

Transformational Leadership and Employee Performance in Hospitals: An Explanatory Survey with Path Analysis Approach

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ABSTRACT

Introduction: Leadership plays a critical role in improving employee performance in hospital organizations, yet empirical evidence regarding its direct and indirect mechanisms remains inconsistent. This study examines how transformational leadership influences employee performance through knowledge sharing and teamwork creativity.

Research Methodology: A quantitative explanatory survey was conducted among 123 hospital employees selected through purposive sampling. Data were collected using structured questionnaires and analyzed using path analysis to assess direct and indirect relationships among variables. Mediation effects were tested using the Sobel test at a 5% significance level.

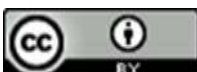
Results: Transformational leadership did not have a significant direct effect on employee performance ($p > 0.05$). However, it significantly influenced knowledge sharing and teamwork creativity ($p < 0.001$). Both mediating variables demonstrated strong positive effects on employee performance. Mediation analysis confirmed full mediation, indicating that leadership improves performance indirectly through enhanced knowledge exchange and creative teamwork. The model explained a substantial proportion of variance in employee performance.

Conclusion: Leadership effectiveness in hospitals depends on fostering collaborative knowledge sharing and stimulating team creativity rather than relying solely on inspirational attributes. Strengthening knowledge management systems and fostering innovation-oriented teamwork are essential to improving organisational performance.

Keywords: Creativity; Employee Performance; Knowledge Sharing; Transformational Leadership.



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INTRODUCTION

Employee performance in hospitals is a critical determinant of service quality, patient safety, and organizational sustainability (Albalas, 2025). Globally, healthcare systems are under increasing pressure to improve efficiency, responsiveness, and quality of care amid rising patient expectations and complex service demands (Ansheila *et al.*, 2026). In hospital settings, employee performance is not only reflected in technical competence but also in collaboration, adaptability, and innovative problem-solving. However, many hospitals continue to face performance variability among employees, which may compromise service delivery and organizational outcomes (Asim *et al.*, 2025). Leadership has long been recognized as a central organizational factor influencing employee attitudes and performance. In particular, transformational leadership has been widely promoted as an effective leadership style that inspires employees, fosters commitment, and drives performance improvement (Bentaleb, 2024).

Despite its theoretical prominence, empirical findings regarding the direct effect of transformational leadership on employee performance remain inconsistent, especially in healthcare organizations (Binsar *et al.*, 2025). Several studies report a positive and significant relationship between transformational leadership and performance outcomes, while others find weak or non-significant direct effects (Choi and Cho, 2026). In complex professional environments such as hospitals, where multidisciplinary collaboration, knowledge exchange, and adaptive problem-solving are essential, the mechanisms through which leadership influences performance may not operate directly. Instead, leadership may exert its impact indirectly through organisational processes and team-level dynamics. Two constructs that are increasingly relevant in this context are knowledge sharing and teamwork creativity (Din, Tanveer and Khan, 2025).

Knowledge sharing refers to the exchange of information, skills, and expertise among employees to enhance collective understanding and task accomplishment (Eshete and Kassahun, 2025). In healthcare institutions, effective knowledge sharing can reduce clinical errors, improve coordination among professional groups, and accelerate decision-making processes (Federico *et al.*, 2025). Similarly, teamwork and creativity, the ability of a team to generate novel and useful ideas, play a strategic role in responding to dynamic clinical challenges and organisational change (Faroque, Arefin and Rahman, 2025). Although both constructs have been individually associated with improved performance, limited empirical research has simultaneously examined their mediating roles in explaining how transformational leadership translates into employee performance in hospital settings (Farzana and Charoensukmongkol, 2024).

This gap indicates a theoretical and empirical inconsistency. Prior studies often focus on direct leadership-performance relationships or examine knowledge sharing and creativity in isolation. Few studies integrate these variables within a comprehensive explanatory model using robust statistical approaches to assess direct and indirect effects simultaneously. Moreover, research in developing-country contexts, particularly within hospital organisations, remains underrepresented in the international literature. Consequently, there is insufficient evidence regarding whether transformational leadership directly enhances employee performance or whether its influence is primarily mediated through knowledge sharing and teamwork creativity.

