4,No.2,pp. 85.
15. Kumar R D and Khiljee N (2016) , "Leadership in healthcare", *Anesthesia & Intensive Care Medicine*, Vol.17,No.1,pp. 63-65.
16. Kumar, S, Adhish, V. S and Deoki, N. (2014). "Introduction to strategic management and leadership for health professionals", *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*, Vol.39,No.1,pp 13-16, doi: [10.4103/0970-0218.126345](https://doi.org/10.4103/0970-0218.126345)
17. Lowe G (2012 ) "How Employee Engagement Matters for Hospital Performance." *Healthcare Quarterly*, Vol.15 No.2,pp .29-39
18. Mah'd Alloubani A ,Almatari M and Almkhtar M M (2014),"Effects of leadership styles on quality of services in healthcare", *European Scientific Journal*, Vol,10,No,18.ISSN: 1857 – 7881 (Print) e - ISSN 1857- 7431
19. Malila N, Lunkka N and Suhonen M (2017) "Authentic Leadership in healthcare: a scoping review", *Leadership in Health Services*, Vol. 31 , No. 1, pp.129-146, DOI 10.1108/LHS-02-2017-0007
20. Manning J (2016)," The influence of nurse manager leadership style on staff nurse work engagement', *JONA: The Journal of Nursing Administration*, Vol.46,No.9,pp. 438-443. DOI: 10.1097/NNA.0000000000000372
21. Maslach C and Leiter M P (1997)," The truth about burnout: How organizations cause personal stress and what to do about it." San Francisco, CA: Jossey-Bass.
22. Mehrad A, Fernández-Castro, J and de Olmedo M P G G (2020). "A systematic review of leadership styles, work engagement and organizational support", *International*

- Journal of Research in Business and Social Science (2147-4478)*, Vol 9, No.4, pp. 66-77.. ISSN: 2147-4478, <https://doi.org/10.20525/ijrbs.v9i4.735>
23. Mishra R C (2008) "Management for Doctors", *Journal of Nepal Medical Association*, Vol.47, No.171, pp.1-2
  24. Muddle G R (2020), "The Relationship between Leadership Style and Hospital Employee Engagement in Papua New Guinea", *Asia Pacific Journal of Health Management*, Vol .15, No.4, pp. 42-55
  25. Muddle G R (2020). "The Relationship between Leadership Style and Hospital Employee Engagement in Papua New Guinea." *Asia Pacific Journal of Health Management*, Vol.15 No.4, pp. 42-55
  26. Mutsuddi I (2016), "Employee retention and engagement practices in the healthcare sector, A study on medical superspecialty hospital, Kolkata.", *Delhi Business Review*, Vol,17, No.1, pp. 65-78, ISBN no. 978-81-923211-7-2
  27. Nicol E D (2012). "Improving clinical leadership and management in the NHS" *Journal of Healthcare Leadership*, Vol. 4, pp.59-69. DOI: 10.2147/JHL.S28298
  28. Northouse P G (2010), *Leadership: Theory and practice (5th edition)*. Thousand Oaks, CA: Sage
  29. Parakh D, Garla B K, Dagli R, Bhateja G A, Vyas D and Pawa P (2016), "Work engagement among dental and medical professionals in Jodhpur city". *International Journal of Oral Health Dentistry*, Vol.2, No.2, pp. 88-94.
  30. Patrick H A and Mukherjee U (2018). "Work Engagement: A cross sectional study of employees in the healthcare sector." *Journal of Contemporary Management Research*, Vol.12, No.1
  31. Popli S and Rizvi I A (2016), "Drivers of Employee Engagement: The Role of Leadership Style", *Global Business Review*, Vol.17, No.4, pp. 965–979, DOI: 10.1177/0972150916645701
  32. Saks A M (2006), "Antecedents and consequences of employee engagement", *Journal of Managerial Psychology*, Vol. 21, No. 7, pp. 600-619
  33. Salanova M, Lorente L, Chambel M J and Martínez I M (2011). "Linking transformational leadership to nurses' extra-role performance: the mediating role of self-efficacy and work engagement", *Journal of advanced nursing*, Vol,67, No.10, pp. 2256-2266, doi: 10.1111/j.1365-2648.2011.05652.x
  34. Salanova M, Lorente L, Chambel M J and Martínez I M (2011), "Linking transformational leadership to nurses' extra-role performance: the mediating role of self-efficacy and work engagement", *Journal of advanced nursing*, Vol 67(10), pp. 2256-2266.
  35. Sanner-Stiehr E, Reynolds Kueny C (2017). "From the Top-Down: Transformational Leadership Considerations for Health Care Organizations", *Journal of Hospital*

- Administration, Vol.6,No.4, pp.1-9 , ISSN 1927-6990 E-ISSN 1927-7008,  
<https://doi.org/10.5430/jha.v6n4p1>
36. Schaufeli W B and Bakker A B (2003)" Utrecht work engagement scale: Preliminary manual". *Occupational Health Psychology Unit, Utrecht University, Utrecht*, Vol.26,No.1,pp. 64-100.
  37. Schaufeli W B and Bakker A B (2003), Utrecht work engagement scale: Preliminary manual. *Occupational Health Psychology Unit, Utrecht University, Utrecht*, Vol. 26 ,No.1,pp. 64-100
  38. Slavkin H C (2010),"Leadership for health care in the 21st century: a personal perspective", *Journal of Healthcare Leadership*, Vol.2,No.35 41.DOI <https://doi.org/10.2147/JHL.S8082>
  39. Suharti L and Suliyanto D (2012), "The effects of organizational culture and leadership style toward employee engagement and their impacts toward employee loyalty", *World Review of Business Research*, Vol. 2 ,No. 5, pp. 128-139
  40. Thanasingh S and Srividhya, D (2018)," A Study On Employee Engagement And Service Quality" *Taga Journal* ,Vol. 14. ISSN: 1748-0345 (Online) Pg. 3453- 3461
  41. Thylefors I.(2012b), "Does time matter? Exploring the relationship between interdependent teamwork and time allocation in Swedish inter professional teams", *Journal of Interprofessional Care*, Vol. 26 , No. 4, pp. 269-275
  42. Warren O J and Carnall R (2011)," Medical leadership: why it's important, what is required, and how we develop it", *Postgraduate Medical Journal*, Vol.87, No.1023,pp. 27-32. doi:10.1136/pgmj.2009.093807
  43. William R H and Randal Ford (2010) "Complexity leadership in healthcare: Leader network awareness" *Procedia Social and Behavioral Sciences* Vol. 2,pp. 6587–6596 ; doi:10.1016/j.sbspro.2010.04.069
  44. Witman Y, Smid G A , Meurs P L and Willems D L (2011). "Doctor in the lead: balancing between two worlds" ,*Organization*, Vol.18,No.4,pp. 477-495. DOI:[10.1177/1350508410380762](https://doi.org/10.1177/1350508410380762)
  45. Wong C A and Cummings G G (2007) "The relationship between nursing leadership and patient outcomes: A systematic review, " *Journal of nursing management*, Vol.15,No.5,pp. 508-521