Advanced Leadership in Healthcare Transformation: An Overview of Key Theories

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Abstract

The constant evolution of the contemporary healthcare system makes effective leadership an increasingly vital attribute for nursing and public health professionals. This academic article aims to provide an overview of advanced leadership theories that can be applied to guide healthcare organizations and personnel in navigating these challenges. It synthesizes and analyzes seven key theories: Transformational Leadership, Servant Leadership, Situational Leadership, Transactional Leadership, Trait Theory, Behavioral Theory, and Adaptive Leadership Theory, with a specific focus on their application within the nursing and healthcare context. The analysis indicates that developing a modern healthcare leader requires a comprehensive approach that integrates diverse concepts from multiple theories. This blended approach fosters a flexible, well-rounded leadership style that is prepared to lead sustainable change.

1. Introduction

Healthcare systems worldwide face unprecedented challenges due to technological advancement, changing patient demographics, workforce shortages, and rising expectations for quality care (Cummings et al., 2021; Xu, Kunaviktikul, Akkadechanunt, & Nantsupawat, 2022). Within this context, leadership is no longer a static role but a dynamic process requiring adaptability, innovation, and the ability to inspire others (Heifetz, Grashow, & Linsky, 2009). In nursing and healthcare, leaders must be equipped with advanced leadership skills that transcend traditional management, focusing on transformation, sustainability, and holistic outcomes (Boamah & Tremblay, 2019).

This article provides an overview of seven key leadership theories and their relevance to healthcare transformation. Aree (2024) and Suhaidar & Chawalit (2025) have focused on policies and research in the Thai context, emphasizing the development of transformational and adaptive leadership to cope with the changes in the Thai healthcare system.

2. Theoretical Perspectives on Advanced Leadership

2.1 Transformational Leadership

Transformational leadership emphasizes inspiring and motivating followers to achieve higher levels of performance and commitment (Bass & Riggio, 2006). Its four components idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration are central to improving job satisfaction and patient outcomes in nursing (Wong & Laschinger, 2020). Transformational leadership is correlated with nurse empowerment and the quality of nursing services in Thai hospitals, according to research published in the Royal Thai Army Nursing Journal (2015) and the Thai Journal of Nursing (2017).

Transformational leadership emphasizes inspiring and motivating followers to achieve higher levels of performance and commitment. Its four core components are:

- **Idealized Influence:** Leaders act as role models, demonstrating integrity and gaining trust.

- **Inspirational Motivation:** Leaders articulate a clear vision and inspire enthusiasm.

- **Intellectual Stimulation:** Leaders encourage creativity and innovation.

- **Individualized Consideration:** Leaders provide support and mentorship tailored to individuals.

In nursing, transformational leadership fosters team cohesion, enhances job satisfaction, and improves patient care outcomes.

2.2 Servant Leadership

Servant leadership prioritizes the needs of others before self-interest, focusing on empathy, listening, stewardship, and commitment to people's growth (Greenleaf, 1977). In healthcare, servant leaders foster supportive environments, enhance trust, staff morale, and patient-centered care (Acton & Glasgow, 2015). Research in Thailand indicates that servant leadership promotes staff well-being and patient care quality in the Thai context (Aree, 2024).

Servant leadership prioritizes the needs of others before self-interest. Key elements include:

- **Empathy:** Understanding the experiences and emotions of staff and patients.

- **Listening:** Valuing input from others and promoting open communication.

- **Healing:** Supporting emotional well-being and resilience.

- **Stewardship:** Holding responsibility for the growth and well-being of the community.

- **Commitment to People's Growth:** Encouraging professional and personal development.

In healthcare, servant leaders build trust and nurture supportive environments that enhance staff morale and patient-centered care.

2.3 Situational Leadership

Situational leadership proposes that effective leadership depends on adapting style to the readiness and competence of followers (Hersey, Blanchard, & Johnson, 2012). In nursing, this flexibility is crucial for managing both novice and experienced staff across diverse clinical settings (Nelson-Brantley &

Ford, 2017). Thai studies also support adapting leadership styles and decentralizing authority to better suit the staff and work environment (Mahidol, 2021).