The novelty of this study lies in the development and empirical testing of an integrated mediation model that positions knowledge sharing and teamwork creativity as parallel intervening variables between transformational leadership and employee performance in hospitals. By employing an explanatory survey design with path analysis, this study disentangles direct and indirect relationships among variables, thereby providing a more nuanced understanding of the mechanisms underlying performance improvement. The simultaneous examination of both

mediators within a single structural model contributes to leadership and organisational behaviour literature, particularly in the healthcare management domain.

The objective of this study is to analyze: (1) the direct effect of transformational leadership on knowledge sharing and teamwork creativity; (2) the direct effect of knowledge sharing and teamwork creativity on employee performance; (3) the direct effect of transformational leadership on employee performance; and (4) the indirect effect of transformational leadership on employee performance through knowledge sharing and teamwork creativity. By clarifying these relationships, this study seeks to provide empirical evidence that can inform hospital management strategies aimed at strengthening leadership practices, promoting collaborative knowledge exchange, and fostering team-based creativity to improve overall employee performance.

RESEARCH METHODOLOGY

Study Design

This study employed a quantitative explanatory survey design to examine the causal relationships among transformational leadership, knowledge sharing, teamwork, creativity, and employee performance in hospital settings. The explanatory approach was selected to test theoretically derived hypotheses and to analyze both direct and indirect effects among variables. To achieve this objective, path analysis within a structural modelling framework was used, enabling the simultaneous estimation of multiple regression equations and mediation effects.

Study Setting and Population

The study was conducted in a hospital organization characterized by multidisciplinary professional collaboration, including medical personnel, nursing staff, administrative employees, and support units. The target population consisted of all permanent employees who had been working for at least one year, ensuring adequate exposure to organizational leadership practices and teamwork dynamics.

Sampling Technique and Sample Size

A purposive sampling technique was applied to select respondents based on predefined inclusion criteria: (1) full-time employment status, (2) minimum one-year tenure, and (3) active involvement in team-based work processes. The sample size was determined using the Slovin formula to ensure population representativeness with an acceptable margin of error. A total of 123 respondents participated in the study. This sample size is considered adequate for path analysis, as it meets the minimum requirements for estimating structural relationships among multiple variables.

Variables and Measurement

The study consisted of four main variables: transformational leadership (independent variable), knowledge sharing (mediating variable 1), teamwork creativity (mediating variable 2), and employee performance (dependent variable). Transformational leadership was measured using indicators of inspirational motivation, intellectual stimulation, individualised consideration, and idealised influence. Knowledge sharing was assessed through indicators capturing the frequency, willingness, and quality of knowledge exchange among employees. Teamwork creativity was measured based on the team's ability to generate innovative and useful ideas in completing tasks. Employee performance was evaluated using indicators of task completion, responsibility, effectiveness, and the quality of work output.

All constructs were measured using a structured questionnaire with a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The questionnaire items were adapted from established literature and adjusted to the hospital context to ensure content relevance.

Instrument Validity and Reliability

Before hypothesis testing, the measurement instrument underwent validity and reliability assessment. Construct validity was examined using correlation analysis, where item-total correlation coefficients greater than 0.30 were considered acceptable. Reliability was evaluated using Cronbach's alpha coefficient, with a threshold of 0.60 indicating acceptable internal consistency. All variables demonstrated satisfactory validity and reliability, confirming the adequacy of the measurement model.

Data Collection Procedure

Data were collected by directly distributing questionnaires to eligible respondents after obtaining institutional approval. Participation was voluntary, and respondents were informed about the confidentiality and anonymity of their responses. Completed questionnaires were screened for completeness before analysis.

