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## Healthcare Leaders' Effective Strategies for Shaping Organizational Culture

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# Walden University

College of Management and Human Potential

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Samuel Hassan Zoker

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Walden University  
2025

Abstract

Healthcare Leaders' Effective Strategies for Shaping Organizational Culture

by

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MBA, University of Arizona Goble Campus, 2021

BS, Ashford University 2014

Research Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

January 2026

## Abstract

Some leaders in healthcare organizations lack effective leadership strategies and practices to influence and shape organizational culture, leading to inconsistent cultural values and behaviors that undermine organizational effectiveness and employee engagement.

Grounded in transformational leadership theory, the purpose of this qualitative pragmatic inquiry was to explore strategies healthcare leaders use to shape organizational culture and strengthen employee engagement. Using purposive sampling, seven healthcare leaders with three or more years of experience were recruited from a medical institution. Data were collected through semistructured interviews using a protocol refined with the IPR method. Using reflective thematic analysis, five themes emerged: (a) employee-engagement practices, (b) empowerment and participative decision-making, (c) change management and communication strategies, (d) case studies and qualitative research, and (e) linking culture and engagement to outcomes. Conclusions revealed that leaders who model values, foster psychological safety, share decision rights, and close feedback loops achieve higher engagement and more reliable care. A key recommendation is for healthcare leaders to map dose-response effects of training and empowerment initiatives on engagement, care quality, and cultural maturity. Implications for positive social change include transparent and learning-focused leadership practices that create safer, fairer, and more reliable care for patients, staff, and communities. By strengthening trust, reducing harm, and enhancing engagement, these routines foster equitable access, healthier workplaces, and improved the quality of care.

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## Dedication

This work is dedicated to all those who have contributed to the advancement of knowledge and the pursuit of excellence. It is dedicated to my wife, whose steadfast support and encouragement have been the foundation of my journey. It is dedicated to my mentors and educators, whose guidance and wisdom have shaped my academic path. It is dedicated to the countless individuals whose contributions, both known and unknown, have supplemented this research endeavor. This work is dedicated to you with deepest gratitude and appreciation.

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## Table of Contents

List of Tables .....	iv
Section 1: Foundation of the Project.....	1
Background of the Problem .....	2
Business Problem Focus and Project Purpose .....	3
Research Question .....	4
Assumptions and Limitations .....	4
Assumptions.....	4
Limitations .....	4
Transition .....	5
Section 2: The Literature Review .....	6
A Review of the Professional and Academic Literature Review .....	6
Conceptual Framework.....	10
Employee Engagement Theories and Practices .....	11
Empowerment and Participative Decision-Making .....	17
Change Management and Communication Strategies .....	23
Case Studies and Qualitative Research.....	30
Linking Culture and Engagement to Outcomes.....	36
Best Practices and Lessons Learned .....	43
Summary.....	45
Transition .....	46
Section 3: Research Project Methodology .....	48

Project Ethics .....	48
Nature of the Project .....	51
Population, Sampling, and Participants .....	52
Data Collection Activities.....	54
Interview Questions .....	56
Data Organization and Analysis Techniques .....	57
Reliability and Validity.....	59
Reliability.....	60
Validity .....	61
Transition and Summary.....	64
Section 4: Findings and Conclusions .....	65
Presentation of the Findings.....	65
Theme 1: Employee Engagement Theories and Practices .....	66
Theme 2: Empowerment and Participative Decision-Making.....	68
Theme 3: Change Management and Communication Strategies .....	70
Theme 4: Case Studies and Qualitative Research.....	73
Theme 5: Linking Culture and Engagement to Outcomes.....	75
Business Contributions and Recommendations for Professional Practice .....	76
Implications for Social Change.....	78
Recommendations for Future Research .....	81
Conclusion .....	82
References.....	84

Appendix: Interview Protocol.....106

## List of Tables

Table 1. Participant Demographics.....	65
Table 2. Summary of Data Analysis Themes .....	66

## Section 1: Foundation of the Project

The healthcare sector is vital to any society, and its work culture is essential to providing first-class care for its population. This can only be accomplished if leadership implements effective strategies that positively shape organizational culture. Recent research has highlighted the pivotal role of healthcare leaders in shaping an organizational culture that promotes high-quality patient care and staff well-being, as demonstrated by a study by Q. Mok et al. (2021). Transformational leadership behaviors have been linked to improved nurse engagement and patient safety culture, demonstrating how clear vision and supportive communication can drive positive outcomes.

Similarly, Yang et al. (2021) conducted a systematic review focusing on empowering leadership styles, finding that participatory decision-making and emotional support can boost collaboration and innovation within healthcare teams. These findings suggest that leaders who cultivate trust, offer professional growth opportunities, and maintain open lines of communication are better equipped to align organizational values with day-to-day operations. Building on this growing body of knowledge, recent work by Rodriguez and Garcia (2022) explored how clinical leaders implement strategies to build resilience in healthcare organizations, highlighting best practices such as psychological safety, targeted training, and team-based problem-solving. While studies have indicated that leadership approaches rooted in transparency, inclusiveness, and continuous feedback contribute to a stronger organizational culture, gaps remain regarding the most effective ways to tailor these strategies across various healthcare contexts. Therefore, this project investigated healthcare leaders' effective strategies for shaping organizational

culture, aiming to refine leadership development programs and provide evidence-based guidance on fostering environments where staff and patients thrive.

### **Background of the Problem**

Healthcare organizational culture profoundly influences staff satisfaction, patient outcomes, and effectiveness. Leaders prioritizing transparent communication and supportive work environments promote greater team engagement and improved care quality (Mok et al., 2021). Equally, cultural values can become fragmented when leadership strategies fall short, resulting in diminished morale and inconsistent service delivery (Rodriguez & Garcia, 2022). Misaligned vision, values, and behaviors can further disengage employees, undermining collaboration and innovation (Yang et al., 2021). Such inconsistencies can exacerbate elevated turnover and negative patient experiences, threatening an organization's stability and reputation. I will analyze the most suitable strategies leaders in the healthcare industry can adopt to influence and shape organizational culture positively.

In today's rapidly evolving healthcare landscape, characterized by regulatory demands, advancing technologies, and shifting patient demographics, leaders must actively shape culture to remain adaptable and resilient (Sung & Kim, 2021). For example, clarifying organizational goals and fostering a shared value system can unify staff, motivating them to contribute ideas and embrace change. However, cultural fragmentation persists without concrete leadership initiatives, such as structured training, inclusive decision-making, and regular feedback, impeding progress in patient care and operational efficiency (Adams & Reese, 2023). Accordingly, researching effective

leadership strategies for cultivating healthy organizational cultures is indispensable. Addressing deficiencies in leadership practices can help align values, strengthen employee engagement, and enhance the delivery of high-quality care. Therefore, investigating effective leadership strategies and practices is crucial to creating and sustaining healthy organizational cultures in healthcare. The background to the problem has been provided, and the focus will now shift to the problem statement.

### **Business Problem Focus and Project Purpose**

The specific business problem is that some healthcare organizations' leaders lack effective leadership strategies and practices to influence and shape organizational culture, leading to inconsistent cultural values and behaviors that undermine organizational effectiveness and employee engagement. The purpose of this qualitative pragmatic inquiry study was to identify and explore healthcare leaders' effective strategies for shaping and influencing organizational culture.

The targeted population for the study consisted of department managers in the healthcare industry who have implemented successful strategies that effectively shaped and influenced organizational culture. I used purposive sampling to select seven participants through professional associations and social networks. Data collection included (a) semistructured interviews, (b) publicly available documents, and (c) artifacts. The conceptual framework for my study included transformational leadership theories that offer a comprehensive lens for understanding how healthcare leaders shape organizational culture and enhance employee engagement (Bass & Avolio, 1994; Burns, 1978).

## **Research Question**

What successful strategies do healthcare leaders use to shape and influence organizational cultures to improve employee engagement?

## **Assumptions and Limitations**

### **Assumptions**

Assumption in a research study is a belief the researcher accepts as accurate without proof, forming a foundation for the study's design, methods, or interpretation of results (Pearse, 2021). I assumed that healthcare leaders hold positions of authority and possess the capacity to enact organizational changes and shape cultural norms. Second, I assumed that leadership interventions can reasonably influence or reconfigure existing values and behaviors. Third, I assumed that leaders and managers, participating in the interviews would provide honest, reflective responses about their experiences and perceptions of leadership strategies. Fourth, I assumed implementing effective strategies would shape and influence organizational cultures to improve employee engagement.

### **Limitations**

Limitations are potential weaknesses or constraints in a research study that are beyond the researcher's control and may impact the study's design, execution, or interpretation of results. Limitations can stem from methodological challenges, participant characteristics, or contextual factors that influence the scope and applicability of the findings (Theofanidis & Fountouki, 2019). A primary limitation of this study was the time constraint imposed by Walden University's study completion requirements. A second limitation is that the study's findings lack generalizability due to the use of a

small, context-specific sample. A third limitation of this study is that participant responses may have been influenced by social desirability bias in self-reporting. Fourth, limited access to internal data or organizational documents may have restricted data triangulation.

### **Transition**

I explored healthcare leaders' effective strategies for shaping organizational culture. In Section 1, I provided the background for the problem, addressed the business problem focus and project purpose, and discussed assumptions and limitations. In Section 2, I review professional and academic literature. In Section 3, I include discussions on project ethics, the nature of the project, data collection and analysis activities, and reliability and validity. In Section 4, I discuss the findings and the implications of business practice, social change, and further research.

## Section 2: The Literature Review

### **A Review of the Professional and Academic Literature Review**

A literature review provides a critical foundation for understanding healthcare organizational culture by systematically examining existing research and identifying knowledge gaps. Bawa (2025) highlighted that healthcare organizational culture plays a vital role in shaping operational efficiency, patient outcomes, and employee satisfaction, underscoring the need for ongoing evaluation and adaptation. An effective literature review requires more than just summarization; Dodgson (2021) highlighted that critical analysis is often overlooked, yet it is beneficial for assessing prior research's validity, relevance, and theoretical foundations. The study thoroughly includes professional and academic literature, emphasizing critical analysis and synthesis to establish a strong contextual and conceptual framework. Engaging with existing scholarship provides a foundation for assessing the credibility of claims and understanding the broader research landscape (Dodgson, 2021). Through this process, I investigated the established and disputed aspects within the literature, leveraging insights to contextualize my study. A well-conducted literature review can reveal strengths, weaknesses, contradictions, controversies, and inconsistencies in theories and existing research, ultimately enhancing the study's depth and scholarly contribution (Dodgson, 2021). I explored perspectives on transformational leadership and organizational culture theory, contextual transformational leadership in healthcare, and inclusive transformational leadership theory, which together form the conceptual framework that supports and guides my study.

The conceptual framework for my study was grounded in both foundational and contemporary transformational leadership theories that offer a comprehensive lens for understanding how healthcare leaders shape organizational culture and enhance employee engagement (see Bass & Avolio, 1994; Burns, 1978). I began with seminal works that provided the theoretical underpinnings of transformational leadership by emphasizing how leaders can inspire change, instill shared values, and ultimately influence organizational culture (see Bass & Avolio, 1994; Burns, 1978). I began by addressing the conceptual framework, critically analyzing the key theories that support my research. Following this, I conducted a comprehensive analysis and synthesis of scholarly literature related to potential themes and phenomena aligned with the study's purpose: to explore and understand how leaders shape and influence organizational culture within the healthcare industry. This exploration will focus on identifying specific leadership behaviors, strategies, and practices that foster the development and sustainability of a cohesive and high-performing organizational culture. I aim to deliver a thorough, well-supported review of professional and academic literature that directly informs and strengthens my research study.

Building on this foundation, Zhao and Chen's (2022) work refined the approach by highlighting the importance of tailoring leadership strategies to healthcare organizations' specific cultural and operational nuances. Their perspective underscored that effective leadership is not a one-size-fits-all model but must consider the unique challenges and dynamics of the healthcare environment (Zhao & Chen, 2022).

Complementing this view, Garcia and Nguyen (2024) introduced a critical perspective on diversity and inclusion by arguing that leadership practices that actively foster a sense of belonging and value among diverse teams can significantly improve employee engagement. By integrating these theories, my study is equipped with a robust, multidimensional framework that addresses both the universal aspects of transformational leadership and the particular demands of the healthcare sector, thereby providing a solid foundation for investigating the successful strategies that healthcare leaders employ to drive cultural change and enhance employee outcomes (see Bass & Avolio, 1994; Bruns, 1978; Garcia & Nguyen, 2024; Zhao & Chen, 2022).

My literature review was comprehensive and systematic. First, I focused on the conceptual framework by critically analyzing the supporting theories. Next, I analyzed and synthesized the scholarship surrounding five potential themes and phenomena related to the study's purpose, exploring and understanding how leaders shape and influence organizational culture in the healthcare industry. The themes included employee engagement theories and practices, empowerment, and participative decision-making, change management and communication strategies, case studies and qualitative research, and linking culture and engagement to outcomes.

The identified themes directly align with my research question by highlighting strategies healthcare leaders use to shape organizational culture and enhance employee engagement. Transformational leadership fosters employee engagement through motivation and empowerment, resulting in enhanced commitment and performance (Wang et al., 2022). Empowerment and participative decision-making foster ownership

and satisfaction (Ogu, 2024), while effective change management and communication ensure smooth cultural transitions (Iyaji et al., 2023).

Case studies and qualitative research offer practical insights into these strategies (Mirji et al., 2023), and linking culture to engagement outcomes demonstrates how positive cultural environments improve retention and organizational performance (Bhatt et al., 2024). Finally, I compared and contrasted different perspectives and evaluated the relationship between my proposed study and previous research findings. My goal is to provide a thorough review of both professional and academic literature on leadership behaviors, strategies, and practices that contribute to developing and maintaining a cohesive and productive organizational culture.

