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Transformational leadership, quality of work life, and organizational outcomes in healthcare

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Abstract

Background: Physicians' performance is a fundamental determinant of healthcare quality, patient safety, and organizational effectiveness. Increasing workloads, workforce shortages, occupational stress, and organizational challenges have heightened the need for effective strategies to improve physician performance. Quality of Work Life (QWL) and transformational leadership are widely recognized as important organizational factors associated with employee well-being, job satisfaction, and performance in healthcare settings.
Purpose: To synthesize the existing evidence on the relationships among Quality of Work Life, transformational leadership, physician performance, and organizational outcomes, with particular attention to the influence of cultural context, gender, and communication.
Method: A literature review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines. Relevant articles published between 2002 and 2025 were identified through PubMed, Scopus, ScienceDirect, and Google Scholar. Studies examining QWL, transformational leadership, physician performance, or organizational outcomes in healthcare settings were considered eligible. Seventeen studies that met the inclusion criteria were analyzed using a narrative synthesis approach.
Results: The findings indicated that higher QWL was consistently associated with better physician performance, greater job satisfaction, lower burnout, and improved healthcare service quality. Transformational leadership was positively associated with employee engagement, organizational commitment, and organizational effectiveness, whereas laissez-faire leadership was generally associated with less favorable organizational outcomes. Cultural context, gender, and communication also emerged as important factors influencing the relationships between leadership, QWL, and organizational performance.
Conclusion: Integrating QWL initiatives with transformational leadership practices may represent an effective organizational strategy for improving physician performance and healthcare outcomes. Healthcare organizations should prioritize supportive work environments, equitable compensation, employee participation, effective communication, and leadership development while considering cultural and organizational contexts to promote sustainable organizational performance.

Keywords: Healthcare Management; Organizational Outcomes; Physician Performance; Quality of Work Life; Transformational Leadership.

INTRODUCTION

Healthcare organizations worldwide are facing increasing challenges due to rising patient expectations, workforce shortages, rapid technological advancements, and the growing demand for high-quality healthcare services. Physicians play a pivotal role in delivering safe, effective, and patient-centered care; therefore, their performance directly influences healthcare quality, patient satisfaction, and organizational effectiveness (World Health Organization [WHO], 2020; WHO, 2021).

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Physician performance is influenced not only by clinical competence but also by organizational factors that shape the working environment. Heavy workloads, occupational stress, burnout, inadequate organizational support, and limited opportunities for professional development have been reported to reduce job satisfaction and employee performance in healthcare settings. Consequently, healthcare organizations are increasingly encouraged to implement management strategies that enhance both employee well-being and organizational performance (Aiken et al., 2012; Mohammadi-Bolbanabad et al., 2016; Bakhshi et al., 2019a).

One important organizational strategy is the improvement of Quality of Work Life (QWL). QWL reflects employees' perceptions of their working conditions, including compensation, work environment, career development opportunities, work-life balance, participation in decision-making, and organizational support. Previous studies have shown that better QWL is associated with higher job satisfaction, stronger organizational commitment, lower burnout, and improved employee performance (Bakhshi et al., 2019a; López-Martínez et al., 2021). In healthcare organizations, improving QWL contributes to better physician performance and ultimately enhances healthcare quality.

Another organizational factor that has consistently demonstrated positive effects on employee performance is transformational leadership. Transformational leaders motivate employees by communicating a shared vision, encouraging innovation, providing individualized support, and fostering professional development. This leadership style has been associated with higher employee engagement, stronger organizational commitment, improved teamwork, and better organizational outcomes compared with passive leadership approaches (Burns, 1978; Bass, 1990; Judge & Piccolo, 2004; Northouse, 2015; Yukl, 2013). Conversely, laissez-faire leadership has generally been associated with lower employee satisfaction and poorer organizational performance (Skogstad et al., 2007; Wong & Cummings, 2007).

Recent studies have also highlighted that leadership effectiveness may vary across different organizational contexts. Cultural values, gender diversity, and communication practices influence employees' perceptions of leadership and may strengthen or weaken the relationship between transformational leadership and organizational performance (House et al., 2004; Trimble & Jimenez-Luque, 2022). Therefore, understanding these contextual factors is essential for developing effective leadership strategies in healthcare organizations.