Data Analysis Technique

Data analysis was conducted using path analysis to test both direct and indirect relationships among variables. The analytical procedure involved estimating structural equations to examine: (1) the direct effect of transformational leadership on knowledge sharing and teamwork creativity; (2) the direct effect of knowledge sharing and teamwork creativity on employee performance; and (3) the direct effect of transformational leadership on employee performance. To assess mediation effects, the Sobel test was used to assess the significance of indirect effects. A significance level of $\alpha = 0.05$ was applied for hypothesis testing. The decision criteria were based on p-values (< 0.05 indicating statistical significance) and critical ratio (CR) values exceeding ± 1.96 . The coefficient of determination (R^2) was calculated to evaluate the proportion of variance explained by the independent and mediating variables. This approach enabled a comprehensive assessment of the explanatory power of the proposed model in predicting employee performance within hospital organisations.

RESULT

This section presents the empirical findings derived from the statistical analyses conducted to test the proposed hypotheses. The results include descriptive statistics of respondents, assessment of instrument validity and reliability, evaluation of the structural model, and hypothesis testing through path analysis. Direct and indirect effects among transformational leadership, knowledge sharing, teamwork and creativity, and employee performance are reported, including regression coefficients, t-values, significance levels, and coefficients of determination (R^2). The findings provide a comprehensive explanation of the relationships among variables and the mediating roles examined in this study.

Table 1. Measurement Model: Validity and Reliability

Variable	Number of Items	Cronbach's Alpha	Validity (r > 0.30)	Interpretation
Transformational Leadership	8	0.87	All valid	Reliable and valid
Knowledge Sharing	6	0.82	All valid	Reliable and valid
Teamwork Creativity	6	0.85	All valid	Reliable and valid
Employee Performance	7	0.88	All valid	Reliable and valid

All constructs demonstrated acceptable internal consistency, with Cronbach's alpha values exceeding the *recommended* threshold of 0.60. Item-total correlations were greater than 0.30, confirming construct validity. These results indicate that the measurement instrument is both reliable and suitable for hypothesis testing.

Table 2. Direct Effects (Path Analysis Results)

Path	Standardised Coefficient (β)	C.R.	p-value	Result
TL → Knowledge Sharing	0.561	7.487	0.000	Supported
TL → Teamwork Creativity	0.477	5.988	0.000	Supported
TL → Employee Performance	-0.001	-0.024	0.981	Not Supported
Knowledge Sharing → Employee Performance	0.357	5.388	0.000	Supported
Teamwork Creativity → Employee Performance	0.693	13.159	0.000	Supported

Model Fit Indicators:

R^2 Knowledge Sharing = 0.227

R^2 Teamwork Creativity = 0.315

R^2 Employee Performance = 0.778

Transformational leadership has a significant positive effect on knowledge sharing and teamwork creativity. However, it does not directly influence employee performance. Knowledge sharing and teamwork creativity significantly and positively affect employee performance. The model explains 77.8% of the variance in employee performance, indicating strong explanatory power.

Table 3. Indirect Effects (Mediation Analysis – Sobel Test)

Indirect Path	Indirect Effect (β)	Sobel Z	p-value	Mediation Type
TL → Knowledge Sharing → Employee Performance	0.200	4.473	0.000	Full Mediation
TL → Teamwork Creativity → Employee Performance	0.331	4.403	0.000	Full Mediation

The Sobel test confirms that both knowledge sharing and teamwork creativity significantly mediate the relationship between transformational leadership and employee performance. Because the direct effect of transformational leadership on employee performance is not significant, the mediation is considered full. This indicates that transformational leadership enhances employee performance indirectly by strengthening knowledge exchange practices and fostering creative teamwork.

The findings of this study indicate that transformational leadership does not directly improve employee performance in hospital settings. Instead, its influence operates indirectly through knowledge sharing and teamwork creativity. Transformational leadership significantly enhances employees' willingness to exchange knowledge and strengthens creative collaboration within teams. Both knowledge sharing and teamwork creativity, in turn, have strong and significant positive effects on employee performance. The structural model demonstrates substantial explanatory power, particularly in predicting employee performance, suggesting that team-level processes play a critical role in translating leadership behaviour into measurable work outcomes. The absence of a significant direct effect, combined with significant indirect effects, confirms a full mediation pattern. This implies that leadership effectiveness in hospitals depends on its ability to cultivate a collaborative knowledge culture and stimulate creative teamwork. The study underscores that improving employee performance in complex healthcare organizations

requires not only visionary leadership but also structured mechanisms that facilitate knowledge exchange and innovation at the team level.