To achieve this, I developed a search strategy using keywords and phrases such as *transformational leadership, leadership styles, organizational culture, organizational values, cultural change, workplace culture, change management, servant leadership, and healthcare industry*. I utilized the Walden University Library's Multi-Database Search tool to access journal articles through databases, including EBSCO eBooks, ProQuest Central, Sage Journals, and Sage Premier. I also used Google Scholar to identify relevant information further and access it via the Walden University Library.

To guarantee recency and empirical rigor, I ensured that at least 80% of my sources were peer-reviewed and published within 5 years of my expected graduation date. To verify that the articles were peer-reviewed, I used Ulrichsweb. Academic databases with robust date-filtering assisted me in directly limiting search results to articles published within the desired timeframe. For literature that discusses my

conceptual framework but was published outside of the 5-year window, I confirmed that those sources have been peer-reviewed.

### **Conceptual Framework**

The purpose of this qualitative pragmatic inquiry was to explore successful strategies healthcare leaders use to shape and influence organizational culture, effectiveness, and improve employee engagement. Transformational leadership theory served as the foundational framework for this study. Initially conceptualized by Burns (1978) and later expanded by Bass and Avolio (1994), these researchers suggested that leaders can profoundly influence organizational culture by inspiring and motivating their followers to transcend their self-interests for the collective benefit of the organization (Burns, 1978; Bass & Avolio, 1994). Bass and Avolio (1994) argued that transformational leaders cultivate an organizational culture aligned with core values and goals, fostering innovation, trust, and a shared sense of purpose.

Building on this foundation, Zhao and Chen (2022) introduced a contextual perspective by customizing leadership strategies to address healthcare organizations' unique cultural and operational nuances. Complementing these insights, Garcia and Nguyen (2024) offered an inclusive transformational leadership framework emphasizing the importance of diversity and inclusion in creating engaged, high-performing healthcare teams. Together, these theories provide a robust, multidimensional conceptual framework for exploring how leaders shape and influence organizational culture and employee engagement in the healthcare industry. I will now discuss the five themes associated with my study.

## **Employee Engagement Theories and Practices**

Employee engagement in healthcare is influenced by a range of motivational factors. Theories that focus on intrinsic and extrinsic motivation shed light on the drivers of employee commitment, satisfaction, and performance. Metwally et al. (2019) demonstrated that ethical leadership fosters a culture of effectiveness that, in turn, increases employees' readiness to embrace change. According to Nguyen and Smith (2023), psychological safety, created through open communication and trust, plays a critical role in enhancing employee engagement. When staff members feel secure in expressing their ideas and concerns, they are more likely to contribute to organizational innovation and performance improvements. Placing the organization on a positive pathway for success.

### ***Servant and Authentic Leadership***

Leadership styles that integrate empathy and authenticity significantly foster a positive organizational culture and enhance employee outcomes within healthcare settings. Conceptualized a framework that embeds empathic leadership within organizational culture, demonstrating that leaders who exhibit empathy promote enhanced collaboration and employee well-being and improve overall organizational performance (Arghode et al., 2022). In parallel, authentic leadership characterized by transparency, ethical behavior, and consistency has fostered higher trust and engagement among healthcare staff (Neill & Saunders, 2008; Walker & Green, 2023).

These findings underscore the critical influence of leadership behavior on shaping both relational and operational aspects of healthcare organizations. The framework

presented by Arghode et al. (2022) provided a systematic approach to institutionalizing empathy as a core cultural value, strengthening interpersonal collaboration, and supporting staff well-being. Complementing this, the evidence from Walker and Green (2023) and Neill and Saunders (2008) highlighted that authenticity in leadership builds a foundation of trust and psychological safety, essential for sustaining employee engagement and resilience in high-pressure healthcare environments. These leadership approaches align with contemporary calls for more human-centered organizational cultures in healthcare.

### ***Intrinsic and Extrinsic Motivation***

The interplay between intrinsic and extrinsic motivation is a critical factor influencing employee engagement in healthcare organizations, with effective leadership practices amplifying both forms of motivation. Cooke et al. (2021) emphasized that in healthcare contexts, intrinsic drives, such as the aspiration to provide high-quality patient care, and extrinsic motivators, such as compensation and recognition, interact across multiple organizational levels to shape employee engagement outcomes. Complementing this perspective, Zhang et al. (2022) proposed a motivation-based model in which clinical staff engagement is elevated when employees perceive their work as meaningful and experience recognition from leadership, thereby underscoring the role of transformational leaders in enhancing intrinsic and extrinsic motivational factors. In alignment with these findings, Liu and Chen (2023) demonstrated that employee engagement increases when individual values align with the organization's mission and extrinsic benefits, such as career advancement opportunities, are accessible. Further reinforcing this view, Park et

al. (2024) found that autonomy, a hallmark of transformational leadership, and strategically designed extrinsic rewards significantly bolster employee engagement, suggesting that empowering staff while offering tangible incentives fosters more substantial organizational commitment. The establishment of rewards and recognition programs, when personalized and delivered consistently, serves as a potent extrinsic motivator that sustains elevated levels of engagement within healthcare environments (Srinivas et al., 2023).

This evidence illustrates that cultivating employee engagement in healthcare requires a sophisticated and deliberate balance of intrinsic and extrinsic motivational strategies mediated through effective leadership. Transformational leaders play a pivotal role by fostering intrinsic motivation through value alignment, purpose-driven work, and autonomy while concurrently reinforcing extrinsic motivation through recognition and rewards. The findings of Srinivas et al. (2023) further underscored that personalized and consistent recognition initiatives contribute to embedding a culture of engagement and reinforcing desired organizational behaviors. Thus, leadership-driven approaches that holistically address motivational drivers are essential for sustaining engagement and fostering a positive organizational culture in healthcare settings.

Given these insights, future leadership initiatives in healthcare should prioritize the integration of comprehensive motivational frameworks blending purpose-driven leadership with robust rewards and recognition systems to cultivate enduring employee engagement and enhance staff well-being and organizational performance.

### ***Psychological Safety and Trust***

Psychological safety and trust are essential components of effective transformational leadership and serve as critical drivers of employee engagement, performance, and retention within high-stress healthcare environments. Nguyen and Smith (2023) emphasized that psychological safety, a climate where team members feel secure in expressing ideas, concerns, and mistakes without fear of embarrassment or retribution, fosters engagement among healthcare professionals. This dynamic is particularly crucial in hospital settings, where routine rapid decision-making and high-stakes clinical outcomes occur. Transformational leaders who prioritize open communication, actively listen, and value diverse perspectives contribute significantly to cultivating psychological safety. Supporting this view, Edmondson and Lei (2021), through an extensive review of healthcare literature, demonstrated that teams characterized by strong psychological safety are more likely to engage in learning behaviors, adapt to emerging challenges, and collaborate effectively on outcomes that directly enhance innovation and clinical performance. Reinforcing these dynamics, B. Kim et al. (2022) found that trust-enhancing behaviors, including consistent support during emergencies, transparent decision-making, and empathetic leadership, foster elevated engagement and morale among critical care staff.

Trust facilitates more effective communication and strengthens emotional resilience, enabling healthcare professionals to perform optimally under pressure. Rosso et al. (2023) extended this argument by linking trust in leadership to heightened job satisfaction and deeper emotional investment in the organization's mission and goals,

suggesting that engaged employees exhibit greater commitment and sustained motivation. Complementing these insights, Asif and Jameel (2022) reported that transformational leaders who establish a favorable safety climate characterized by mutual respect, fairness, and emotional support enhance healthcare staff's psychological well-being and organizational commitment.

These findings underscore the integral role of psychological safety and trust as mechanisms through which transformational leadership shapes a high-performing healthcare culture. Creating an environment where employees feel safe to voice concerns and contribute ideas is fundamental to fostering continuous learning, innovation, and adaptive capacity. Moreover, consistent and transparent leadership behaviors that cultivate trust further reinforce emotional resilience, communication efficacy, and morale, which are especially critical in high-pressure clinical settings. The linkage between trust in leadership and job satisfaction and organizational commitment, as Rosso et al. (2023) demonstrated, highlights the long-term benefits of embedding trust-building practices within leadership strategies. Furthermore, promoting a favorable safety climate, as articulated by Asif and Jameel (2022), contributed to improved psychological well-being, staff retention, and sustained engagement, thereby supporting organizational stability and excellence in patient care.

Given the substantial impact of trust and psychological safety on healthcare workforce engagement and performance, future leadership development initiatives should prioritize intentionally cultivating these elements through transformational leadership practices designed to enhance relational dynamics and organizational outcomes.

### ***Ethical and Inclusive Leadership***

Ethical and inclusive leadership significantly contributes to the development of a highly engaged workforce, particularly within the context of healthcare, where continuous transformation and high demands are prevalent. Closely aligned with transformational leadership, ethical leadership fosters an environment where trust, integrity, and fairness become central to organizational culture. Metwally et al. (2019) found that ethical leadership practices lay the groundwork for change readiness by promoting transparency, fairness, and principled decision-making. This readiness is critical for employee engagement during periods of transformation, as it allows staff to feel secure and supported amid organizational shifts. Building on this, Zhao and Chen (2022) highlighted the importance of inclusive leadership behaviors, such as encouraging input from team members of diverse backgrounds and recognizing their unique contributions, which create a sense of belonging and psychological safety.

These inclusive practices not only enhance engagement but also strengthen collaboration and innovation among staff. Garcia and Nguyen (2024) emphasized that culturally responsive leadership, which acknowledges and adapts to the diverse cultural identities within the workforce, leads to improved engagement and retention, particularly in healthcare systems that serve multicultural populations. Rehman et al. (2023) further argued that ethical leadership positively influences job embeddedness by reinforcing employee identification with organizational values and encouraging discretionary effort, both key indicators of a deeply engaged workforce.

Similarly, Allen et al. (2021) asserted that moral leadership, characterized by accountability and genuine concern for employee well-being, leads to increased satisfaction, loyalty, and long-term engagement, especially within high-reliability healthcare organizations where consistency and trust are paramount. Taking together, these findings suggest that transformational leadership, when integrated with ethical and inclusive practices, is instrumental in cultivating a supportive and motivating work environment. Such leadership not only improves individual engagement but also enhances team resilience, which is essential for sustaining high-quality care delivery in the demanding and evolving landscape of post-pandemic healthcare. Leaders who model these behaviors are better equipped to foster organizational cultures that prioritize employee well-being, inclusivity, and ethical integrity, cornerstones of a committed and high-performing workforce.

### **Empowerment and Participative Decision-Making**

Empowerment and participative decision-making are fundamental drivers of employee engagement, particularly within dynamic and high-stakes environments like healthcare. When leaders actively involve staff in organizational initiatives and decision-making processes, they not only improve morale but also foster a sense of ownership and belonging among employees. An inclusive approach affirms employees' value and reinforces their connection to the organization's goals, ultimately reducing turnover and strengthening retention. Rivera and Lopez (2022) provided empirical evidence that employee engagement significantly increases when individuals are given opportunities to contribute meaningfully to workplace decisions. Such involvement leads to a heightened

sense of purpose and accountability, making employees more invested in achieving positive outcomes.

A participatory leadership style aligns closely with distributed leadership, where responsibilities and authority are shared across various levels of the organization rather than centralized at the top. This model supports a collaborative culture where diverse perspectives are welcomed, enhancing the organization's adaptability and innovation capacity. Metwally et al. (2019) argued that distributed leadership is particularly effective in times of change, as it encourages proactive problem-solving and responsiveness to emerging challenges. Similarly, Rojak et al. (2024) suggested that a culture of empowerment not only facilitates organizational learning but also enhances team cohesion and resilience, both of which are essential for sustaining high-quality care and operational effectiveness. In this context, empowerment and inclusive decision-making are not just engagement strategies; they are foundational leadership practices that directly influence organizational performance and workforce stability.

### ***Shared Governance Models***

Shared decision-making frameworks and governance models are powerful enablers of employee engagement and empowerment in healthcare organizations, particularly when aligned with transformational leadership principles. Rivera and Lopez (2022) demonstrated that shared decision-making frameworks significantly enhance employee engagement by enabling healthcare professionals to contribute meaningfully to organizational policies and patient care strategies. Similarly, Collins and Taylor (2023)

found that implementing nursing-shared governance models positively influenced organizational culture by fostering a sense of ownership and collaboration among staff.

Expanding on this perspective, Abrams et al. (2021) revealed that shared governance strengthens nursing engagement by promoting professional autonomy and collective decision-making, two critical aspects supported by transformational leadership. Consistent with these findings, Patrick and Laschinger (2022) emphasized that structural empowerment, a core component of transformational leadership, is vital in promoting nursing autonomy and facilitating higher levels of engagement. Fahim et al. (2023) noted that shared leadership models significantly enhance healthcare team performance by distributing authority, encouraging professional accountability, and reinforcing engagement through empowerment.

These findings underscore the central role of shared governance and decision-making in cultivating an empowered and engaged healthcare workforce. When healthcare professionals are provided with avenues to influence organizational policy and patient care strategies, their sense of ownership and alignment with organizational goals deepens. As described by Abrams et al. (2021), the promotion of professional autonomy and collective decision-making reflects transformational leadership's emphasis on empowering employees to act as co-creators of organizational success. Structural empowerment practices, as outlined by Patrick and Laschinger (2022), further solidify autonomy as a driver of engagement and commitment. The work of Fahim et al. (2023) highlighted that distributing leadership responsibility enhances team performance by fostering accountability and professional growth, thereby amplifying engagement

outcomes. These governance structures foster a work environment where employees experience greater agency, trust, and psychological investment in organizational outcomes.

