



Leadership Styles in Managing Change Among Healthcare Professionals: A Systematic Literature Review

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ABSTRACT

Leadership styles critically shape healthcare professionals' readiness for organizational change, yet the evidence on which styles most effectively reduce resistance remains fragmented. Following PRISMA 2020 guidelines, we used the PICO framework to develop search strategies. Searches (January 2020–March 2024) were conducted in SCOPUS, Web of Science, Google Scholar, ProQuest, CINAHL, Medline, EMBASE (OVID), and Cochrane, limited to English-language empirical studies. Search terms included leadership, change, and resistance to change. Data were synthesized using content analysis. From 1,263 records, 10 studies met the inclusion criteria. Quantitative synthesis showed 70% supported transformational leadership as most effective, with idealized influence, inspirational motivation, and intellectual stimulation enhancing change readiness. 20% favored democratic/participative leadership for improving communication and shared decision-making. 10% endorsed transactional leadership, effective in structured change requiring clear performance metrics and contingent rewards. Across all studies, leadership style influenced employee attitudes, willingness to change, and resistance levels. Transformational leadership predominates in reducing resistance and fostering readiness, though democratic and transactional approaches may suit specific contexts. Findings highlight the need for adaptive, context-sensitive leadership strategies to optimize change outcomes.

INTRODUCTION

Leadership style is a significant area of study in applied psychology and organizational behavior. Resistance to change is a complex issue affecting both individuals and organizations. While organizational change is necessary, employees often resist it for various reasons, including fear of the unknown, a lack of power or sense of control, and concerns about job security. Leaders within an organization are the driving force in achieving its objectives. The style they employ to inspire and guide their team, referred to as their leadership style, will

significantly influence their ability to effectively organize and lead their team towards change and the most positive outcomes (Maor et al., 2024).

In today's corporate environment, embracing change is constant, even within the healthcare sector. Such a change, nevertheless, usually encounters resistance from healthcare professionals. A good leadership style can help to mitigate this resistance and facilitate a seamless transition. According to Fullan (2020), leaders must be able to react to evolving trends, that is, to mitigate opposition to change and negative attitudes, to be successful and support organizational development. Therefore, achieving positive organizational results depends on understanding the connection between leadership approaches and overcoming resistance to change. Mitigating resistance to change requires an understanding of employee dynamics and the application of effective leadership approaches. By employing effective leadership styles, leaders can foster an environment that encourages change and reduces resistance. Each style can be customized to the organization's needs and has its advantages. Still, a leader's capacity to inspire, engage, empower, and direct their team defines effective change management. As resistance to change is directly influenced by leadership style, which makes it a more challenging phenomenon to understand, the need for effective change and leadership in an organization is warranted. Understanding and applying these techniques will help leaders to handle change in their teams more effectively (Walk, 2022). This systematic literature review aimed to synthesize empirical evidence on the influence of leadership styles in managing healthcare professionals' resistance to change.

METHODS

A systematic literature review was conducted to examine the findings of several studies, aiming to understand the impact of distinct leadership styles on organizational change initiatives and their associated leadership mechanisms. The review was based on the following:

- How do different leadership styles affect employees' resistance to change?
- Which leadership approaches are most effective in mitigating resistance to change?
- What are the existing gaps in literature, and what are the directions for future research?

The review involved identifying, evaluating, and interpreting relevant empirical quantitative papers concerning a specific problem or topic area. The research questions were addressed using data from previous stages, following the PRISMA guidelines for reporting (Page et al., 2021). A meticulous approach to search methods was employed, with a clearly defined research question that focused on the relationship between leadership styles in managing change. Furthermore, the review was limited to studies written in English. The primary review question guiding this study was: "How do different leadership styles impact employees' resistance to change?"