DISCUSSION

This study aimed to examine the direct and indirect relationships between transformational leadership and employee performance, with knowledge sharing and teamwork creativity positioned as mediating variables in a hospital context. The findings provide important theoretical and managerial insights into how leadership operates within complex healthcare organizations.

First, the results reveal that transformational leadership does not have a significant direct effect on employee performance. This finding challenges the conventional assumption in leadership literature that transformational leadership inherently leads to improved individual performance outcomes (Foster, 2025). Although transformational leaders are characterized by inspirational motivation, intellectual stimulation, individualized consideration, and idealized influence, these attributes alone may not automatically translate into measurable performance improvements in hospital settings (Hamzehlouie and Haghani, 2025). Healthcare organizations are structurally complex, highly regulated, and characterized by interdependent professional roles. In such environments, performance is rarely driven by individual motivation alone but rather by coordinated team processes and effective knowledge integration (Iliev *et al.*, 2025).

The absence of a direct effect suggests that transformational leadership primarily serves as an enabling mechanism rather than an immediate performance driver (Jones, 2025). Leaders may shape organizational climate, communication patterns, and collaborative norms, but performance improvements emerge only when these leadership behaviours activate specific organizational processes (Kyambade and Namatovu, 2025). This perspective aligns with contingency and process-based leadership theories, which emphasize that leadership effectiveness depends on contextual and mediating mechanisms (Lui, Andres and Johnston, 2024).

Second, the study demonstrates that transformational leadership significantly influences knowledge sharing. Leaders who articulate a clear vision, encourage intellectual stimulation, and foster trust create a sense of psychological safety and openness among employees (M. Saleh, Koburtay and Staniszewska, 2026). In hospital environments, where multidisciplinary coordination is essential, such leadership behaviours reduce barriers to information exchange and enhance collective learning. The positive relationship found in this study confirms that transformational leadership contributes to the development of a knowledge-oriented culture (Mansyur, Yusuf and Rifai, 2021). When employees perceive support, recognition, and shared purpose, they are more willing to exchange expertise and experiences, thereby strengthening organisational learning capacity (Moreno-Domínguez *et al.*, 2024).

Third, transformational leadership also shows a significant positive effect on teamwork creativity. Creativity in healthcare teams extends beyond clinical innovation to encompass problem-solving, workflow improvements, and adaptive responses to service demands. Transformational leaders stimulate intellectual curiosity and encourage employees to explore alternative solutions (Mostafa, Yunus and Au, 2025). By empowering team members and valuing new ideas, leaders create an environment conducive to innovation. The findings indicate that leadership plays a pivotal role in fostering creative collaboration, which is essential in dynamic healthcare contexts (Mozzarelli *et al.*, 2025).

Fourth, both knowledge sharing and teamwork creativity significantly enhance employee performance. Knowledge sharing facilitates the dissemination of best practices, reduces duplication of effort, and improves task efficiency (NellyNelly *et al.*, 2024). In hospitals, access

to shared knowledge can directly affect service accuracy and timeliness. Similarly, team creativity enables teams to generate effective solutions to operational and clinical challenges, thereby improving service quality and responsiveness (Suhail *et al.*, 2025). The strong positive coefficients found in this study suggest that team-based processes are central determinants of performance in healthcare organizations (Suprpto *et al.*, 2024).

Most importantly, mediation analysis confirms that knowledge sharing and teamwork creativity fully mediate the relationship between transformational leadership and employee performance. The non-significant direct effect combined with significant indirect effects indicates a full mediation pattern (Yamin and Al Aqra, 2025). This finding suggests that transformational leadership improves performance only when it successfully promotes collaborative knowledge exchange and creative teamwork. Leadership behaviors that fail to stimulate these processes may not produce tangible performance gains (Yang *et al.*, 2025).