Given the demonstrated impact of shared governance and decision-making on employee engagement, future leadership strategies should emphasize the adoption of such models and the development of leadership competencies that sustain empowerment and shared accountability across all levels of healthcare organizations.

### ***Employee Voice and Feedback System***

Employee voice and feedback systems function as critical mechanisms through which transformational leaders foster employee engagement and cultivate a participative organizational culture within healthcare settings. Liang et al. (2022) identified that voice behavior, employees' willingness to speak up and offer suggestions, are strongly influenced by perceived organizational support, which is frequently cultivated through transformational leadership practices emphasizing openness and responsiveness to feedback. Supporting this view, Monroe and Islam (2021) found that effective feedback channels enhance employee morale and foster a participative culture within healthcare organizations, conditions that transformational leaders intentionally strive to establish. Further reinforcing this perspective, Nembhard et al. (2023) emphasized the importance of open forums in clinical practice to build a culture of feedback, improving engagement by allowing healthcare workers to influence organizational decisions and voice concerns. Additionally, Wang et al. (2023) directly linked leadership openness to increased employee voice, suggesting that leaders who actively encourage dialogue and

transparency foster greater commitment and engagement among staff. Crump and Taylor (2022) further asserted that when continuous feedback systems are effectively implemented, they substantially enhance employee engagement by signaling that leadership values employee input and professional growth, both core tenets of transformational leadership.

The evidence highlighted the integral role of employee voice and feedback systems in shaping an engaged and participatory healthcare workforce. Transformational leadership practices that promote organizational support and transparent communication cultivate a climate in which employees feel empowered to contribute ideas, raise concerns, and influence organizational outcomes. The establishment of open forums, as described by Nembhard et al. (2023), and the promotion of leadership openness, as emphasized by Wang et al. (2023), further strengthen trust and commitment by validating employees' contributions.

Moreover, implementing continuous feedback mechanisms, as outlined by Crump and Taylor (2022), reinforces the reciprocal relationship between leadership and staff, enhancing morale and fostering professional development, and strengthening trust and commitment. Such practices elevate individual engagement and contribute to a more adaptive, collaborative, and innovative healthcare environment. Given the demonstrated value of employee voice and feedback systems in promoting engagement, healthcare leaders should prioritize the development of transparent communication practices and participative structures that empower employees, thereby strengthening organizational culture and driving sustained performance improvements.

### ***Distributed Leadership and Accountability***

Distributed leadership and accountability mechanisms exemplify transformational leadership's commitment to fostering empowerment and engagement across all levels of healthcare organizations. Martin and Lee (2021) illustrated that distributed leadership, particularly within high-pressure healthcare teams, enhances collaboration and reduces hierarchical barriers, fostering collective ownership and engagement among staff. Similarly, Walker and Simmons (2021) found that collective leadership practices promote more democratic decision-making processes in hospital settings, increasing employee investment in achieving organizational outcomes. Hassan and Jackson (2022) observed that accountability structures embedded within distributed leadership models empower individuals to take the initiative while upholding organizational responsibility, cultivating an environment where employees engage more deeply through mutual trust and shared goals. Further reinforcing this dynamic, Lim and Tay (2023) emphasized that collaborative leadership styles stimulate innovation within clinical teams, noting that engaged employees are likelier to propose new ideas and solutions when leadership is shared. Complementing these findings, DeVries et al. (2024) concluded that empowering nurse leaders through distributed governance expands leadership capacity and engagement across all levels of nursing, demonstrating how transformational leadership can effectively decentralize authority while preserving organizational cohesion and a focus on patient-centered care.

These findings underscore the vital role of distributed leadership and accountability in driving employee engagement and innovation within healthcare

organizations. By promoting collective ownership and democratic decision-making, transformational leaders foster an inclusive culture where staff at all levels feel valued and empowered to contribute meaningfully. The accountability structures highlighted by Hassan and Jackson (2022) further ensured that empowerment is balanced with organizational responsibility, strengthening trust and fostering a culture of mutual accountability. Evidence presented by Lim and Tay (2023) and DeVries et al. (2024) demonstrated that shared leadership enhances individual engagement and elevates team-level innovation and leadership capacity, outcomes critical for delivering high-quality, patient-centered care. These leadership approaches align with transformational leadership's broader aim of developing empowered, adaptive, and resilient healthcare organizations.

### **Change Management and Communication Strategies**

Cultural transformation within healthcare organizations is a complex and multifaceted process that requires the deliberate application of robust change management strategies, with transformational leadership playing a central role in driving and sustaining these efforts. Kotter's change model remains one of the most widely applied frameworks for guiding organizations through structured and stepwise cultural transformations. Ellis and Turner (2021) demonstrated how Kotter's model can be effectively implemented in healthcare settings to overcome resistance and build organizational momentum for change. Their findings suggest that leaders who establish a sense of urgency, cultivate influential coalitions, and embed new practices into the organizational fabric facilitate a smoother transition toward a more effective and resilient

culture. In parallel, effective leadership communication is recognized as another critical component of successful change management. Carter and Davis (2020) emphasized that leadership communication strategies such as regular feedback sessions, open forums, and consistent messaging are vital for aligning leadership goals with employee expectations and fostering a culture of transparency supporting ongoing change efforts.

These findings underscore the importance of intentional leadership-driven strategies in advancing cultural transformation within healthcare organizations. Kotter's model offers a structured blueprint for managing complex change. Ellis and Turner's (2021) case study demonstrates that when leaders engage employees through coalition-building and practice integration, they enhance organizational resilience and adaptability. Equally, Carter and Davis (2020) highlighted the indispensable role of clear and transparent communication in building trust, managing resistance, and ensuring that cultural values are internalized and sustained across all levels of the organization. These leadership practices not only support the technical execution of change initiatives but also foster the relational and cultural conditions necessary for long-term success.

### ***Kotter's Change Model in Healthcare***

Kotter's change model has been widely embraced in healthcare as a comprehensive framework to guide organizational transformation, particularly in complex and high-pressure environments. The model's eight stages from establishing a sense of urgency to anchoring new cultural approaches offer a structured pathway that helps leaders manage change systematically and inclusively. Ellis and Turner (2021) emphasized that healthcare leaders who follow Kotter's model are more effective in

fostering an environment where staff feel emotionally and professionally supported during periods of change. Their research found that transformational leaders are crucial in initiating momentum, crafting a shared vision for the future, and maintaining motivation through recognizing short-term achievements. These early wins help build confidence and reinforce staff commitment to the change process.

Applying Kotter's principles within nursing teams improved employee involvement, largely because nurses were actively encouraged to contribute ideas and feedback, thereby increasing their sense of ownership in the outcomes (O'Leary et al., 2022). This participatory approach to change fosters a culture of collaboration and empowerment. Brown and Chu (2023) analyzed how communication strategies aligned with each phase of Kotter's model can influence employee attitudes. They concluded that consistent, transparent messaging from leadership at every stage enhances morale and strengthens engagement, particularly when staff understand how their roles fit into the larger transformation efforts.

Amir and Zhang (2024) demonstrated that healthcare leaders who personally embody the values and behaviors associated with the change are more successful in driving widespread adoption. When leaders actively model commitment, adaptability, and openness, it signals authenticity and builds trust among staff. Lin et al. (2023) reinforced this by showing that the effective implementation of Kotter's model promotes higher levels of employee engagement and increases job satisfaction and organizational loyalty. These studies collectively suggest that when implemented with strong leadership

and communication, Kotter's model catalyzes building resilient, engaged teams capable of successfully navigating healthcare transformation.

### ***Distributed Leadership***

Distributed leadership represents a paradigm shift from traditional hierarchical models to a more collective and collaborative leadership approach, particularly well-suited to fostering adaptive cultures in complex healthcare environments. Unlike the conventional "heroic" model of leadership, distributed leadership emphasizes shared responsibilities and collaborative decision-making as key drivers of organizational effectiveness. Martin and Lee (2021) illustrated that distributed leadership enhances team collaboration and facilitates cultural transformation by decentralizing authority and promoting innovation. Within such leadership structures, leadership is conceptualized as a collective endeavor in which diverse stakeholders contribute their expertise to solving complex problems and navigating dynamic healthcare landscapes (Carstensen et al., 2024; Wikström & Dellve, 2009).

These findings highlight that distributed leadership provides a robust framework for fostering more resilient and adaptive healthcare cultures. By diffusing leadership responsibilities across teams and professional groups, distributed leadership fosters a culture of shared ownership and collective accountability, critical for addressing the multifaceted challenges inherent in healthcare delivery. As Martin and Lee (2021) demonstrated, decentralizing authority enhances collaboration and innovation by empowering staff at all levels to contribute meaningfully to organizational improvement. Moreover, as noted by Carstensen et al. (2024) and Wikström and Dellve (2009), this

leadership approach leverages the organization's collective intelligence, facilitating agile problem-solving and continuous adaptation capabilities that are increasingly essential in today's healthcare context. In this way, distributed leadership transforms organizational structures and reshapes cultural norms toward inclusivity, empowerment, and innovation.

### ***Crisis Communication and Transparency***

Crisis communication and transparency are essential components of transformational leadership, particularly during periods of disruption such as pandemics or large-scale digital transformations, where trust and engagement are paramount. Carter and Davis (2020) highlighted that crisis communication strategies rooted in honesty, empathy, and consistency are vital for sustaining trust during health system changes. In examining leadership responses during the COVID-19 pandemic, Singh et al. (2024) found that leaders who were transparent about uncertainties while expressing confidence in their teams' resilience effectively maintained employee engagement throughout prolonged crises. Similarly, Parker et al. (2022) emphasized that transparency is critical during digital transformation initiatives, as employees demonstrated greater receptivity to change when leaders communicated openly about challenges and progress. Choi and Lee (2023) demonstrated that clear and timely communication enhances leadership credibility, reinforcing employee commitment during organizational change efforts. Complementing these findings, Novak and Sandhu (2021) underscored that crisis leadership practices that prioritize open dialogue and emotional support foster ethical practice and elevate employee engagement during high-stress periods in nursing contexts.

These findings illustrate that transparent and empathetic communication is a core leadership competency during organizational crises and transformations.

Transformational leaders who openly acknowledge uncertainties, articulate a clear vision, and provide consistent updates foster an environment of trust and psychological safety conditions essential for maintaining employee engagement under stress. Singh et al. (2024) and Parker et al. (2022) demonstrated that transparency enhances both individual morale and collective adaptability, while Choi and Lee (2023) linked this transparency to sustained leadership credibility and organizational commitment. Open dialogue and emotional support are critical for promoting ethical practice and resilience in high-pressure clinical settings such as nursing (Novak & Sandhu, 2021). These communication practices safeguard organizational integrity during crises and contribute to long-term cultural strength by reinforcing values of trust, openness, and mutual respect.

### ***Leadership Messaging and Resistance Management***

Leadership messaging and resistance management focuses on how transformational leaders strategically frame change narratives to mitigate resistance and promote engagement. Baxter et al. (2023) found that employees' resistance to change could be significantly reduced through strategic leadership messaging that acknowledges employee concerns and reinforces shared values. According to Tariq and T. Ahmed (2022), leader communication emphasizing collaboration and mutual benefits increased employee buy-in during healthcare changes. Leaders who are committed to establishing a clear organizational vision create a climate of non-resistance and support for change and implementation. Knight and Thomas (2021) demonstrated that transformational leaders

who effectively frame a compelling vision for organizational transformation create a sense of purpose among employees, which reduces uncertainty and resistance, while increasing effective communication across the organization.

Communicating change initiatives clearly and proactively in complex care environments helped healthcare workers feel included and valued, thereby strengthening their commitment to the organization's goals (Lin & Wang, 2024). Finally, Hughes et al. (2023) underscored that leadership framing strategies that focus on empowerment, shared ownership, and transparency are crucial for overcoming skepticism and fostering a culture of sustained engagement during transformational initiatives.

Transformational leadership significantly enhances employee engagement during healthcare transformations by applying structured change models like Kotter's, maintaining crisis communication transparency, and strategically managing resistance through leadership messaging. Healthcare organizations that adopt these leadership practices are better positioned to achieve lasting change, more substantial employee commitment, and improved patient outcomes.

### ***Organizational Culture Frameworks***

A comprehensive framework for analyzing and understanding the complex layers of cultural dynamics within healthcare organizations is essential for guiding practical cultural transformation efforts. Schein's (2017) model conceptualizes organizational culture as comprising three interrelated levels: artifacts, espoused values, and underlying assumptions. This framework enables leaders to systematically assess how visible structures and behaviors are shaped by deeper, often unconscious, beliefs and values. In

healthcare settings, Schein's model is beneficial for uncovering how ingrained cultural elements influence day-to-day behaviors, clinical decision-making, and interprofessional relationships. Grant et al. (2014) further advanced this perspective by demonstrating how Schein's distinctions between surface-level artifacts such as formal policies and procedures and underlying values and assumptions provide critical insights into the cultural drivers of employee behavior.

Applying Schein's model within healthcare organizations enables leaders to move beyond superficial assessments of culture and to identify the root causes of adaptive and maladaptive behaviors. This framework equips leaders with the diagnostic tools necessary to design targeted interventions by illuminating the disconnect between stated values and actual practices. As Grant et al. (2014) suggested, distinguishing between observable artifacts and the deeper values that shape them is essential for fostering meaningful cultural change. Insights derived from this model support the development of interventions aimed at cultivating cultures that prioritize innovation, patient safety, and person-centered care, which are outcomes that are increasingly demanded in contemporary healthcare environments. Schein's model reinforces the importance of aligning leadership behaviors and organizational structures with desired cultural outcomes to ensure sustainable transformation.