Although numerous studies have independently examined the influence of Quality of Work Life and transformational leadership on employee performance, evidence integrating these two concepts in relation to physician performance and organizational outcomes remains limited. Furthermore, the potential moderating roles of culture, gender, and communication have not been comprehensively synthesized within a single literature review. Addressing this gap is important for providing evidence-based recommendations that support healthcare managers in improving organizational performance and healthcare quality.

Therefore, this literature review aims to synthesize current evidence regarding the relationships among Quality of Work Life, transformational leadership, physician performance, and organizational outcomes in healthcare organizations. In addition, this review examines the moderating roles of culture, gender, and communication to provide practical implications for healthcare management and future research.

RESEARCH METHOD

This study employed a literature review design following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines. A systematic literature search was conducted using four electronic databases: PubMed, Scopus, ScienceDirect, and Google Scholar. The search covered articles published between January 2002 and March 2025.

The search strategy combined Medical Subject Headings (MeSH) and free-text keywords using Boolean operators (AND, OR). The main search terms included: *"quality of work life" OR "QWL"*, *"transformational leadership"*, *"physician performance"*, *"healthcare organizations"*, *"organizational outcomes"*, *"culture"*, *"gender"*, and *"communication"*.

Studies were included if they: (1) were published in English or Indonesian; (2) involved healthcare organizations or healthcare professionals, particularly physicians or hospital staff; (3) examined Quality of

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Work Life (QWL), transformational leadership, physician performance, or organizational outcomes; and (4) provided original empirical findings or relevant review evidence. Conference abstracts, editorials, letters to the editor, duplicate publications, and studies lacking sufficient methodological information were excluded.

All retrieved records were imported into a reference management system, and duplicate articles were removed before the screening process. Two reviewers independently screened titles and abstracts for relevance, followed by full-text assessment of potentially eligible studies. Disagreements during the selection process were resolved through discussion until consensus was achieved.

Data extracted from the included studies comprised the author, publication year, country, study design, study population, variables investigated, and principal findings. The selected literature was synthesized narratively to identify recurring evidence regarding the relationships between Quality of Work Life, transformational leadership, physician performance, organizational outcomes, and the moderating or mediating roles of cultural context, gender, and communication. The study selection process is presented using the PRISMA 2020 flow diagram.