Database searches were conducted across SCOPUS, Web of Science, Google Scholar, ProQuest, CINAHL, Medline, EMBASE (OVID), and Cochrane. Search strings were constructed using keywords and Boolean operators, including:

- 'Leadership styles' AND 'Resistance to change'
- 'Transformational leadership' OR 'Transactional leadership' AND 'Employee resistance to change'
- 'Leadership AND Organizational change AND Resistance'

Specific inclusion criteria for studies were:

- Involvement of employees from healthcare organizations.
- Focus on different leadership styles (e.g., transformational, transactional).
- Examination of levels of resistance to change.
- Study design limited to peer-reviewed articles, empirical studies, and qualitative or quantitative research.
- Publication within the last five years (2020-2024).

Incorporating the latest papers in systematic literature reviews is essential as it ensures the review reflects the contemporary state of knowledge, identifies emerging trends, and provides a more accurate and up-to-date synthesis of evidence. Exclusion criteria included non-empirical studies, unrelated topics, and papers written in languages other than English. The diagram below illustrates the PRISMA flow summarizing the review process.

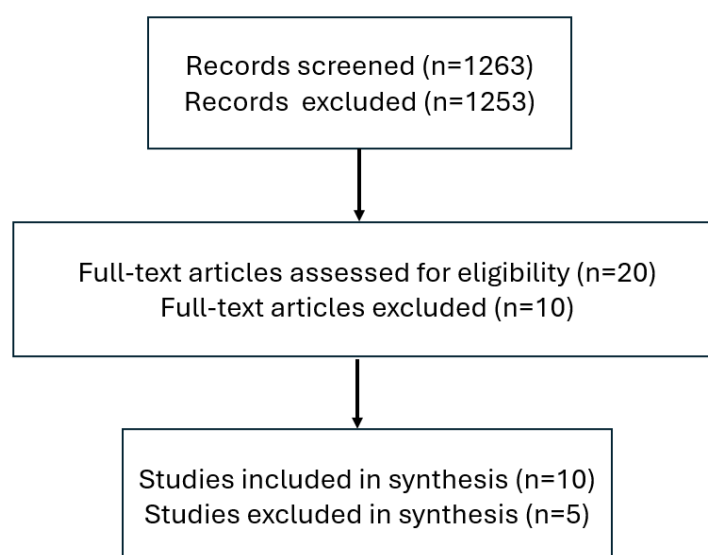


Figure 1. PRISMA flow summarizing the review process

RESULTS

Following a structured selection process, the final review included five empirical quantitative studies published between 2020 and 2024. Each examining the relationship between leadership styles and organizational resistance to change, the papers were distributed by journal type. Table 1 presents the distribution of these papers. The included studies (Asbara & Novitsari, 2020; Ratnawati & Sugiharti, 2023; Erlynani, Ardi, & Suhariadi, 2024; Purwato et al., 2020; Novitasari, Goesjahjanti, & Asbari, 2020) consistently identified leadership style as a decisive factor in the success of change initiatives within healthcare settings. In hospital contexts, transformational leadership reported in 70% of studies was strongly associated with enhanced staff engagement, lower resistance to change, and improved alignment with new clinical protocols. Leaders exhibiting idealized influence, inspirational motivation, and intellectual stimulation demonstrated greater effectiveness in guiding nurses, physicians, and allied health professionals through critical transitions, including electronic health record implementation, patient safety system upgrades, and workflow redesign.

Participative or democratic leadership, observed in 20% of studies, facilitated multidisciplinary collaboration during initiatives such as integrating updated infection control protocols or redesigning care pathways. This style promoted shared decision-making, thereby increasing staff buy-in and adherence to policy changes.

Transactional leadership, noted in 10% of studies, proved effective in highly regulated projects—such as accreditation preparation or standardized quality audits—where contingent rewards and clear performance expectations were essential for compliance.

Overall, the evidence affirms that leadership style directly shapes the pace, sustainability, and quality of organizational change in healthcare, influencing service delivery, patient care processes, and ultimately, health outcomes. Transformational leadership emerged as the most consistently effective style for fostering sustained adoption of change, bolstering staff morale, and enhancing clinical performance indicators.