### **Case Studies and Qualitative Research**

Qualitative research offers rich and nuanced insights into how transformational leadership strategies shape organizational culture and enhance employee engagement within healthcare and service organizations. Using in-depth interviews and thematic

analysis, Lasrado and Kassem (2021) demonstrated that transformational leadership fosters a climate of excellence and high performance when integrated with a supportive organizational culture. Similarly, qualitative case studies by Odeh et al. (2023) illustrated how transformational leaders within Dubai's service sector cultivate adaptive cultures, enhancing organizational resilience during periods of change.

Further qualitative investigations by Rojak et al. (2024) and Al-Thawabiya et al. (2023) expanded our understanding of the dynamic interplay between leadership behaviors and organizational culture. In one Qatar-based study, qualitative interviews with nurse leaders revealed that those exhibiting transformational leadership qualities significantly enhanced staff engagement, contributing to improved patient outcomes. Additionally, qualitative insights from Idris et al. (2022) indicated that work motivation mediates the relationship between transformational leadership and employee performance, underscoring the need for leadership strategies to address motivational factors and cultural dynamics simultaneously.

Collectively, these qualitative studies underscore the multifaceted ways in which organizational culture shapes and transforms transformational leadership. The findings of Lasrado and Kassem (2021) and Odeh et al. (2023) highlighted the capacity of transformational leaders to foster organizational excellence and resilience by embedding supportive and adaptive cultural norms. Moreover, Rojak et al. (2024) and Al-Thawabiya et al. (2023) provided compelling evidence that transformational leadership enhances employee engagement and patient outcomes by cultivating a culture of empowerment and shared purpose. Idris et al. (2022) further enriched this understanding by demonstrating

that leadership effectiveness depends not solely on behaviors but also on the extent to which leaders cultivate intrinsic motivation aligned with organizational values. These qualitative insights collectively reinforce adopting leadership approaches that holistically integrate cultural, motivational, and relational dimensions to drive sustained organizational performance.

### ***Transformation Leadership in Practice***

Transformational leadership has been extensively examined across diverse healthcare contexts, consistently demonstrating its capacity to enhance employee engagement, organizational adaptability, and patient outcomes. In their study of high-performing hospitals, Lasrado and Kassem (2021) found that transformational leadership behaviors, such as articulating a compelling vision and fostering innovation, strongly correlate with elevated employee engagement and improved patient care outcomes. Extending this perspective to the Dubai service sector, Odeh et al. (2023) demonstrated that transformational leaders enhance organizational adaptability by cultivating trust, recognition, and empowerment among employees as key drivers of sustained engagement. Similarly, Al-Thawabiya et al. (2023), in their research on transformational nurse leadership in Qatar, emphasized that leaders who provide individualized support and professional development opportunities inspire greater commitment and enthusiasm among nursing staff.

Adding further depth, Idris et al. (2022) revealed that work motivation mediates between transformational leadership and employee performance, indicating that leaders who address intrinsic and extrinsic motivational needs more effectively drive

engagement. Complementing these findings, Nasir et al. (2024) provided a regional perspective by examining African healthcare systems, where transformational leadership was shown to foster collaborative cultures and improve staff retention, even within resource-constrained environments, thus underscoring the global applicability of this leadership approach.

These studies provide robust evidence that transformational leadership effectively cultivates engaged and adaptable healthcare workforces across a wide range of cultural and organizational contexts. The findings of Lasrado and Kassem (2021) and Odeh et al. (2023) highlighted the importance of visionary and empowering leadership behaviors in driving engagement and organizational innovation. Al-Thawabiya et al. (2023) further illustrated the value of individualized leader support in fostering professional growth and staff commitment, particularly in clinical settings. Moreover, the work of Idris et al. (2022) underscored that effective leadership must strategically address motivational drivers to optimize performance outcomes. Nasir et al.'s (2024) regional analysis reinforced the versatility and adaptability of transformational leadership, demonstrating its capacity to foster collaborative cultures and strengthen workforce resilience even in challenging healthcare environments. These insights affirm that transformational leadership represents a globally relevant strategy for enhancing employee engagement and advancing healthcare excellence.

### ***Organizational Adaptability and Resilience***

Organizational adaptability and resilience represent critical domains in which transformational leadership is decisive, particularly in navigating healthcare crises and

facilitating sustained employee engagement. Rojak et al. (2024) identified that visionary and flexible leadership styles enabled healthcare leaders to drive post-COVID organizational resilience, supporting employees in adapting to rapid changes while preserving morale. Similarly, Williams et al. (2021) found that organizational resilience during healthcare crises was largely contingent upon leadership practices that promoted emotional support, autonomy, and clear communication, key elements of transformational leadership. Farouk et al. (2023) emphasized the significance of leadership agility during health system transitions, demonstrating that leaders who fostered innovation and collective problem-solving heightened employee engagement and mitigated burnout. In alignment with these findings, T. Ahmed and Omar (2022) reported that adaptive leadership strategies employed during pandemic responses rooted in flexibility, empathy, and participative decision-making enhanced workforce cohesion and organizational resilience. Complementing these perspectives, Thomas and Rodriguez (2023) demonstrated that strategic adaptation led by transformational leaders fostered a strong sense of collective purpose, thereby boosting employee engagement and operational effectiveness within emergency care systems.

These studies underscored the pivotal role of transformational leadership in fostering organizational adaptability and resilience, particularly under uncertainty and disruption. Rojak et al. (2024) and Williams et al. (2021) highlighted that emotionally supportive, communicative, and empowering leadership behaviors are essential for sustaining employee morale and organizational coherence during crises. Farouk et al. (2023) further demonstrated that leadership agility, characterized by an openness to

innovation and collaborative problem-solving, enhances resilience and protects employee well-being by reducing burnout risks. T. Ahmed and Omar (2022) and Thomas and Rodriguez (2023) added important nuance by illustrating that adaptive leadership strategies, grounded in empathy and participative decision-making, foster a cohesive and purpose-driven workforce. The body of evidence affirms that transformational leadership is instrumental in cultivating healthcare organizations capable of responding dynamically to evolving challenges while maintaining high levels of employee engagement and operational effectiveness.

### ***Culture Building Through Leadership***

Culture-building through transformational leadership is indispensable in sustaining employee engagement and aligning organizational values within healthcare environments. Ibrahim et al. (2023) found that nursing leaders who cultivated a safety culture through transparent communication and empowerment practices significantly enhanced organizational trust and employee commitment. Jenkins and Stewart (2010), as updated by Qin et al. (2023), emphasized that transformational leadership not only sets the tone for cultural alignment but also reinforces core organizational values that drive consistent employee behavior and foster engagement. Zhao and Chen (2022) further demonstrated that leaders who intentionally align organizational culture with leadership practices promote greater behavioral consistency and higher morale among hospital staff. Complementing these findings, Kaleem et al. (2021) reported that healthcare organizations emphasizing cultural coherence driven by transformational leadership experienced reduced turnover rates and elevated levels of discretionary effort among

employees. Additionally, Hassan et al. (2024) showed that inclusive leadership, a central component of transformational leadership, cultivates psychological safety, encouraging employee voice, risk-taking, and innovation in healthcare settings.

These studies affirm that transformational leadership is a powerful catalyst for building and sustaining organizational cultures that support employee engagement, well-being, and performance. The evidence presented by Ibrahim et al. (2023) and Jenkins and Stewart (2010), as updated by Qin et al. (2023), underscored that transformational leaders actively shape cultural norms through transparent communication and values-based leadership. Zhao and Chen (2022) and Kaleem et al. (2021) further highlighted that organizations benefit from enhanced morale, reduced turnover, and higher discretionary effort when leadership practices and cultural values are intentionally aligned.

Importantly, Hassan et al. (2024) demonstrated that inclusive and psychologically safe environments nurtured through transformational leadership empower employees to engage more fully, innovate, and contribute to organizational improvement.

Transformational leadership has effectively mitigated burnout, reinforcing its role in fostering sustainable engagement and resilience across healthcare teams.

### **Linking Culture and Engagement to Outcomes**

The interrelationship between organizational culture, employee engagement, and healthcare performance is well-established in the literature, with leadership-driven cultural improvements consistently linked to enhanced clinical and operational outcomes. Extensive research has demonstrated that improvements in organizational culture and heightened employee engagement are associated with superior operational performance,

enhanced patient safety, and greater satisfaction among employees and patients. Mok et al. (2021) and Hasan (2023) illustrated that leadership-driven cultural enhancements directly contribute to improved patient care outcomes. Specifically, when healthcare leaders cultivate cultures centered on safety, collaboration, and continuous learning, organizations are better equipped to deliver high-quality care and adapt to external challenges. Numerous measurement tools have been developed to evaluate the effectiveness of leadership strategies in shaping culture and engagement. Campbell and Murray (2019) reviewed various survey instruments and diagnostic tools to quantify organizational culture and employee engagement metrics. These survey tools enable healthcare organizations to monitor progress over time, assess the impact of leadership interventions, and identify opportunities for further cultural and operational improvement. Moreover, by linking culture and engagement metrics to patient outcomes, leaders can provide concrete evidence of the value of their strategic initiatives (I. Abdullatif Ibrahim et al., 2023; Tate et al., 2023).

Evidence affirms that cultivating a positive organizational culture and fostering high employee engagement are not merely aspirational goals but critical levers for enhancing healthcare performance. The studies by Mok et al. (2021) and Hasan (2023) underscored that leadership's role in shaping cultural values and promoting engagement directly and indirectly impacts patient care quality. Furthermore, the availability of sophisticated measurement tools, as highlighted by Campbell and Murray (2019), empowers healthcare leaders to assess the outcomes of their cultural and engagement initiatives systematically. The integration of these metrics with patient care outcomes, as

demonstrated by Tate et al. (2023) and I. Abdullatif Ibrahim et al. (2023), reinforces the strategic importance of aligning leadership, culture, and engagement efforts with organizational performance goals. Ultimately, this integrated approach supports continuous improvement, accountability, and value creation within healthcare organizations.

### ***Patient Care and Safety Outcomes***

Patient care quality and safety outcomes are significantly shaped by transformational leadership and a robust culture of employee engagement within healthcare organizations. Mok et al. (2021) found that leadership practices fostering supportive and inclusive organizational cultures were strongly correlated with improved patient safety outcomes, as engaged employees demonstrated heightened vigilance and responsiveness to clinical risks. Hasan (2023) emphasized that a transformational culture characterized by innovation, collaboration, and ethical practice contributed to measurable enhancements in the quality of patient care, underscoring the pivotal role of leadership in driving service excellence.

Examining leadership strategies during the COVID-19 pandemic, Singh et al. (2024) reported that transformational approaches prioritizing psychological safety and resilience reduced clinical errors and improved safety reporting practices. Further supporting these findings, Zarei and Rahimi (2022) established a direct link between higher levels of employee engagement and lower clinical error rates, suggesting that when healthcare workers feel valued and supported, they exhibit greater attentiveness and commitment to patient care standards. Ford et al. (2023) reinforced this evidence by

demonstrating that safety culture metrics, particularly within intensive care units (ICUs), were strengthened through leadership practices promoting trust, open communication, and continuous learning, all hallmarks of transformational leadership.

Research has affirmed that transformational leadership is a critical enabler of high-quality, safe patient care through its influence on organizational culture and employee engagement. The findings of Mok et al. (2021) and Hasan (2023) illustrated that leadership-driven cultural attributes such as inclusivity, ethical practice, and collaboration directly enhance clinical vigilance and service excellence. Singh et al. (2024) and Zarei and Rahimi (2022) further underscored that fostering psychological safety and engagement mitigates clinical error rates and promotes proactive safety behaviors among healthcare staff. Ford et al. (2023) highlighted that transformational leadership practices, cultivating trust, transparency, and a culture of continuous learning, reinforce essential elements of patient safety culture, particularly in high-acuity environments such as ICUs. These insights emphasized that leadership strategies fostering engagement and a supportive culture are foundational drivers of superior patient care and safety outcomes.

### ***Competing Values Framework and Culture of Safety***

The competing values framework (CVF) offers a valuable lens for understanding the complex cultural dynamics within healthcare organizations. It is a complementary tool for fostering cultures that enhance employee engagement and patient safety. CVF assesses organizational culture by examining the balance between competing dimensions: flexibility versus control and internal focus versus external orientation. This model

provides a nuanced explanation of the dynamic tensions healthcare organizations must navigate, particularly the challenge of balancing the need for operational stability with the imperative for innovation. Within this context, a "culture of safety" has emerged as an essential paradigm, emphasizing creating environments where staff are empowered to voice concerns and contribute innovative solutions without fear of retribution (Roberts & Wilson, 2022). The CVF and the culture of safety framework offer leaders actionable insights for shaping an organizational culture that aligns with strategic objectives and fosters employee engagement.

Together, these frameworks underscore the critical role of leadership in balancing cultural priorities to create high-performing healthcare environments. CVF enables leaders to diagnose and manage cultural tensions that can either facilitate or hinder innovation and quality improvement. Simultaneously, the culture of safety framework reinforces the importance of psychological safety and trust, key drivers of both engagement and patient safety outcomes. As Roberts and Wilson (2022) suggested, when healthcare leaders cultivate cultures that prioritize safety, collaboration, and continuous learning, they align organizational culture with strategic goals and foster environments where staff engagement and innovation can thrive. These frameworks thus provide a robust foundation for guiding leadership practices that drive cultural alignment and operational excellence.