RESEARCH RESULTS

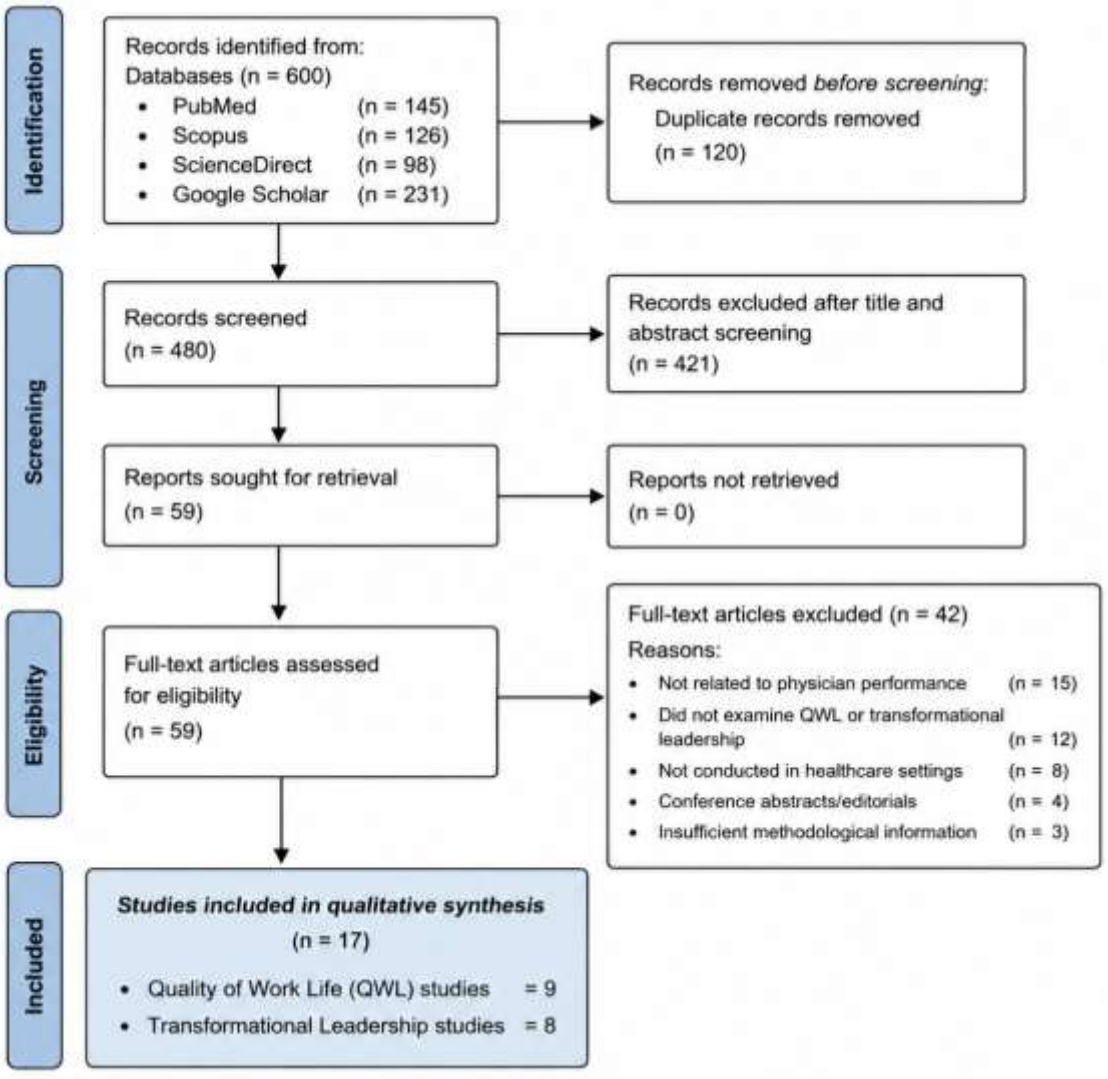


Figure 1. Flow Diagram Prisma

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This review synthesized 9 national and international studies examining the relationship between QWL and physician performance, alongside 8 key articles exploring transformational leadership, cultural context, and organizational outcomes.

Quality of Work Life

Quality of Work Life (QWL) refers to the planning and management of work processes that enable employees to contribute effectively while promoting their well-being (Soetjipto, 2017). QWL addresses employees' needs by providing opportunities to participate in decision-making and exercise autonomy in planning their work processes (Takalao et al., 2019). QWL encompasses several dimensions, including adequate and fair compensation, a safe and healthy work environment, opportunities to utilize and develop skills, career advancement, social integration within the workplace, protection of employee rights, work–life balance, and the social relevance of work (Rose et al., 2006).

In the healthcare context, Quality of Work Life (QWL) among physicians is particularly important because it influences not only their motivation and job satisfaction but also patient outcomes. Five key aspects have been identified for assessing physicians' QWL: involvement in decision-making, workplace safety, opportunities for career development, availability of adequate facilities, and effective communication (Sonia et al., 2022). Poor QWL is associated with increased stress, limited opportunities for skill development, poor workplace relationships, and higher turnover (Algazlan et al., 2022). Conversely, improved QWL promotes positive thinking, reduces burnout, and enhances physicians' performance (Verma & Doharey, 2016).

Performance and Contributing Factors

Performance is broadly defined as the ability of employees to achieve organizational goals through effective task execution, discipline, and integrity (Wulantika, 2018). In healthcare, physician performance is measured not only by productivity (e.g., number of patients treated) but also by quality of care, adherence to standards, communication, and professionalism (Hasni et al., 2024). Factors influencing performance include individual attributes (knowledge, skills, motivation), leadership, teamwork, organizational systems, and contextual pressures (Adnyaswari & Adnyani, 2017). Research indicates that QWL can significantly shape performance outcomes through improved working conditions and enhanced motivation (Lukman, 2023; Agustin et al., 2025).

Transformational Leadership

Leadership plays a central role in shaping organizational outcomes. Transformational leadership was introduced in the literature and further developed as a leadership model characterized by four key dimensions: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (Burns, 1978; Bass, 1990). This leadership model has been consistently associated with improved job satisfaction, work engagement, and organizational effectiveness (Judge & Piccolo, 2004). In healthcare settings, transformational leadership has been linked to enhanced staff retention, reduced burnout, and improved patient safety outcomes (Wong & Cummings, 2007; Boamah et al., 2018; Aiken et al., 2012).