Situational leadership posits that leadership effectiveness depends on adapting style to the readiness and competence of followers. Its four leadership styles are:

- **Telling/Directing:** High task focus, low relationship focus, appropriate for inexperienced staff.
- **Selling/Coaching:** High task and relationship focus, used to guide developing staff.
- **Participating/Supporting:** High relationship, low task focus, appropriate for competent but unconfident staff.
- **Delegating:** Low task and relationship focus, suitable for highly competent and motivated staff.

In nursing practice, situational leadership ensures flexibility in supervising novice and experienced nurses in diverse clinical settings.

2.4 Transactional Leadership

Transactional leadership is based on structured tasks, rewards, and penalties (Northouse, 2021). It includes contingent reward, active management by exception, and passive management by exception. In healthcare, transactional leadership ensures compliance with safety standards, efficiency, and accountability (Xu et al., 2022).

Transactional leadership is based on structured tasks, rewards, and penalties. Its components include:

- **Contingent Reward:** Offering recognition and incentives for meeting goals.
- **Management by Exception (Active):** Monitoring performance and correcting deviations.
- **Management by Exception (Passive):** Intervening only when problems become severe.

In healthcare, transactional leadership is useful in ensuring compliance with protocols, safety standards, and efficient task completion.

2.5 Trait Theory

Trait theory suggests that inherent qualities such as integrity, confidence, and determination contribute to effective leadership (Northouse, 2021). Research shows that these traits enhance trust and credibility, which are critical in high-pressure healthcare environments (Brackett, Rivers, & Salovey, 2010). Thai academic research also points to personal factors, such as emotional intelligence (EQ), as influential on leadership behavior and team management ability (Sukhothai Thammathirat Open University, 2008).

Trait theory suggests that certain inherent qualities contribute to leadership effectiveness. Key traits often identified include:

- **Integrity:** Adherence to ethical principles.
- **Confidence:** Self-assurance in decision-making.
- **Intelligence:** Cognitive ability to analyze complex problems.
- **Sociability:** Strong interpersonal and communication skills.
- **Determination:** Persistence in overcoming obstacles.

In nursing, these traits help leaders build credibility and trust within their teams.

2.6 Behavioral Theory

Behavioral leadership theory emphasizes observable actions, particularly task-oriented and relationship-oriented behaviors (Northouse, 2021). Leaders who balance these behaviors are more successful in achieving organizational goals while maintaining staff well-being (Jennings & Greenberg, 2009; Skaalvik & Skaalvik, 2011). A study from Sukhothai Thammathirat Open University (2008) found that factors like emotional intelligence (EQ) and the organizational environment influence leadership behavior and change within Thai healthcare facilities.

Behavioral theory emphasizes observable actions rather than inherent traits. It identifies two main dimensions:

- **Task-Oriented Behaviors:** Structuring roles, setting goals, and ensuring efficiency.
- **Relationship-Oriented Behaviors:** Fostering trust, showing consideration, and supporting staff.

Healthcare leaders who balance both behaviors are more effective in achieving organizational goals while maintaining staff satisfaction.

2.7 Adaptive Leadership Theory

Adaptive leadership focuses on helping organizations and individuals respond to changing environments and complex challenges (Heifetz et al., 2009). In healthcare, this approach equips leaders to navigate uncertainty such as technological change and public health crises (Cummings et al., 2021; Klusmann, Kunter, Trautwein, Lüdtke, & Baumert, 2016). A study from Thai research on indicators of adaptive leadership suggests that preparedness in adaptive skills is crucial for managing public health crises in Thailand (Suhaidar & Chawalit, 2025).