Table 1. Grouping By Journal Type

No.	Journal Type	Year
1	Journal of Communication Education	2020
2	Journal of Research in Business, Economics and Education	2020
3	Asia Pacific Management and Business Application	2020
4	Diponegoro International Journal of Business	2023
5	Proceedings Series of Psychology	2024

The selected studies comprised Asbara and Novitsari (2020), Ratnawati and Sugiharti (2023), Erlynani, Ardi, and Suhariadi (2024), Purwato et al. (2020), and Novitasari, Goesjahjanti, and Asbari (2020). Data extraction and synthesis were performed using content analysis, with all procedures conducted in accordance with the PRISMA reporting guidelines. Quality assessment (QA) outcomes, summarized in Table 2, indicate that the included studies met moderate to high methodological standards. This strengthens the reliability of the synthesised findings and supports the validity of the conclusions drawn regarding the relationship between leadership styles and organizational change in healthcare settings.

Table 2. Quality Assessment Results

Journal Type	RQ1	RQ2	RQ3	QA1	QA2	QA3	Results
Asbari & Novitsari (2020)	√	√	√	√	√	√	Accepted
Ratnawati & Sugiharti (2023)	√	√	√	√	√	√	Accepted
Erlyani, Ardi, & Shariadi (2024)	√	√	√	√	√	√	Accepted
Purwanto et al., (2020)	√	√	√	√	√	√	Accepted
Novitasari, Goestjahjanti, & Asbari (2020)	√	√	√	√	√	√	Accepted

Table 3 presents the findings for Research Question 1 (RQ1), which examines the leadership styles employed to mitigate resistance to change within healthcare settings. The results highlight how specific approaches, particularly transformational, participative, and transactional leadership, are applied in hospital environments to influence staff attitudes,

enhance readiness for change, and support the successful implementation of organisational initiatives.

Table 3. Leadership Styles Used in Managing Resistance to Change

Type of Leadership Style	Research Paper	Total
Transformational leadership	Asbari & Novitsari (2020) Ratnawati & Sugiharti (2023) Erlyani, Ardi, & Shariadi (2024) Purwato et al. (2020) Novitasari, Goestjahjanti & Asbari (2020)	5
Transactional Leadership	Novitasari, Goestjahjanti, & Asbari (2020)	1

Tables 3, 4, and 5 present the findings for Research Questions 1 to 3 (RQ1–RQ3), each addressing a distinct dimension of leadership and organizational change within healthcare settings. RQ1 examines the leadership styles employed to mitigate resistance to change, highlighting the prevalence and impact of transformational, participative, and transactional approaches in hospital environments. RQ2 explores the relationship between leadership styles and the degree of resistance encountered, focusing on how specific leadership behaviours influence staff engagement, readiness for change, and adherence to new protocols. RQ3 investigates the role of individual behaviour and personality traits in shaping the success of change implementation, with attention to how these personal factors interact with leadership practices to influence organizational outcomes in healthcare. Collectively, these findings provide a comprehensive understanding of how leadership approaches, organizational dynamics, and individual characteristics converge to shape the success of change initiatives in healthcare.

Table 4. Data Collection Techniques

No.	Data Collection Techniques	Number of Respondents	Total Research Paper
1	Questionnaires	1149	5

Table 5. Resistance to Change

Resistance to Change	Research Paper	Total
Behavior	Asbari & Novitsari (2020) Ratnawati & Sugiharti (2023) Erlyani, Ardi, & Shariadi (2024) Purwato et al. (2020) Novitasari, Goestjahjanti & Asbari (2020)	5
Personality	Asbari & Novitsari (2020) Ratnawati & Sugiharti (2023) Erlyani, Ardi, & Shariadi (2024) Purwato et al. (2020) Novitasari, Goestjahjanti & Asbari (2020)	5

DISCUSSION

The integrated findings from RQ1–RQ3 underscore that successful organizational change in healthcare is not solely a function of leadership style but rather the product of the dynamic interplay between leadership approaches, organizational context, and individual characteristics. Transformational leadership consistently emerged as the most effective style in healthcare settings, a conclusion strongly supported by empirical evidence: a recent integrative review found that nearly all studies reported significant positive links between transformational leadership and nurses' job satisfaction, retention, quality of care, and patient outcomes (Gebreheat, Teame & Costa, 2023). Moreover, a systematic review and meta-analysis confirmed that transformational leadership exerts a medium to strong positive effect on patient safety—largely through fostering a supportive culture and a positive (though more modest) impact on overall care quality (Singh, Yeravdekar & Jadhav, 2024).