Cultural, Gender, and Communication Factors

The effectiveness of leadership styles is strongly influenced by cultural and social contexts. The GLOBE project demonstrated that perceptions of effective leadership vary significantly across cultures, with collectivist societies often emphasizing participatory and relational leadership, whereas individualist societies may favor more assertive and independent leadership approaches (House et al., 2004). Cultural context, including both national and organizational factors, also plays an important role in shaping leadership outcomes (Zeerak, 2022). These relationships may be further influenced by gender and communication styles. Consequently, inclusive and adaptive leadership approaches that are sensitive to gender dynamics and communication patterns are increasingly considered important for healthcare organizations (Memon, 2014; Judge et al., 2006; Trimble & Jimenez-Luque, 2022).

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Table 1. Summary of Studies on QWL and Physicians' Performance

(Author, Year) Country	Setting & Sample	Method	Variables	Main Findings
(Priyono & Saraswati, 2023) Indonesia	Paramedics at Grati Regional General Hospital, Pasuruan	SEM-PLS	QWL, Burnout, Job Satisfaction, Performance	QWL improved job satisfaction and performance; burnout negatively affected performance. Job satisfaction mediated the QWL–performance link.
Thaha et al., 2016) Indonesia	Hospital staff, Hasanuddin University Hospital, Makassar	Cross-sectional, chi-square, regression	Work Environment, Participation, Rewards, Career Development, Service Performance	Work environment, rewards, and career development significantly improved performance; participation was not significant.
(Rezkita et al., 2024) Indonesia	52 physicians, Batara Siang Regional General Hospital, Pangkep	Cross-sectional, logistic regression	Participation, Compensation, Job Security, Wellness	Participation and compensation most influential; safe environment not significant. Involvement in decision-making improved physician performance.
(Sonia et al., 2022) Indonesia	39 physicians, Kota Pinang Regional General Hospital	Cross-sectional, ANOVA	Facilities, Career Development, QWL	Facilities were the most significant determinant; career development was not significant due to centralized promotion policies (civil service system).
(Imanullah et al., 2018) Indonesia	44 physicians & dentists, Syekh Yusuf Regional General Hospital Gowa	Mixed methods (quantitative & qualitative)	QWL, Compensation, Job Security, Safe Environment, Pride	Balanced compensation was the strongest predictor of performance. Safe environment and institutional pride also significant.

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(Author, Year) Country	Setting & Sample	Method	Variables	Main Findings
(Bakhshi et al., 2019a) Iran	Healthcare staff, Islamabad	Cross-sectional survey, Walton's QWL	Walton's 8 QWL dimensions	36.7% of staff reported low QWL; key determinants included work conditions, peer relations, and compensation. Low QWL reduced staff performance.
(Bakhshi et al., 2019b) Iran	136 healthcare staff, Islamabad-e Gharb	Cross-sectional, Walton QWL + Maslach Burnout	QWL, Burnout, Job Performance	QWL negatively correlated with burnout (r = -0.291) and positively with performance (r = 0.642). Higher QWL reduced burnout and increased performance.
(Mohammadi-Bolbanabad et al., 2016) Iran	320 medical staff (doctors, nurses, midwives), Kermanshah	Cross-sectional, correlational	Work Stress, Job Satisfaction, Patient Care Quality	Work stress negatively affected patient care; job satisfaction had a positive effect.
(López-Martínez et al., 2021) Mexico	169 physicians, Mexican Institute of Social Security	Cross-sectional regression	QWL, Work Performance	QWL explained 64.9% variance in physician performance; strong positive predictive value.

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Table 2. Summary of Literature on Transformational Leadership, Culture, Gender, and Communication