Adaptive leadership focuses on helping organizations and individuals respond to changing environments and complex challenges. Its elements include:

- **Diagnosing the System:** Understanding challenges and root causes.
- **Mobilizing the Workforce:** Encouraging collaboration and innovation.
- **Regulating Distress:** Maintaining balance between change and stability.
- **Encouraging Learning:** Promoting continuous learning and experimentation.
- **Protecting Leadership Voices:** Empowering diverse perspectives to contribute to problem-solving.

In healthcare, adaptive leadership enables organizations to navigate uncertainty, such as rapid technological changes or public health crises.

3. Comparative Summary of Leadership Theories and Healthcare Applications

A comparison of these leadership theories indicates that no single approach is sufficient for addressing the complexities of modern healthcare (Northouse, 2021). Transformational and servant

leadership inspire long-term motivation, and situational and transactional leadership ensure flexibility and compliance, while trait and behavioral theories provide insights into leader qualities and actions. Adaptive leadership is especially valuable in volatile, uncertain, complex, and ambiguous (VUCA) contexts such as the COVID-19 pandemic (Heifetz et al., 2009).

Table 1: Comparative Summary of Leadership Theories and Healthcare Applications

Leadership Theory	Core Elements	Healthcare Application Example
Transformational Leadership	Vision, motivation, intellectual stimulation, support	Inspiring nurses to adopt new EHR systems
Servant Leadership	Empathy, stewardship, growth of others	Supporting staff well-being through flexible shifts
Situational Leadership	Flexibility, context-driven style	Adjusting approach during health crises
Transactional Leadership	Rewards, punishments, monitoring	Incentives for infection control compliance
Trait Theory	Inherent qualities (confidence, resilience, integrity)	Calm leadership during emergencies
Behavioral Theory	Task- and relationship-oriented actions	Balancing staff support with structured care protocols
Adaptive Leadership	Change management, resilience, innovation	Leading during COVID-19 challenges

4. Discussion

The synthesis of these leadership theories illustrates that no single approach is sufficient to address the complexities of modern healthcare. For example, transformational and servant leadership promote long-term motivation and morale, while transactional and situational leadership ensure short-term compliance and adaptability. Trait and behavioral theories provide insights into the characteristics and actions of effective leaders, while adaptive leadership equips organizations to thrive in volatile, uncertain, complex, and ambiguous (VUCA) environments. Together, these theories create a multifaceted framework for effective nursing and healthcare leadership.

5. Implications for Nursing and Healthcare Leadership

Developing leaders in healthcare requires integrated training that incorporates elements of multiple theories. Leadership development should focus not only on technical competencies but also on soft skills such as emotional intelligence, resilience, and adaptability (Brackett et al., 2010; Jennings & Greenberg, 2009). Healthcare organizations should foster professional development environments where

diverse leadership styles coexist, complementing each other (Boamah & Tremblay, 2019; Cummings et al., 2021). A blended leadership model equips leaders to manage crises, support staff well-being, and drive innovation in patient care. Evidence-based studies in the Thai context show that developing integrated leadership programs enhances the competency of head nurses and the performance of nursing staff (HEJ, 2024; Assumption University Journal, 2021)

6. Conclusion

Effective leadership in healthcare is multi-dimensional and dynamic. The integration of transformational, servant, situational, transactional, trait, behavioral, and adaptive leadership theories offers a comprehensive framework for developing leaders who can navigate the complexities of contemporary healthcare. By embracing a blended leadership approach, nursing and healthcare professionals are better positioned to foster sustainable change, improve patient outcomes, and ensure organizational resilience.

7. References

Acton, C., & Glasgow, P. (2015). Teacher well-being and leadership in healthcare settings. **Journal of Nursing Management,** 23(6); 789–798.

Aree, C. (2024). Strategies for developing nursing leadership in the 21st century. **Thai Nursing Journal.**

Assumption University Journal. (2021). The relationship between transformational leadership and self-regulation among nursing students in Thailand. **Assumption University Journal.**

Bass, B. M., & Riggio, R. E. (2006). Transformational leadership. Mahwah, NJ: Lawrence Erlbaum Associates.