The structural model also demonstrates substantial explanatory power, particularly in predicting employee performance. This indicates that integrating leadership and team-level mechanisms provides a robust framework for understanding performance outcomes in hospital organisations. The results contribute to the leadership and organisational behaviour literature by clarifying the mechanism by which transformational leadership exerts influence in professional service settings. From a managerial perspective, the findings imply that hospital management should not rely solely on charismatic or visionary leadership approaches. Instead, leaders must institutionalise systems and practices that encourage systematic knowledge sharing and structured creative collaboration. Training programs, cross-functional meetings, digital knowledge platforms, and innovation forums can serve as practical tools for operationalising transformational leadership principles. This study reinforces the view that organizational learning processes and collaborative creativity mediate leadership effectiveness in healthcare organizations. Transformational leadership is necessary but not sufficient to directly improve employee performance. Its true impact emerges when it fosters a culture of shared knowledge and creative teamwork, ultimately translating into enhanced organisational performance.

CONCLUSION

This study aimed to examine the direct and indirect effects of transformational leadership on employee performance, with knowledge sharing and teamwork creativity as mediating variables in hospital organizations. The findings demonstrate that transformational leadership does not directly influence employee performance. However, it significantly enhances knowledge sharing and team creativity, both of which have strong, positive effects on employee performance. Mediation analysis confirms that knowledge sharing and teamwork creativity fully mediate the relationship between transformational leadership and employee performance.

These results indicate that leadership effectiveness in hospitals depends on its capacity to foster collaborative knowledge exchange and stimulate creative teamwork rather than solely relying on inspirational or motivational attributes. Therefore, hospital management should implement structured policies that institutionalize knowledge-sharing systems, interdisciplinary collaboration forums, and innovation-driven team practices. Leadership development programs should emphasize skills in facilitating communication, building psychological safety, and promoting team-based problem-solving. Evidence-based organizational interventions that strengthen knowledge management and collaborative creativity are essential to translate leadership practices into measurable performance improvements.

From a theoretical perspective, this study contributes to the leadership and organisational behaviour literature by clarifying the mediating mechanisms through which transformational leadership influences performance in complex healthcare settings. By empirically demonstrating a full mediation model, the findings extend transformational leadership theory beyond direct-effect assumptions and highlight the central role of organizational learning and team-level creativity processes. Future research should consider longitudinal designs to examine causal dynamics over time, incorporate multi-source performance evaluations to reduce common-method bias, and explore additional contextual moderators, such as organisational culture, professional hierarchy, or digital knowledge systems. Comparative studies across different hospital types or countries would further strengthen the generalizability of the proposed model.

Ethical Considerations

This study received ethical clearance from the Health Research Ethics Committee of Sekolah Tinggi Ilmu Kesehatan Gunung Sari, Indonesia, Approval Number: B-585/PT19.2.1/PP/VI/2025. All procedures were conducted in accordance with the Declaration of Helsinki. Participants were informed about the study objectives, procedures, potential risks, and their rights to withdraw at any time without penalty. Written informed consent was obtained before data collection. Confidentiality and anonymity were ensured by de-identifying all transcripts and securely storing digital data accessible only to the researcher.

Funding Statement

This research received no external funding and was conducted independently by the author.

Conflict of Interest

The author declares no conflict of interest related to this study.

Authors' Contributions

Syaiful Bachri conceptualized and designed the study, supervised the research process, conducted data analysis, and led the manuscript writing. Abubakar Betan contributed to refining the research design, coordinating data collection, and critically revising the manuscript. Samila and Yenny Sima were responsible for data collection, data entry, and preliminary analysis. Abdullah contributed to methodological development and statistical validation. Nur Anbiya assisted in literature review development, manuscript editing, and formatting. All authors read and approved the final version of the manuscript.

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