(Author, Year) Country	Focus	Method	Key Aspects	Main Findings
(Lope Pihie et al., 2011) Malaysia	Leadership styles of academic heads	Quantitative survey (MLQ-5X)	Transformational, Transactional, Laissez-faire	Transformational & transactional leadership increased satisfaction; laissez-faire reduced satisfaction.
(Morreale, 2002) United States	Leader behaviors in law enforcement	Cross-sectional survey	Transformational, Laissez-faire	Transformational leadership improved satisfaction and extra effort; laissez-faire had negative effects.
(Judge et al., 2006) United States	Review of charismatic vs. transformational leadership	Literature review	Charismatic vs. Transformational	Transformational emphasized vision and empowerment; charismatic emphasized personal appeal. Transformational seen as more sustainable.
(Northouse, 2015) United States	Leadership theories	Literature review & case studies	Multiple theories (trait, skills, style, situational, transformational, authentic)	No universal leadership style; effectiveness depends on context, followers, and culture.
(Zeerak, 2022) United States	Cultural context of leadership	Literature review	Leadership & Culture	Leadership effectiveness varies across cultural values; sensitivity to cultural norms is essential.
(Trimble & Jimenez-Luque, 2022) United States	Inclusive and multicultural leadership	Conceptual analysis	Inclusive, Multicultural Leadership	Hierarchical and masculine models are outdated; inclusive, adaptive, multicultural leadership is necessary in modern organizations.
(Valentine, 2020) Thailand	Transformational leadership and work engagement (Thailand)	Mixed-method intervention	Transformational Leadership, Engagement (vigor, dedication, absorption)	Transformational leadership improved engagement across all three dimensions.
(Memon, 2014) Pakistan	Leadership styles, culture, gender, communication	Literature review	Transformational & Transactional Leadership, Mediators (Culture, Gender), Moderator (Communication)	Leadership effectiveness differs across cultures and genders; communication moderates leadership–performance link.

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DISCUSSION

This review demonstrates that quality of work life (QWL) has a substantial influence on physicians' performance across diverse healthcare settings, both in Indonesia and internationally (Imanullah et al., 2018; Sonia et al., 2022; Soetjipto, 2017). During the COVID-19 pandemic, QWL played a critical role in maintaining job satisfaction among healthcare workers, which helped mitigate the adverse effects of burnout on work performance (Priyono & Saraswati, 2023). These findings are particularly relevant given the high levels of occupational risk, workload, and psychological stress experienced by healthcare workers during the pandemic (World Health Organization, 2020; Indonesian Medical Association [IDI] Executive Board Mitigation Team, 2020). Furthermore, job satisfaction mediated the relationship between QWL and performance, suggesting that favorable working conditions can enhance job satisfaction and subsequently support optimal healthcare service delivery, even under challenging working conditions (Agustin et al., 2025).

Similar findings were reported at Hasanuddin University Hospital, where a positive work environment, equitable rewards, and career development opportunities were identified as significant determinants of healthcare performance (Thaha et al., 2016; 2018; Pratama, 2012). Among these factors, the work environment emerged as the dominant determinant, as structured workflows and constructive communication fostered a culture of efficiency and contributed to improved patient services (Aiken et al., 2012). Interestingly, participation in decision-making did not significantly influence performance in this context, suggesting that organizational culture may shape the extent to which employee participation translates into improved performance outcomes (Adnyaswari & Adnyani, 2017; Algazlan et al., 2022).

Other studies have highlighted different dimensions of quality of work life (QWL) associated with physician performance. At RSUD Batara Siang, active participation, equitable compensation, job security, and wellness programs were significantly associated with physician performance, with participation emerging as the most influential factor (Rezkita et al., 2024). Similarly, adequate access to facilities was identified as the strongest determinant of physician performance at RSUD Kota Pinang (Sonia et al., 2022). In contrast, career development was not significantly associated with performance, which may be attributed to the centralized career structure governing civil service physicians (Sonia et al., 2022). Furthermore, balanced compensation, job security, workplace safety, and institutional pride were significantly associated with physician performance at RSUD Syekh Yusuf, with compensation emerging as the dominant factor (Imanullah et al., 2018). These findings suggest that the relative contribution of QWL dimensions may vary according to organizational structures, employment systems, and institutional contexts (Trimble & Jimenez-Luque, 2022; Verma & Doharey, 2016).

International research further corroborates these findings. In Iran, 36.7% of healthcare workers were reported to have low quality of work life (QWL), primarily associated with poor working conditions, weak interpersonal relationships, and inadequate compensation. Low QWL was also strongly associated with reduced work performance, highlighting the importance of systemic organizational interventions (Bakhshi et al., 2019a; Valentine, 2020; Darmiati et al., 2024). Similarly, among healthcare workers in Kermanshah, work-related stress was negatively associated with the quality of patient care, whereas job satisfaction had a positive association with care quality (Mohammadi-Bolbanabad et al., 2016). In Mexico, QWL explained 64.9% of the variance in physician performance, with a strong positive effect ($\beta = 0.806$), further demonstrating the importance of QWL in predicting professional performance (López-Martínez et al., 2021). Another study in Iran found that QWL was negatively correlated with burnout ($r = -0.291$) and positively correlated with job performance ($r = 0.642$) (Bakhshi et al., 2019b; Northouse, 2015; Hasni et al., 2024). Collectively, these findings indicate that QWL is an important predictor of healthcare professionals' performance, with compensation, workplace safety, adequate facilities, and employee participation consistently emerging as important dimensions (House et al., 2004; Wulantika, 2018).