### ***Employee Retention and Satisfaction***

Transformational leadership practices strongly influence employee retention and satisfaction in healthcare settings, which foster higher levels of engagement,

organizational loyalty, and long-term career commitment. M. Abdullatif Ibrahim et al. (2023) found that elevated staff engagement levels directly reduced turnover rates, with transformational leaders playing a pivotal role in sustaining employee motivation and fostering organizational loyalty. Satisfaction among nursing staff was significantly higher in organizations led by transformational leaders who modeled empathy, mentorship, and recognition (Wilson & Kumar, 2022). Positive organizational culture cultivated through transformational leadership promotes nurse retention by aligning organizational values with employees' personal and professional aspirations. Nelson et al. (2023) further reported that inclusive leadership practices, emphasizing belonging, fairness, and open dialogue, substantially mitigated burnout among healthcare workers and contributed to greater retention. Complementing these findings, Turner and Simon (2024) linked employee engagement to more substantial career commitment in healthcare environments. Noted that employees who felt inspired and supported by transformational leaders were likelier to envision and pursue long-term career trajectories within their organizations.

These studies underscore the critical role of transformational leadership in shaping organizational cultures that support employee satisfaction, engagement, and retention. The findings of I. Abdullatif Ibrahim et al. (2023) and Wilson and Kumar (2022) highlighted that transformational leadership behaviors characterized by empathy, mentorship, and recognition directly enhance engagement and satisfaction, key predictors of reduced turnover. Adnan et al. (2021) further emphasized that cultural alignment, when driven by transformational leadership, reinforces employees' sense of purpose and

belonging within the organization. Inclusive leadership practices can contribute to reducing burnout, a major driver of healthcare turnover, and cultivate environments where employees feel valued and supported. Turner and Simon (2024) extended this understanding by demonstrating that transformational leadership fosters immediate engagement and long-term career commitment, ensuring organizational stability and continuity. These insights affirm that leadership strategies centered on empowerment, inclusivity, and value alignment are essential for enhancing employee retention and satisfaction in healthcare organizations.

### ***Measurement Tools and Organizational Metrics***

Measurement tools and organizational metrics play a critical role in assessing the impact of transformational leadership on healthcare culture, employee engagement, and overall organizational performance. Campbell and Murray (2019) discussed the development of reliable survey instruments specifically designed to assess healthcare employee engagement, providing leaders with essential feedback to inform improvement initiatives. Tate et al. (2023) explored the use of benchmarking tools that evaluate leadership performance against engagement and culture-building standards, offering actionable insights to guide leadership development. Gupta et al. (2022) emphasized the importance of designing key performance indicators (KPIs) aligned with cultural transformation initiatives, thereby reinforcing the role of leadership in driving measurable organizational progress. Further advancing these capabilities, Lane and Patel (2021) demonstrated that digital dashboards used to track engagement and well-being metrics in real-time enhanced leadership responsiveness and improved staff satisfaction.

Complementing these findings, Park and Shin (2023) presented comprehensive frameworks for evaluating healthcare organizational culture, highlighting that transformational leadership practices positively influence cultural metrics by fostering adaptability, collaboration, and continuous improvement.

These studies underscore the central role of measurement and feedback mechanisms in enabling transformational leadership to drive sustained improvements in culture and engagement. The tools and frameworks discussed by Campbell and Murray (2019), Tate et al. (2023), and Gupta et al. (2022) illustrated that structured assessment processes empower leaders to align strategic objectives with cultural and engagement outcomes, fostering transparency and accountability. As Lane and Patel (2021) demonstrated, real-time tracking technologies further enhance leadership responsiveness by providing dynamic insights into staff well-being and engagement trends. The work of Park and Shin (2023) affirmed that transformational leadership is intrinsically linked to positive shifts in cultural and engagement metrics, which in turn contribute to safer clinical environments, higher staff retention, and organizational resilience. Leaders who intentionally leverage these tools to build supportive, adaptive cultures enhance organizational performance and contribute meaningfully to the development of safer and more sustainable healthcare systems.

### **Best Practices and Lessons Learned**

Emerging evidence from qualitative research highlights the growing need for an integrated leadership approach in healthcare, one that blends ethical principles, sustainability, collaboration, and adaptability. Metwally et al. (2019) and Streimikiene et

al. (2021) emphasized that ethical leadership, marked by transparency, fairness, and a strong moral compass, combined with a long-term commitment to environmental and organizational sustainability, serves as a foundation for cultivating a resilient and forward-thinking organizational culture. These leadership attributes not only align with contemporary expectations for social responsibility but also create environments where trust and accountability thrive. Further enriching this leadership paradigm,

Jenkins and Stewart (2010), along with more recent findings by Qin et al. (2023), underscored the value of servant leadership in healthcare settings. This approach, which prioritizes the growth, well-being, and development of employees, has been shown to enhance engagement by fostering a supportive and inclusive workplace culture. Servant leaders encourage open communication, demonstrate empathy, and empower staff to take initiative, qualities essential to employee satisfaction and team performance.

In addition to servant leadership, the integration of distributed leadership, where leadership responsibilities are shared across teams, has gained traction as a best practice. Research by Martin and Lee (2021) and Walker and Simmons (2021) indicated that distributed leadership promotes collaboration, enhances team autonomy, and builds collective accountability. This model is particularly effective in complex healthcare environments where interdisciplinary coordination is critical to success. Case studies of healthcare organizations navigating crises such as the COVID-19 pandemic revealed that effective leaders often rely on adaptive strategies and consistent communication to maintain organizational stability.

As shown by Hulooka et al. (2021) and Singh et al. (2024), leaders who leveraged flexible leadership models and culturally responsive frameworks were better able to manage uncertainty, support frontline staff, and sustain quality care during periods of rapid change. Collectively, these best practices illustrate that an integrated leadership approach that combines ethical behavior, servant leadership, distributed authority, and crisis adaptability is vital to achieving long-term engagement and success in healthcare organizations.

### **Summary**

The literature reviewed provides a robust foundation for understanding how healthcare leaders shape and influence organizational culture to enhance employee engagement. Transformational leadership theory is central to this body of work, conceptualized initially by Burns (1978) and expanded by Bass and Avolio (1994), emphasizing the importance of inspiring a shared vision, fostering trust, and encouraging innovation to achieve cultural change and employee alignment.

Contemporary studies have built on this framework by contextualizing leadership in healthcare settings, where the complexity and urgency of care demand inclusive, ethical, and adaptive leadership strategies (Garcia & Nguyen, 2024; Zhao & Chen, 2022). The review also draws on complementary theories such as servant, authentic, and distributed leadership, each highlighting the significance of empathy, transparency, and shared decision-making in building cultures of collaboration and psychological safety (Arghode et al., 2022; Martin & Lee, 2021).

Organizational culture models, such as Schein's and CVF, offer diagnostic tools to analyze how deeply embedded beliefs and values impact leadership effectiveness and employee behavior (Grant et al., 2014; Roberts & Wilson, 2022). Furthermore, empirical research links cultural transformation to improved employee engagement, job satisfaction, and patient care outcomes, especially when leaders promote empowerment, open communication, and structured feedback systems (Nguyen & Smith, 2023; Rivera & Lopez, 2022). Strategies like Kotter's change model are widely applied to guide transformation, demonstrating the importance of stepwise leadership approaches and clear communication during organizational change (Ellis & Turner, 2021; O'Leary et al., 2022).

Finally, qualitative case studies reinforce that leadership is most effective when it is adaptive, inclusive, and aligned with a clear organizational vision, and in crises such as the COVID-19 pandemic, leadership grounded in transparency, empathy, and resilience proved vital in sustaining workforce engagement and performance (Hulooka et al., 2021; Singh et al., 2024). The reviewed literature supports the conclusion that an integrated leadership model, drawing from transformational, ethical, and inclusive principles essential for cultivating a healthy organizational culture and achieving sustained employee engagement in healthcare settings.

### **Transition**

In this section, I discussed professional and academic literature and discussed its application to the applied business problem. Section 3 includes discussions on project ethics, the nature of the project, data collection and analysis activities, and reliability and

validity. In Section 4, I discuss the findings and the implications of business practice, social change, and further research.

### Section 3: Research Project Methodology

#### **Project Ethics**

As a researcher, I effectively managed the entire research process, including actively gathering relevant data to address my research questions. In qualitative research, the researcher has multiple responsibilities, including ensuring ethical integrity, conducting rigorous data collection, and maintaining participant well-being. I ensured that the right approaches are implemented to establish a positive rapport with participants while mitigating research bias. According to Khuzaiyah et al. (2023), data collection is an aspect of qualitative research, requiring reflexivity to mitigate biases and enhance validity. To mitigate bias in my qualitative research, I adopted a reflexive approach by consistently examining my assumptions, values, and positionality throughout the research process. Acknowledging that personal beliefs and contextual influences can shape data collection and interpretation, I documented my reflections and decisions in a research journal to promote transparency. I also sought continuous guidance from my chair and committee to ensure that my interpretations remain grounded in the participants' perspectives rather than my own. In line with Roos et al.'s (2021) recommendations, engaged in ethical training and adhere to institutional protocols, ensuring that ethical considerations are embedded in each stage of the study. These strategies strengthen the credibility and trustworthiness of my research findings.

Respecting the autonomy of all participants is central to my role as it relates to professional ethics. I obtained approval from the Institutional Review Board (IRB) to ensure adherence to ethical guidelines and participant protections. IRB approval

safeguards research integrity and ensures compliance with ethical principles outlined in the Belmont Report, including respect for persons, beneficence, and justice (see Moe et al., 2025). Securing informed consent from all participants was necessary to ensure they fully understand their rights, the study's purpose, and voluntary participation (see Moriña, 2021). I ensured that participants provided informed consent by clearly explaining the purpose of the study, the procedures involved, any potential risks and benefits, and emphasizing that their participation is completely voluntary. I utilized the IRB-approved consent form and thoroughly reviewed it with potential participants to ensure they clearly understand the research process.

Researchers have an ethical responsibility to ensure that participants fully understand all aspects of their involvement in a study, thereby upholding their autonomy and respecting their right to withdraw at any time without penalty (Fernandez Lynch, 2020; O'Shea, 2022). To support this, I clearly stated in the consent form and discussed directly with participants that their participation was entirely voluntary and that they could withdraw from the study at any point without providing a reason. Participants were informed that they could exercise this right through email, text, or phone, and that doing so would result in no negative consequences.

According to Potthoff et al. (2023), ethical qualitative research must provide clear withdrawal procedures that do not pressure participants to remain in the study. Similarly, Moriña (2021) emphasized that participants should have the right to exit the study at any point without facing any negative consequences. The approach upholds the Belmont Report's principle of respect for people by ensuring voluntary participation throughout

the research process. Participants can withdraw from the study without repercussions, reinforcing ethical transparency (Potthoff et al., 2023). While incentives can be used to encourage participation in research, they must be structured to avoid coercion or undue influence, ensuring that participants provide fully informed and voluntary consent (Fernandez Lyncg, 2020). I expressed my gratitude for participating by sending a thank-you note by email to all the participants following the interviews.

As an ethical researcher, my role also involves safeguarding participant confidentiality, mitigating biases, and ensuring data collection is conducted with integrity. Montgomery et al. (2022) highlighted the importance of reflexivity in qualitative research, which requires researchers to examine their positionality and influence on the study critically. To ethically protect all participants, I obtained informed consent by clearly outlining their rights, including privacy and confidentiality, and ensuring there was no pressure to participate. Each participant received a consent form via email, and all data collected will be securely stored for 5 years to uphold their legal rights. Participants could have withdrawn from the study at any time by simply making a phone call, and doing so would have no negative consequences. Ethical research practices extend beyond procedural requirements, encompassing a commitment to protecting participants' rights, fostering trust, and maintaining credibility in the research process (Buys et al., 2022). The research followed rigorous standards by adhering to ethical considerations while contributing valuable insights to the field.

Protecting participants' data was vital to my study and required adequate safeguards to ensure data were adequately protected, stored securely, and used solely for

research purposes. As the researcher, I upheld ethical protections for participants by ensuring their identities remained confidential through the IRB. I assigned coded identifiers (e.g., P1, P2, P3) instead of using real names to safeguard their privacy. Masking involves concealing identifiable details of individuals, organizations, and locations, serving as a fundamental aspect of beneficence in ethical research (Panos, 2021). Any reports, presentations, or publications from this study will present only general trends rather than specific, identifiable data. I implemented measures to protect participants' confidentiality by securely storing interview transcripts for a minimum of 5 years, following IRB guidelines, using a secure privacy mechanism such as a bank-locked storage box.

### **Nature of the Project**

To address the research question in this qualitative study, the specific research design was the pragmatic inquiry. The pragmatic inquiry was appropriate for this study because it allowed for an in-depth exploration of the role of leaders' effective strategies for shaping organizational culture within a specific organizational context. The pragmatic inquiry approach provided a comprehensive understanding of complex, context-specific phenomena through detailed data collection and analysis from multiple sources, such as semistructured interviews and document reviews.

Qualitative research explores the lived experiences of participants, which are inherently nuanced, subjective, and sensitive to the biases of both researchers and participants (Tomaszewski et al., 2020). A pragmatic approach to design and analysis entails strategically combining and selecting from established qualitative methods to meet

a study's needs, typically with guidance from an existing framework with detailed research and practice change goals (Ramanadhan et al., 2021). My research was inductive, concentrating on individual decision-makers within a real-world problem.

### **Population, Sampling, and Participants**

The targeted population for the study on healthcare leader effective strategies for shaping organizational culture consisted of healthcare leaders who directly influenced and established organizational culture within medical institutions, including department managers with 3 years or more of experience as managers. Selecting an appropriate population in qualitative research involves identifying individuals with relevant experiences and insights that align with the study's objectives (Braun & Clarke, 2022). In this context, department heads who had actively contributed to shaping workplace culture were ideal participants. Their leadership experiences, decision-making influence, and engagement in organizational development made them valuable sources for understanding effective strategies for cultivating a positive and sustainable healthcare culture. The inclusion criteria for my participants included (a) hospital or clinic, (b) manager and supervisor, and (c) 3 years or more in their respective positions.