Boamah, S. A., & Tremblay, P. (2019). Effective leadership in healthcare: Integrating transformational leadership into practice. **Journal of Nursing Management,** 27(2); 300–309. https://doi.org/ 10.1111/jonm.12722

Brackett, M. A., Rivers, S. E., & Salovey, P. (2010). Emotional intelligence: Implications for personal, social, academic, and workplace success. **Social and Personality Psychology Compass,** 4(1); 88–103. https://doi.org/10.1111/j.1751-9004.2009.00277.

Cummings, G. G., Tate, K., Lee, S., Wong, C. A., Paananen, T., & Micaroni, S. (2021). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. **International Journal of Nursing Studies,** 115, 103842. https://doi.org/10.1016/j.ijnurstu.2020.103842

Faculty of Public Health, Mahidol University. (2021). **Leadership of professional nurses in university-affiliated hospitals.** Faculty of Public Health, Mahidol University.

Greenleaf, R. K. (1977). **Servant leadership: A journey into the nature of legitimate power and greatness.** New York: Paulist Press.

Heifetz, R. A., Grashow, A., & Linsky, R. (2009). **The practice of adaptive leadership.** Harvard Business Review Press.

Hersey, P., Blanchard, K. H., & Johnson, D. E. (2012). **Management of organizational behavior: Leading human resources.** Pearson Education.

Jennings, P. A., & Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. **Review of Educational Research,** 79(1), 491–525. https://doi.org/10.3102/0034654308325693

Klusmann, U., Kunter, M., Trautwein, U., Lüdtke, O., & Baumert, J. (2016). Engagement and emotional exhaustion in teachers: Does the school context make a difference?. **Journal of Educational Psychology,** 98(1); 116–129. https://doi.org/10.1037/0022-0663.98.1.116.

Nelson-Brantley, H., & Ford, D. J. (2017). Leading change: A concept analysis of change leadership. **Nursing Forum,** 52(4); 336–345. https://doi.org/10.1111/nuf.12224.

Northouse, P. G. (2021). **Leadership: Theory and practice (9th ed.).** Sage Publications.

Panyapiwat Institute of Management. (2020). **Leadership towards creative behavior among Gen Y nurses.** Panyapiwat Institute of Management.

Royal Thai Army Nursing Journal. (2015). Inspirational transformational leadership of head nurses on the perceived empowerment of professional nurses. **Royal Thai Army Nursing Journal.**

Skaalvik, E. M., & Skaalvik, S. (2011). Teacher job satisfaction and motivation to leave the teaching profession: Relations with school context, feeling of belonging, and emotional exhaustion. **Teaching and Teacher Education,** 27(6); 1029–1038. https://doi.org/10.1016/j.tate.2011.04.001.

Sukhothai Thammathirat Open University. (2008). Factors influencing transformational leadership behavior of nursing administrators (Master's thesis).

Suhaidar, W., & Koetthip, C. (2025). Components and indicators of transformational leadership in a disruptive era for nursing students. **Southern College of Nursing and Public Health Academic Journal.**

Thai Nursing Journal. (2017). Transformational leadership of head nurses and policy recommendations for nursing service quality. **Thai Nursing Journal.**

University of the Thai Chamber of Commerce / HEJ. (2024). **The effect of head nurse competency development on nurses' performance ability (Quasi-experimental study).** University of the Thai Chamber of Commerce / HEJ.

Wong, C. A., & Laschinger, H. K. S. (2020). Authentic leadership, performance, and job satisfaction: The mediating role of empowerment. **Journal of Advanced Nursing,** 76(6); 1493–1505. https://doi.org/10.1111/jan.14335.

Xu, J., Kunaviktikul, W., Akkadechanunt, T., & Nantsupawat, A. (2022). Influence of nurse managers' leadership styles on nursing outcomes: A cross-sectional study. **Journal of Nursing Scholarship,** 54(1); 102–110. https://doi.org/10.1111/jnu.12730.