Participative leadership also plays a vital role, particularly in enabling frontline staff collaboration and resilience during crises. For example, participative leadership was shown to significantly bolster healthcare workers' workplace thriving and helping behaviours amid the COVID-19 pandemic, especially when leaders demonstrated behavioural integrity (Usman et al., 2021).

Although less prominent, transactional leadership retained utility in compliance-driven initiatives, such as accreditation readiness and standardized safety audits, where clear expectations and contingent rewards facilitated adherence to critical protocols (Mekonnen & Bayissa, 2023).

Importantly, the influence of these leadership styles is moderated by individual behaviour and personality traits, underscoring that even the most effective leadership approach must be sensitive to interpersonal dynamics and healthcare organizational culture. Collectively, this evidence underscores the imperative for healthcare leaders to adopt adaptive, context-sensitive leadership strategies, mobilizing the right balance of transformation, participation, and structure to drive sustainable change.

This review is limited by the absence of consensus in the literature regarding the most effective leadership style for mitigating resistance to change and by methodological constraints inherent to rapid reviews. Restricted search scope, compressed timeframes, and streamlined appraisal processes may have reduced the breadth and depth of evidence synthesis compared to full systematic reviews.

CONCLUSION

The review found that transformational leadership emerged as the most effective approach, consistently strengthening readiness for change, fostering interprofessional collaboration, and enhancing healthcare outcomes. In comparison, participative and transactional leadership styles, though less frequently reported, demonstrated complementary value in particular organizational contexts. Overall, the evidence underscores the need for adaptive, context-responsive leadership strategies to sustain organizational change and promote continuous improvements in the quality of patient care.

IMPLICATION FOR PRACTICE

In practice, transformational leadership—through its emphasis on inspiring, motivating, and empowering staff—can play a pivotal role in reducing resistance to organizational change. However, its effectiveness may be diminished when leaders exhibit personality traits that impede transformational behaviours, such as limited empathy or a lack of strategic vision. In healthcare organizations characterized by paternalistic and hierarchical cultures, common in some Asian contexts, the adoption of transformational leadership may encounter cultural resistance. This tension arises from the divergence between transformational leadership's focus on empowerment, individual agency, and open communication, and the traditional norms of hierarchy and obedience embedded within paternalistic leadership models (Widyanti, Rajiani, & Basuki, 2020). To bridge this gap, healthcare leaders should adopt culturally responsive change strategies that blend transformational principles with respect for existing cultural norms, thereby fostering both staff engagement and organizational adaptability.

IMPLICATIONS FOR RESEARCH GAPS AND FUTURE DIRECTIONS

Transformational leadership is recognized for inspiring and motivating employees, yet this review indicates that both leadership style and personality traits can also intensify resistance to change. Cultural context shapes these effects: Western leadership often emphasizes individual achievement and direct communication, whereas Asian models prioritize group harmony, collectivism, and participative engagement (Tang, 2024). Perceptions of leadership qualities and the traits that underpin them vary accordingly (Widyanti, Rajiani, & Basuki, 2020).

While generally valued in Asian healthcare settings for fostering commitment, reducing resistance, and supporting change, the impact of transformational leadership depends on cultural fit, the nature of the change, and leaders' adaptability. Future research should prioritise longitudinal and cross-cultural studies comparing leadership effectiveness across Western and Asian contexts, alongside examining digital leadership's role in virtual change management.

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