I used purposive sampling to select seven participants from the targeted population. Purposive sampling is widely used in qualitative research, particularly for semistructured interviews, as it ensures that participants are chosen based on specific criteria, such as expertise, professional roles, or lived experiences, which enhances the richness and relevance of the collected data (Bekele & Ago, 2022).

I confirmed data saturation by assembling data from participants through semi-structured interviews until no new themes were identified. Attaining data saturation to ensure the study's depth and completeness. Determining the appropriate sample size depends on reaching saturation rather than a predefined number of participants (Hennink & Kaiser, 2021). Researchers must constantly assess whether additional interviews contribute new insights, adjusting the sample size accordingly to ensure a comprehensive understanding of the research phenomenon (Subedi, 2021).

Gaining access to participants involves using professional associations and social connections on platforms like LinkedIn. Professional associations serve as valuable platforms for researchers to access participants by leveraging established networks of experts and practitioners within a specific field, providing a structured environment where researchers can engage with potential participants who meet the study's criteria (Wong et al., 2021). Once I identified potential participants, I sent a private message outlining the purpose of the study and inviting them to take part.

Data were collected directly from hospital department managers who had been in their positions for 3 or more years. My strategies included briefing the project, explaining the goals and objectives of the study, their role and involvement in the project, and the consent process. I conducted a virtual interview and assisted with their preparation by referring to the interview protocol, which is in the Appendix. Upon my initial contact, I maintained an open line of communication, which assisted in establishing professional relationships and increasing participants' understanding of what is required of them.

### **Data Collection Activities**

As the researcher, my role included methodically mobilizing appropriate data to address my study's research question. I was the primary data collection vehicle in my study. I adopted a well-structured and reflective approach to gather data that effectively addressed the research question.

My data collection process involved semistructured interviews. Semistructured interviews are a helpful method because they allow consistency and flexibility, allowing participants to share detailed insights while letting the conversation flow naturally (Guo et al., 2024). The semistructured interview process was helpful due to its informal approach and the use of open-ended questions that prevent interruption and generate an opportunity for a follow-up question during the interview process.

As St-Amant et al. (2025) discussed, semistructured interviews offer a structured yet flexible approach to gathering rich participant insights while maintaining consistency across interviews. These interviews allow in-depth exploration of participant experiences, making them valuable in qualitative inquiry (Buys et al., 2022). Creating a clear interview protocol with prepared questions and follow-up prompts helps maintain uniformity across interviews, strengthening the credibility of the research process (Busetto et al., 2024). The Appendix presents the interview protocol that was provided to and reviewed with each participant in my study. This protocol outlines the use of semistructured interviews as the primary method for data collection.

I used an interview protocol (see Appendix), during my semistructured interviews to ensure consistency of questioning across all participants, minimize bias, and enhance

the validity and reliability of the study. Applying the Interview Protocol Refinement (IPR) framework helps researchers systematically develop and improve semi-structured interview guides (Mohamad, 2024). This framework involves associating questions with research objectives, ensuring transparency, and pilot-testing the protocol to identify and address any weaknesses. It also emphasizes the importance of reflective practice and expert feedback to eliminate leading questions or assumptions that could introduce bias (Mohamad, 2024). By following the IPR framework, I developed a balanced and reliable interview process that supports the credibility and consistency of data collection across all participants.

I used an audio recording during the interview to establish a reliable and valid data collection process and ensure all transcripts were correctly captured and interpreted. Recording interviews ensures that responses are captured accurately and can be carefully analyzed later. In addition, conducting follow-up interviews allows for clarification, more profound exploration of responses, and verification of interpretations (Wan Muda et al., 2023). To maintain the trustworthiness of the data, I incorporated practices such as member checking, keeping detailed records of decisions and processes, and being reflexive throughout the study.

Reflexivity involves being aware of and examining how my perspectives and role as a researcher might affect the data collection process, which supports ethical integrity and transparency (Khuzaiyah et al., 2023). Consistent procedures ensure reliability while ensuring that the data reflects participants' experiences and enhances validity (Noble & Smith, 2025; Olmsted, 2024). The data collection process can lead to reliable and

meaningful results with careful preparation, ethical mindfulness, and methodological consistency.

Semistructured interviews were conducted using an interview protocol (The following list reflects the process: see the complete list in the Appendix ).The protocol consisted of the following:

1. Introduction: Introduce myself to the participant.
2. Consent form: Present and review the consent form with the participant.
3. Concerns: Answer any questions and concerns.
4. Participant copy of consent form: Provide the participant with a copy of the consent form.
5. Record interview: Start my recording device.
6. Participant code: Provide the participant with a code to represent name and business.
7. Conduct interview: Began the interview with the first question and continued until the last question is answered.
8. Conclude interview: End the interview by allowing the participant to ask any questions or add additional information.
9. Provide interview results: Discuss member checking and provide a day the participant could express to receive a copy of the responses for review.

### **Interview Questions**

I used semistructured interviews to collect the data. The interview questions included the following:

1. What specific leadership practices have you implemented to reinforce a positive and consistent organizational culture?
2. What strategies have you used to align leadership values with the overall mission and vision of the organization?
3. How do you measure the effectiveness of leadership practices in shaping and sustaining organizational culture?
4. How would you describe the role of leadership in shaping the culture of your healthcare organization?
5. What are some examples of your organization where leadership practices influence cultural values, either positively or negatively?
6. How do leadership behaviors influence employee engagement and commitment within your healthcare organization?
7. What recommendations would you give to other healthcare leaders seeking to build and maintain a strong organizational culture?

### **Data Organization and Analysis Techniques**

To manage and analyze qualitative data effectively, I used a structured approach that ensured clarity, organization, and ongoing reflection throughout the research process. During data collection, I used organized digital folders and tracking tools to keep a detailed record of interviews, field notes, and any developing insights. I included suitable labels on password-protected audio and files. Cloutier and Ravasi (2021) highlighted that presenting data in tables can help clarify patterns and relationships, increasing the credibility and clarity of the research.

For analyzing the data, I used a qualitative pragmatic inquiry approach using thematic analysis to explore how healthcare leaders shape organizational culture. Braun and Clarke (2022) pointed out that this technique involves more than just coding; it requires thoughtful planning and conceptual thinking to uncover deeper themes directly related to the research questions. Thematic analysis followed a step-by-step process that included becoming familiar with the data, generating initial codes, identifying themes, and refining them as the study progressed. Organizing data into well-defined coded segments supports comparison and interpretation across participant responses (Schürmann et al., 2025).

I adopted a logical and consecutive approach while analyzing the data. First, audio recordings of the collected data were transcribed using Microsoft Word. Second, I reviewed and listened to the audio recordings to become familiar with the content. Third, I applied a color-coding system to arrange the data. Fourth, I examined themes. Fifth, I reviewed the themes. Sixth, I defined and labeled themes. Seventh, I abstracted the main findings. Eighth, I interpreted the results of the findings. Finally, I presented the report.

To protect participant anonymity in my research study, I implemented a strategy that prevents the disclosure of identifiable information, ensuring participants cannot be directly or indirectly recognized through the data presented. According to Saunders et al. (2015), maintaining anonymity requires more than removing names; it involves carefully considering contextual details that might inadvertently reveal identities, especially in small or specialized populations.

I assigned coded identifiers to each participant and omitted or generalized specific organizational or personal details that could lead to identification. Any quotations or narrative examples included in the study will be reviewed to ensure they do not contain unique language or scenarios that could compromise anonymity. These steps align with ethical best practices for protecting participant privacy while maintaining the integrity of the research data (Saunders et al., 2015).

Reflexivity is a key element throughout this process, assisting in determining the final themes and the researcher's subjectivity (Braun & Clarke, 2022). I consistently reflect on my role as a researcher and how my assumptions or choices affect the analysis. As Toft et al. (2024) emphasized, this ongoing self-awareness helps ensure that the findings stay true to the participants' perspectives. This approach supported a thorough, trustworthy, and insightful qualitative study.

### **Reliability and Validity**

Reliability and validity are essential for ensuring the study's credibility and trustworthiness. Reliability refers to the consistency of the research process, meaning that the methods used should produce stable and dependable results over time. Validity, on the other hand, is concerned with the accuracy and truthfulness of the findings, ensuring they genuinely reflect participants' experiences and perspectives (Noble & Smith, 2025).

Unlike quantitative research, qualitative studies do not aim for statistical generalization but instead focus on depth and context (Coleman, 2021). The validity involves techniques such as triangulation, member checking, and rich, detailed descriptions. According to Walby (2015), member checking involves sharing findings or

interpretations with participants to ensure the accuracy and credibility of the qualitative research data. As the researcher, I used member checking to verify the accuracy of participants' responses and strengthen the dependability of my study. Reliability is supported by maintaining transparency in data collection and analysis procedures. Addressing reliability and validity strengthens the overall quality of the research, allowing others to understand, trust, and potentially apply the findings in similar contexts (Coleman, 2021; Noble & Smith, 2025). I will now discuss reliability and viability in more detail.

### **Reliability**

Reliability refers to the consistency and reliability of the study's process and results over time. Noble and Smith (2025) explained that a study is considered reliable if it can be repeated under similar conditions and produce identical outcomes using the same approach. While quantitative research often measures reliability with statistics, qualitative research emphasizes clear, rigorous methods and transparency throughout the study. Coleman (2021) pointed out that keeping detailed records of how data is gathered, coded, and analyzed is key to improving reliability.

As the researcher, I addressed reliability through an interview protocol and member checking. Allowing others to understand the research process and evaluate whether the data support the conclusions. Audit trails, structured interview guides, and consistent coding practices help maintain reliability. Ensuring reliability in this way boosts the study's overall credibility and makes its findings more trustworthy and relevant (Coleman, 2021). To support my claims, I incorporated multiple scholarly, peer-reviewed

sources throughout the study. To ensure reliability, a researcher must implement consistent procedures and maintain detailed transparency across all stages of data collection and analysis (Golafshani, 2003).

To address dependability in my study, I established a transparent and systematic research process that ensures the study can be replicated under similar conditions, as recommended by Coleman (2021). I maintained detailed documentation of all research activities, including participant recruitment procedures, data collection methods, coding strategies, and analytical decisions, creating a comprehensive audit trail. I also utilized a structured interview protocol to promote consistency during data collection and apply a clearly defined coding framework during data analysis. Methodological adjustments were carefully recorded to provide a transparent account of the research process. These strategies ensured that my study's findings are grounded in a well-documented and traceable process, enhancing the trustworthiness and reliability of the results.

### **Validity**

Qualitative study validity refers to the credibility, transferability, and confirmability of the findings. Reaching data saturation helps assure the credibility, transferability, and confirmability of the findings. To ensure the credibility of my research study, I used participant member checking to validate the accuracy of the collected information. K. Ahmed (2024) explained that validity in qualitative research is centered on establishing the credibility, Confirmability, and transferability of the study's findings. Credibility refers to the confidence in the accuracy and truthfulness of the data, ensuring that the results genuinely represent participants' experiences. Establishing

credibility will involve employing data triangulation methods, such as integrating interview data with document reviews and using member checking to validate participants' responses, as Lemon and Hayes (2020) recommended. To enhance the credibility of my qualitative study, I used strategies such as member checking and prolonged engagement to ensure that participants' experiences are accurately represented.

One effective way to ensure credibility in qualitative research is through member checking, a strategy K. Ahmed (2024) highlighted as a key pillar of trustworthiness. According to T. Ahmed (2022), this process involves sharing the researcher's interpretations or findings with the participants to confirm that their views have been accurately understood and represented.

Confirmability focuses on maintaining objectivity by showing that the results are shaped by the participants' responses rather than the researcher's bias. To strengthen confirmability, I maintained an audit trail that documents my decisions, reflections, and methodological steps throughout the research process, helping to demonstrate that the findings are grounded in participant data rather than personal bias. I engaged in reflexive journaling to acknowledge and mitigate personal biases throughout the research process, ensuring that conclusions are firmly grounded in participant data rather than researcher assumptions (Lemon & Hayes, 2020; Quintão et al., 2020).

Transferability in qualitative research refers to the extent to which findings from one study can be applied or adapted to other contexts, settings, or groups (Drisko, 2025). Transferability involves providing rich, detailed descriptions so that readers can determine if the findings apply to other contexts or settings. To support transferability, I

provided rich, detailed descriptions of the research context, participant demographics, and study procedures, enabling others to assess the relevance and applicability of the findings to different settings, as recommended by K. Ahmed (2024). During data collection, I used an interview protocol to relate potential and future researchers.

According to Drisko (2025), transferability does not aim for broad generalization like in quantitative research; instead, it relies on providing rich, detailed descriptions of the research context, participants, and processes. Together, these elements strengthen the overall trustworthiness of a qualitative study, making its conclusions more reliable and meaningful.

To ensure data saturation in my qualitative study, I engaged in ongoing analysis of data collected through semi-structured interviews, continuing the process until no new themes or insights emerged. Christou (2025) explained that data saturation is achieved when additional data collection no longer contributes meaningful or novel information to the research, and recurring patterns become evident. At this point, further interviews are unlikely to yield additional value, signaling that the data set is sufficiently comprehensive.

I continuously compare and review participant responses to monitor for thematic repetition, allowing for an informed determination of when saturation has been reached. If I encounter a situation where saturation is not evident, such as inconsistent themes or continued emergence of new insights, I would be prepared to extend data collection by recruiting additional participants or refining interview questions to ensure a more in-depth exploration of the research topic. This approach would help maintain the study's

credibility and ensure a rich, well-rounded understanding of the phenomenon under investigation.