In parallel, leadership style, particularly transformational leadership, emerges as a critical factor influencing organizational effectiveness, employee engagement, and job satisfaction. Transformational leadership has been associated with

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higher employee satisfaction and greater motivation to exert extra effort, whereas laissez-faire leadership has been associated with lower motivation and satisfaction (Lope Pihie et al., 2011; Morreale, 2002; Skogstad et al., 2007; Wong & Cummings, 2007). Similarly, laissez-faire leadership has been positively associated with employee stress and burnout, reinforcing the importance of active and supportive leadership within healthcare organizations (Skogstad et al., 2007; Boamah et al., 2018). The distinction between charismatic and transformational leadership is also noteworthy. Although both approaches emphasize leader influence and motivation, transformational leadership places greater emphasis on developing followers, stimulating organizational change, and empowering staff, which may make it particularly relevant to contemporary healthcare organizations (Judge & Piccolo, 2004; Judge et al., 2006; Yukl, 2013).

The effectiveness of transformational leadership is not universal but may depend substantially on cultural and social contexts. Cultural norms and values influence how leadership behaviors are perceived, interpreted, and accepted across different societies (House et al., 2004; Zeerak, 2022). For example, participatory leadership may be more compatible with egalitarian cultural contexts, whereas hierarchical environments may place greater emphasis on authority and centralized decision-making (Memon, 2014; Burns, 1978). In addition, social identity factors, including gender, ethnicity, and socioeconomic background, may influence how leadership is enacted and interpreted within organizations (Trimble & Jimenez-Luque, 2022). These findings underscore the importance of adaptive, inclusive, and culturally sensitive leadership approaches in diverse organizational settings (Northouse, 2015; Bass, 1990). Furthermore, effective communication can strengthen trust, clarify expectations, and enhance the positive effects of transformational leadership on organizational and employee outcomes (Valentine, 2020).

Taken together, these findings highlight a strong synergy between QWL and transformational leadership. Physicians who enjoy supportive work environments, fair compensation, and safety are more receptive to transformational leadership, which in turn amplifies engagement, loyalty, and performance (World Health Organization, 2017). Conversely, poor QWL or passive leadership undermines even well-resourced systems. Thus, healthcare organizations must integrate both strategies, enhancing QWL and cultivating adaptive leadership, to improve physician well-being and sustain high-quality care (Ministry of Health of the Republic of Indonesia, 2018).

CONCLUSION

This literature review demonstrates that QWL and transformational leadership are key organizational factors influencing physician performance and organizational outcomes in healthcare settings. The evidence consistently indicates that supportive working environments, fair organizational policies, opportunities for professional development, effective communication, and transformational leadership practices contribute to improved job satisfaction, organizational commitment, employee engagement, and physician performance.

The findings further suggest that transformational leadership and QWL should not be viewed as independent organizational strategies. Instead, they complement one another in creating healthy work environments that promote both employee well-being and organizational effectiveness. Furthermore, organizational culture, gender, and communication play important contextual roles that may strengthen or weaken the effectiveness of leadership practices in healthcare organizations.

This review contributes to the existing literature by integrating evidence on Quality of Work Life, transformational leadership, physician performance, and organizational outcomes within a single conceptual framework. The synthesis provides a more comprehensive understanding of how these organizational factors interact to influence healthcare performance and organizational sustainability.

From a practical perspective, healthcare managers and policymakers should prioritize organizational policies that improve employees' Quality of Work Life while simultaneously strengthening transformational leadership competencies among healthcare leaders. Investments in supportive work environments, employee participation, professional development, effective communication, and leadership development programs may enhance physician performance, improve healthcare quality, and support long-term organizational success.

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Future studies are encouraged to employ systematic review and meta-analysis approaches to quantify the relationships among Quality of Work Life, transformational leadership, physician performance, and organizational outcomes. Additional research involving diverse healthcare systems and cultural settings is also needed to improve the generalizability of current evidence.

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