### **Transition and Summary**

In this study, I explored healthcare leaders' effective strategies for shaping organizational culture. I stated the problem and purpose and described the nature of the project and related ethics. I used the transformational leadership theory as a conceptual framework for this study. Further, I addressed assumptions and limitations, explained the significance of the study, and reviewed professional and academic literature. In Section 4, I will discuss the findings and implications for business practice, social change, and further research, and end with a conclusion.

## Section 4: Findings and Conclusions

### Presentation of the Findings

The purpose of this qualitative study was to explore healthcare leaders' effective strategies for shaping organizational culture. The research question guiding the study was as follows: What successful strategies do healthcare leaders use to shape and influence organizational cultures to improve employee engagement? The conceptual framework used as the lens through which to explore my phenomenon as the transformational leadership theory. The subsequent research findings confirmed relevant strategies, and five key themes were identified during the research process: employee engagement theories and practices, empowerment, and participative decision-making, change management and communication strategies, case studies and qualitative research, and linking culture and engagement to outcomes. I collected data from the southeastern region of the United States using semistructured interviews to gain an in-depth understanding of this topic. Table 1 shows the participant demographics.

**Table 1**

*Participant Demographics*

Participant	Gender	Years of experience	Country	Business sector	Role
P1	Male	20	US	Healthcare	Chief operating officer
P2	Female	21	US	Healthcare	Healthcare administrator
P3	Female	15	US	Healthcare	Speech-language pathologist manager
P4	Male	20	US	Healthcare	SVP & executive director
P5	Male	17	US	Healthcare	Director of veteran care
P6	Female	30	US	Healthcare	Chief medical officer
P7	Female	16	US	Healthcare	Vice president

The five main themes that addressed the research questions were employee and practices, participative decision-making, change management and communication strategies, case studies, and qualitative research, and linking culture and engagement to outcomes. These themes embodied overarching patterns of meaning in the data collected and aligned with those identified in the literature. Table 2 gives the summary of the data analysis themes.

**Table 2**

*Summary of Data Analysis Themes*

Theme		# of participants who contributed data to themes	Excerpts from data assigned to theme
Theme 1:	Employee engagement theories and practices	5	6
Theme 2:	Participative decision-making	4	4
Theme 3:	Change management and communication strategies	5	5
Theme 4:	Case studies and qualitative research	4	5
Theme 5:	Linking culture and engagement to outcomes	4	5

**Theme 1: Employee Engagement Theories and Practices**

Drawing on engagement-as-motivation theory, Pincus (2023) emphasized that leaders strengthen engagement by creating psychological safety and reciprocity rather than merely pursuing retention as an outcome. Participants' reflections strongly supported this assertion. P1 described how brief, informal hallway interactions, asking where employees were heading or walking alongside them to discuss questions, fostered openness and trust. P7 explained that engagement improves when leaders actively seek staff input, encourage feedback on what is and is not working, and show a willingness to act on suggestions. Similarly, P2 underscored the importance of transparent, ongoing

communication to connect employees' roles with the broader mission and vision of the organization. P6 reinforced that leadership accessibility communicates value; when leaders fail to respond to messages, follow up, or remain visible, employees interpret this as a lack of importance placed on them. Through Pincus's (2023) theoretical lens, these practices open dialogue, proportionate listening, and approachability operate as mechanisms that generate team vigor and dedication. P1 linked invitational leadership to cultural norm-setting, explaining that the behaviors leaders model, tolerate, and reward become organizational standards. P4 highlighted that fostering authenticity and a just culture enables employees to discuss mistakes and raise concerns without fear, enhancing engagement and safety.

### ***Theme 1 Correlation to the Literature***

I consistently observed the same pattern in my data that the literature describes. Units with visible, supportive leaders reported stronger motivation and steadier engagement, especially where leaders paired presence with clear expectations and timely follow-through (aligning with Karaferis et al., 2022). Engagement was most durable in settings that deliberately expanded job resources, regular huddles, access to decision-makers, recognition rituals, and opportunities for skill growth underpinned by high interpersonal trust (Szilvassy & Širok, 2022). Finally, teams that normalized open, blame-free discussion of risks through near-miss debriefs, safety forums, and rapid closure loops demonstrated more precise information flow, fewer workarounds, and more accountable action, mirroring the mechanisms highlighted by Montgomery et al. (2024).

Collectively, these convergences between participant practice and sector evidence strengthen the credibility of this study's interpretations. .

### ***Theme 1 Correlation to the Conceptual Framework***

The study's results align with the framework's transformational and inclusive leadership constructs and the Awareness, Desire, Knowledge, Ability, and Reinforcement (ADKAR) model of change. Leaders' visible presence and empathic communication reflect idealized influence and individualized consideration, while deliberate efforts to invite participation to embody inclusive leadership principles. The "explain the why" and recognition behaviors correspond to ADKAR's awareness and reinforcement stages. Together, these approaches demonstrate how psychological safety and resource engagement transform leadership intention into measurable outcomes of trust, engagement, and improved performance.

### **Theme 2: Empowerment and Participative Decision-Making**

Empowerment within this study emerged as both a philosophical and practical leadership commitment. Participants described empowerment not as delegation but as partnership, anchoring decisions in organizational purpose while granting employees influence overachieving goals. The approach reflected participative leadership that builds psychological empowerment and motivates staff to engage actively in decisions (Ahn & Bessiere, 2022). P1 emphasized balancing authority with inclusion, ensuring team members remain engaged and valued rather than disempowered by hierarchy. P7 reinforced this by explaining that effective leaders hire capable individuals, provide necessary resources, and trust them to execute responsibilities. P2 and P5 described

empowerment as rooted in collaboration, recognition, and active listening, highlighting that leaders who consider employees input and show appreciation foster autonomy and commitment.

In healthcare contexts, empowerment translates into practices such as team huddles, storytelling to clarify purpose, and aligning incentive systems with patient experience measures. These routines institutionalized participation, encouraging continuous idea-sharing and problem-solving. Participants agreed that empowerment required leaders to clarify the "why" behind actions and to maintain open channels where employees could safely contribute ideas and feedback.

### ***Theme 2 Correlation to the Literature***

The findings from my study closely align with these conclusions. Participants consistently demonstrated that empowerment thrives when leaders share influence, clarify purpose, and create structures for active participation. In several cases, employees described feeling more competent and confident when their input was sought and visibly integrated into decisions, mirroring Ahn and Bessiere's (2022) link between participative leadership and psychological empowerment. Teams that operated within environments of trust and recognition reported stronger commitment and motivation, consistent with Popa et al. (2023) and Kati et al. (2021), who highlighted how empowering climates connect individual identity to organizational purpose. Likewise, participants noted that when leaders linked incentives to shared goals and encouraged continuous collaboration through huddles and open forums, innovation and patient satisfaction improved, supporting Usman et al.'s (2021) findings. These parallels confirm that empowerment is

not a passive ideal but a measurable leadership practice that sustains engagement, innovation, and organizational effectiveness.

### ***Theme 2 Correlation to the Conceptual Framework***

The study's findings reinforce the framework's integration of participative and transformational leadership. Empowerment routines, such as open-door access, collaborative decision-making, and performance-linked incentives, embody the mechanisms predicted by the framework, enhancing competence, autonomy, and impact. These behaviors correspond with the Job Demands-Resources theory by expanding job resources that drive engagement. The Job Demands-Resources (JD-R) theory offers a motivational perspective that explains how various job characteristics influence employees' level of engagement, overall well-being, and performance outcomes (Bakker & Demerouti, 2007). Linking purpose to accountability reflects the ADKAR principle of reinforcement, sustaining empowerment as a continuous process rather than a one-time initiative.

### **Theme 3: Change Management and Communication Strategies**

Effective organizations change looks like clarity plus consistency practiced inside a learning posture. Participants consistently emphasized that effective organizational change depends on clarity, consistency, and transparent communication. P1 described maintaining a transparent communication culture where employees are encouraged to surface issues through appropriate channels while remaining informed about organizational updates. P7 stressed the value of complete transparency, explaining that open forums and dialogue help employees understand the rationale behind change and

provide input in psychologically safe settings. P4 discussed involving leaders and team members directly in shaping change initiatives to build ownership and alignment, while P5 described developing structured communication systems that included regular meetings with leaders, caregivers, and patients to prevent misinformation and ensure message consistency.

P2 reinforced that communication during change should always connect to organizational mission and vision, ensuring that employees understand the purpose behind their work. These examples collectively depict communication as both a change mechanism and a leadership discipline. Participants highlighted that resistance decreases, and adoption accelerates when leaders communicate frequently, invite dialogue, and maintain dignity and respect.

### ***Theme 3 Correlation to the Literature***

The experiences of participants in my study strongly reflected these established change principles in action. Leaders who practiced consistent, transparent communication-built trust and minimized uncertainty during organizational transitions, aligning with Brown and Chu (2023) and Amir and Zhang (2024). Many described using participative planning sessions, frequent updates, and recognition of early successes strategies that reinforced confidence and sustained momentum, similar to the findings of O'Leary et al. (2022) and Ellis and Turner (2021). In healthcare settings, participants emphasized that leader visibility and accessibility were essential to translating strategy into daily practice, a pattern that echoes Brown's (2020) observations on learning-oriented leadership. Likewise, their commitment to open dialogue about risks and

challenges fostered accountability and psychological safety, aligning with Montgomery et al. (2024). Collectively, these findings affirm that effective change management depends on visible, communicative, and participatory leadership that connects people to purpose and ensures progress through trust and transparency.

The participants' experiences in this study reflect these established change models in practice. Leaders who maintained transparent, consistent communication and linked each change phase to a clear purpose achieved smoother adoption and more substantial commitment across teams, paralleling the emphasis on clarity and momentum in Kotter's framework. Several participants described using structured routines such as huddles, rounding, and story-based updates to sustain awareness and reinforce alignment, directly corresponding to ADKAR's awareness, desire, and reinforcement stages. The data also revealed that employees responded positively when leaders translated strategy into daily routines and provided feedback in psychologically safe spaces, outcomes consistent with Brown's (2020) findings on learning-oriented leadership. Similarly, participants' open dialogue around risks and operational issues produced fewer misunderstandings and more proactive corrections, reflecting the same accountability and reliability mechanisms identified by Montgomery et al. (2024). These parallels confirm that the change and communication strategies emerging from this study are effective and theoretically grounded in well-established organizational change principles.

### ***Theme 3 Correlation to the Conceptual Framework***

The study's communication cadence, explaining the why, listening deeply, rewarding learning, and holding standards, maps directly onto the framework's

transformational and inclusive leadership components. "Explaining the why" aligns with transformational vision and ADKAR awareness, while "listening deeply" reflects inclusive leadership and fosters desire through social exchange. Coaching and feedback relate to knowledge and ability, and consistent recognition supports reinforcement. Collectively, these practices strengthen psychological safety, sustain engagement, and convert leadership intent into measurable improvement in performance and trust.

#### **Theme 4: Case Studies and Qualitative Research**

The case-based insights across participants converged on the principle that empowerment and employee development cultivate shared ownership, leading to higher engagement and service quality. Several leaders, including P4, described adopting a "default leader" mindset focused on growing and developing others so that organizational success naturally follows. P1, P3, and P5 emphasized that authentic engagement cannot be fabricated; employees readily recognize when leaders' behaviors lack sincerity. P5 explained that genuine care and visible involvement build credibility, which sustains motivation and trust.

Participants detailed practices such as providing professional certifications, on-site training, and hiring for diversity of thought to stimulate innovation and inclusion. These actions align with qualitative evidence showing that localized leadership development fosters initiative and retention (Chandankhede & Thombre, 2025; Delisle et al., 2024). The shared commitment to people-centered leadership emphasized growth, empowerment, and authenticity as interconnected drivers of cultural strength.

#### ***Theme 4 Correlation to the Literature***

The evidence from my study strongly aligns with these findings. Participants consistently described empowerment and inclusion as practical levers for sustaining engagement and improving service quality. Teams where leaders fostered autonomy, recognized contributions, and encouraged shared decision-making demonstrated higher initiative and more substantial ownership of outcomes, mirroring Delisle et al.'s (2024) link between empowerment and retention. Likewise, several leaders connected their internal communication and recognition practices to a sense of professional pride and purpose, reflecting the internal branding effects discussed by Popa et al. (2023). The data also supported Karaferis et al.'s (2022) conclusions that supportive, present leadership directly strengthens motivation and engagement; participants noted that when leaders are visible, listen actively, and provide timely feedback, employees respond with commitment, discretionary effort, and improved service delivery. These parallels reinforce that empowerment, inclusivity, and psychological safety are not abstract ideals but observable mechanisms that directly enhance engagement and organizational performance.

#### ***Theme 4 Correlation to the Conceptual Framework***

The case patterns operationalize the conceptual framework by combining transformational and inclusive leadership principles with empowerment mechanisms. Prioritizing development aligns with transformational individualized consideration; valuing diverse perspectives reflects inclusivity; and training and mentoring enhance knowledge and ability in ADKAR's structure. Authenticity and trust reinforce

psychological safety, while consistent reinforcement of positive norms sustains engagement. Together, these dynamics activate the framework's mechanisms: empowerment, shared ownership, and improved service outcomes.

### **Theme 5: Linking Culture and Engagement to Outcomes**

Participants described culture as not a background condition, but a measurable system directly linked to patient experience, safety, and operational results. Leaders monitored "people signals" such as retention, pulse feedback, and recognition patterns to detect early indicators of organizational health. P3 and P4 discussed using retention as an early diagnostic of cultural strain, while P7 maintained engagement through recognition rituals and frequent short surveys that gauge the team's sense of belonging. P1 illustrated accountability by tying some leaders' pay-for-performance metrics to patient-experience outcomes, thereby integrating cultural objectives with measurable results. These practices transformed abstract concepts like engagement and belonging into actionable metrics. Regular feedback cycles, visible celebrations of service milestones, and transparent reporting of engagement data allowed leaders to manage culture proactively rather than reactively.

#### ***Theme 5 Correlation to the Literature***

The approach aligns with studies that treat engagement as a leading indicator of organizational performance. Kati et al. (2021) and Popa et al. (2023) showed that empowering climates and strong internal branding enhance competence and commitment, translating to higher service reliability. Szilvassy and Širok (2022) found that trust-based engagement in primary care correlates with improved outcomes and access. These

findings confirm that cultural monitoring and incentive alignment convert soft signals into predictive management tools.

### ***Theme 5 Correlation to the Conceptual Framework***

Within the conceptual framework, these routines operationalize leadership behaviors that connect psychological safety, empowerment, and engagement with measurable outcomes. Monitoring retention and feedback provides job resources, feedback, autonomy, and recognition, which are central to JD-R. Linking incentives to engagement and experience outcomes aligns with ADKAR's reinforcement stage and transformational leadership's results orientation. Through these mechanisms, culture becomes an integrated management system, supporting early risk detection, consistent engagement, and improved patient safety and performance.

### **Business Contributions and Recommendations for Professional Practice**

This study's findings are broadly applicable to the professional practice of business because they translate familiar aspirations, engagement, empowerment, change readiness, and culture into concrete leadership routines that reliably improve execution, customer experience, and retention. Across industries, "visible leadership," participative decision-making, a just and ethical climate, capability-building, and disciplined feedback/recognition create the psychological safety and reciprocity that engagement theory identifies as the drivers of voice and discretionary effort. When leaders align mission and metrics, invite employees into the "how," normalize learning from near misses, and treat people-signals as leading indicators, leaders turn culture from a slogan into an operating system that contributes to positive outcomes. This mechanism-level

view is consistent with evidence that empowering climates and internal branding strengthen motivation and commitment and that engaged teams deliver higher quality and service (Gupta et al., 2024).

This study builds on Atiku and Ngek's (2024) evidence that inclusive leadership openness, access, and shared influence strengthen employee engagement and, through engagement, improve performance. It translates "supportive leadership" into specific daily behaviors and operating rhythms, shifting attention from lagging indicators to short-cycle, actionable signals (e.g., monthly pulse checks, a steady recognition cadence, near-miss learning) and managing engagement, safety, and customer experience as one integrated system. It also closes the incentive gap by linking leader variable pay to experience metrics, providing the practice detail survey-only work often lacks, and offering a repeatable path to a stronger culture and better business results (Atiku & Ngek, 2024).

To act on these findings, senior executives should publish a one-page "purpose metrics" map that links the top customer outcomes (e.g., defect rates, on-time delivery) and at least one people metric (e.g., psychological safety or monthly pulse engagement) to leader scorecards and incentives. Business unit and functional leaders should install a weekly visibility cadence ("rounds" with a standard three-question script: What is in your way, what did we learn, what should we recognize?), host participative design sessions where cross-functional teams co-create the "how," and enforce just-culture norms that reward early issue-raising without blame.

People operations and leaders development should move to monthly pulse surveys (3–5 items), stand up a recognition system with service and “great catch” spotlights, and train managers on listening, constructive dissent, and rapid follow-through. Risk/quality should operate a nonpunitive near-miss channel with a 72-hour recognition/closure and share anonymized learnings. Internal communications and brand should translate purpose into memorable stories that reinforce the targeted behaviors.

Leaders should measure progress with a balanced set of leading indicators (psychological safety scores, recognition events, near-miss submissions, and time-to-closure, percent of teams doing weekly rounds) and lagging outcomes (retention/voluntary turnover, rework/defects, schedule adherence), disaggregated by role, site, and demographic to ensure equitable impact. To disseminate and scale, organizations can codify the routines in a short culture operating guide; present results and case studies at the Academy of Management, and build an internal manager bootcamp with ongoing communities of practice. Taken together, these steps flow directly from the study’s conclusions and the broader literature: when businesses institutionalize the five routines and manage people-signals as leading indicators, they strengthen organizational culture, enhance employee engagement, and consistently improve customer outcomes, safety, and workforce stability.

### **Implications for Social Change**

Findings from this study underscore significant implications for not just individuals but also groups and organizations, extending into the healthcare industry. Implementing the study’s five leadership routines as a coherent system visible presence,

purpose-metrics alignment, just culture, empowerment, and disciplined feedback, advances equitable, dignified care and healthier workplaces in ways that extend beyond the organization to families and communities. In inclusive-excellence terms, these practices center on dignity and belonging for staff and patients, foundational for fair access and continuity of care (Delisle et al., 2024).

This study frames transformational leadership and a culture of safety as engines of better care and safer systems, positioning engagement not as a “nice to have,” but as infrastructure for social good. P7 described concrete, repeatable behaviors that make these social benefits plausible in practice: leaders host open, psychologically safe forums to explain the “why,” invite disagreement, and turn strategy into daily work, and they celebrate long-service milestones that knit people to place and purpose. Nonpunitive “Great Catch” systems transform near misses into shared learning, reducing blame and normalizing early hazard reporting. P6 noted that decisions are framed through community health impact (e.g., expanding access even at operational cost) to keep equity central. P1 and P5 tie patient-experience targets to leadership incentives, signaling that human-centered outcomes matter as much as finance and operations, insisting that engagement metrics be “regular, not annual,” so concerns surface and are addressed before they become crises.

Collectively, these behaviors align with evidence that leadership-driven culture and engagement improve safety reporting, reduce clinical error, and elevate patient experience. Social change follows from how these routines alter risk, voice, and trust at scale. Inclusive-excellence work shows that when organizations intentionally uphold

respect and belonging, burnout falls and retention rises, effects that stabilize care teams serving vulnerable populations (Delisle et al., 2024). Gupta et al. (2024) added that emotionally supportive climates (e.g., leaders who listen, recognize, and debrief without blame) strengthen engagement and buffer turnover, preserving continuity of relationships that is especially critical in primary and community care.

Szilvassy and Širok (2022) similarly link engagement in primary healthcare to better access and sustained vigilance. Montgomery et al. (2024) demonstrated that normalizing early, blame-free conversations about hazards improves informal communication around adverse events, which protects patients and the public. This study integrates these strands: transformational leadership that cultivates psychological safety and continuous learning is associated with fewer errors and a stronger safety culture, particularly in high-acuity settings, while structured metrics make those benefits visible and manageable over time.

Practically, adopting these strategies at scale can reduce preventable harm, strengthen public trust, and improve access and continuity of tangible social benefits that extend to families and neighborhoods served by these systems. In short, when leaders run a just, inclusive, learning-oriented playbook celebrating tenure and voice, rewarding early hazard reporting, tying incentives to patient experience, and monitoring engagement continuously, they do more than improve internal metrics: they advance positive social change by making care safer, fairer, and more reliable where it matters most.

### **Recommendations for Future Research**

Future research should move beyond describing associations to testing how specific leadership routines improve organizational culture and, in turn, change outcomes over time and for whom. A coherent agenda would (a) run multisite longitudinal studies to examine the rounding, engagement, patient-experience pathway while tracking shifts in culture/climate indices; (b) use experimental (e.g., stepped-wedge, difference-in-differences) to estimate the impact of recognition bundles on turnover, discretionary effort, and day-to-day cultural norms; (c) test moderated mediation to see whether internal branding and inclusive-excellence programs amplify engagement, performance, and culture improvement; (d) deploy team-level diary methods to assess how emotional sharing buffers stress, strengthens resilience and retention, and cultivates respectful communication norms; (e) map dose response effects of training and empowerment on engagement, care quality, and cultural maturity; and (f) compare acute versus primary care settings to establish which mechanisms generalize and which require context-specific cultural adaptations. Across studies, use standard measures (e.g., UWES for engagement, Edmondson for psychological safety, Spreitzer for empowerment) alongside culture/climate indices, link them to operational outcomes, disaggregate by role and demographic to keep an equity lens, and test with brief qualitative sense-making to explain cultural mechanisms. This program would transform today's leadership routines into actionable, scalable playbooks for enhancing organizational culture, patient experience, safety, and workforce stability, aligned with evidence on creating

empowering climates, promoting inclusive excellence, providing emotional support, and establishing development pathways.

### **Conclusion**

This study explored healthcare leaders' effective strategies for shaping organizational culture to improve employee engagement, drew on interviews with seven healthcare leaders (P1–P7) across executive, operational, and clinical roles to explain how culture is shaped in practice. Five, mutually reinforcing themes emerged: (a) visible, approachable leadership that builds psychological safety and voice (aligning with employee engagement theories and practices); (b) mission- and values-anchored decisions that invite staff to help determine the "how" (core to empowerment and participative decision-making); (c) a just, ethical climate that communicates the why, listens, and learns without blame (grounded in change management and communication strategies); (d) capability building and shared ownership, illuminated through participants' concrete examples and triangulated as mini-cases (case studies and qualitative research); and (e) tight feedback and recognition loops that treat people-signals as leading indicators tied to patient experience, safety, and retention (linking culture and engagement to outcomes).

By specifying the micro-behaviors leaders use, rounding that invites questions, psychologically safe forums, "Great Catch" learning, service-milestone recognition, and incentive alignment with experience measures, this study translates broad constructs (supportive leadership, internal branding, inclusive excellence) into an operational playbook. It extends prior evidence that empowering climates and leader behavior

strengthen motivation, engagement, and performance. It shows how these effects are produced on real units and how engagement metrics can be linked to outcomes leaders manage in real time. Practically, the path forward is to institutionalize the five routines, pair them with fit-for-purpose measures (engagement, psychological safety, recognition cadence, retention events, and patient experience), and keep translating purpose into practice every day, with every team. The research presents valuable insights contributing to current literature regarding leadership's ability to influence and shape organizational culture while enhancing employee engagement.

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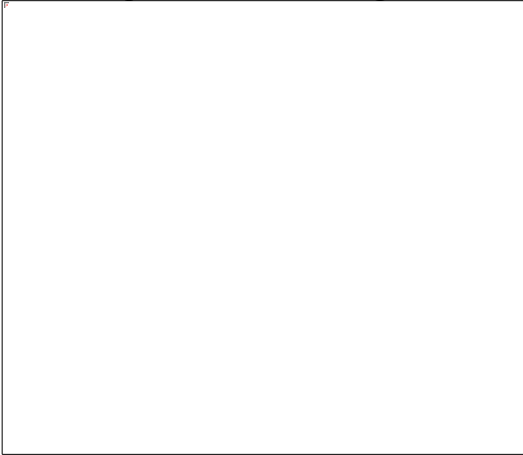
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## Appendix: Interview Protocol

Interview Protocol	
<p>Introduce the interview and set the stage. Introduce myself and the purpose of the interview, thereby setting the stage.</p>	<p>Hello, my name is Samuel Zoker. I am a Doctoral Candidate with Walden University. The purpose of this interview is to explore and understand the role of leaders in shaping and influencing organizational culture in the healthcare industry. The research seeks to identify the specific leadership behaviors, strategies, and practices that contribute to the development and maintenance of a cohesive and productive organizational culture. I am going to ask you eight questions, for which I would like your responses to. Then, I will conclude the interview. Do you have any questions?</p>
<p>Watch for nonverbal cues. Paraphrase the participant response. Ask follow-up probing questions to get more in-depth</p>	<p>Interview Questions:</p> <ol style="list-style-type: none"> <li>1. What specific leadership practices have you implemented to reinforce a positive and consistent organizational culture?</li> <li>2. What strategies have you used to align leadership values with the overall mission and vision of the organization?</li> <li>3. How do you measure the effectiveness of leadership practices in shaping and sustaining organizational culture?</li> <li>4. How would you describe the role of leadership in shaping the culture of your healthcare organization?</li> <li>5. Can you share an example of a situation where leadership practices either strengthened or</li> </ol>

	<p>weakened cultural values within your organization?</p> <p>6. How do leadership behaviors influence employee engagement and commitment within your healthcare organization?</p> <p>7. How do you measure the effectiveness of leadership practices in shaping and sustaining organizational culture?</p> <p>8. What recommendations would you give to other healthcare leaders seeking to build and maintain a strong organizational culture?</p>
Wrap up the interview, thanking the participant.	Thank you for participating in the interview, an integral part of my research project.
Schedule a follow-up interview to perform member checking with the participant.	I will contact you in a week to schedule a time for us to review the accuracy of my interpretations of your interview responses.
<p>Follow-up Member Checking Interview</p>  <p><i>Graphic adopted from DBA Qualitative Pragmatic Inquiry Research handbook (2023). Not needed in proposal or research project. A visual reminder during proposal stage when creating interview protocol</i></p>	
Introduce myself and purpose of the follow-up interview to set the stage.	Hello Interviewee,

	Thank you for taking the time to meet with me again to review the accuracy of my interpretations of your interview responses.
<p>I will share a copy of the succinct synthesis for each question.</p> <p>I will bring in probing questions related to other information that I found. The information will be related so that I am probing and adhering to the IRB approval.</p> <p>I will walk through each question, read the interpretation, and ask: Is my interpretation correct? Did I miss anything? Or would you like to add anything?</p>	<p>I will read the questions one at a time, and my interpretations of your responses to them, and ask you if my interpretation is correct.</p> <p>1. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed</p> <p>2. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed</p> <p>3. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed</p> <p>4. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed</p>