

## ORIGINAL PAPER ΕΡΕΥΝΗΤΙΚΗ ΕΡΓΑΣΙΑ

# Are leadership styles related to change integration and commitment? The case of general hospitals in the area of Thessaly (Greece)

**OBJECTIVE** To investigate the effect of leadership styles on strategic leadership, as well as the integration and commitment to a change plan within a hospital environment. **METHOD** A quantitative study was conducted to measure the impact of leadership styles on the following factors: (a) strategic leadership, (b) integration of change, and (c) commitment to change. The research sample consisted of 280 employees working in general hospitals located in the area of Thessalia, Greece. The questionnaire used included several tools to measure the variables mentioned above. **RESULTS** The research revealed that the transformational leadership style's idealized influence and inspirational motivation characteristics were the most frequently adopted, while the passive laissez-faire style was the least utilized. Furthermore, the findings of this study showed a positive connection between both transactional and transformational leadership styles with the factors of strategic leadership, integration of change, and commitment to change. In contrast, the laissez-faire style exhibited a negative relationship with the variables of strategic leadership, integration of change, and commitment to change. **CONCLUSIONS** Effective leadership plays a crucial role in managing a health institute and successfully implementing a strategic organizational change plan. The commitment and integration of healthcare employees are essential assets for the successful execution of organizational change.

Public administration has undergone significant changes in recent years. On one hand, there has been an introduction of techniques and practices derived from the private sector. On the other hand, the COVID-19 pandemic has necessitated the application of new functions in the public sector, which must be contextualized within a framework of continuous changes.<sup>1</sup>

It is important to note that changes are crucial for the functioning of the Greek public sector. There have been instances where employees resisted the implementation of change plans, resulting in the failure of organizational change.<sup>2</sup> However, there have also been successful cases of change implementation in the public sector, such as the adoption of electronic prescribing in the public health system since 2010.<sup>3</sup>

Change management involves the interaction between

the organization and its employees, and this relationship can impact the organization's performance during the change process. Therefore, numerous factors can affect the challenging task of a manager during the implementation of organizational change, including organizational culture,<sup>4-7</sup> employee training,<sup>8,9</sup> and the organizational environment.<sup>2</sup>

Consequently, it is understood that change is a process that requires excellent leadership skills and an understanding of critical variables.<sup>10-13</sup> Some studies suggest that the appropriate leadership style can enhance personnel commitment to successful change implementation.<sup>14-16</sup> Thus, this research aimed to investigate the key factors that determine the successful outcome of organizational change.<sup>17</sup> These factors include leadership styles, strategic leadership, integration of change, and commitment to change.

The relationship between leadership styles and strategic

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K. Giannakos,<sup>1</sup>  
D. Belias,<sup>1</sup>  
A. Ntalakos,<sup>1</sup>  
I. Rossidis,<sup>2</sup>  
A. Koustelios<sup>1</sup>

<sup>1</sup>Department of Business Administration,  
University of Thessaly, Geopolis Campus,  
Larissa

<sup>2</sup>Hellenic Open University, Patras, Greece

Σχετίζονται τα ηγετικά στυλ με την ενσωμάτωση και τη δέσμευση για αλλαγή; Η περίπτωση των γενικών νοσοκομείων της Θεσσαλίας (Ελλάδα)

Περίληψη στο τέλος του άρθρου

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leadership plays an important role in the change process, particularly in healthcare facilities. Previous qualitative research conducted among 15 managers in the healthcare sector revealed that transformational leadership has positive effects on effective strategic leadership during change procedures. Therefore, leadership can effectively guide the adoption of organizational changes.<sup>18</sup>

Furthermore, another study conducted on a sample of 300 supervisors and nurses in healthcare facilities indicated that leadership styles influence the factor of strategic leadership. The appropriate leadership style must be adopted based on the circumstances related to the specific change that takes place. For example, in sudden changes involving the entire organization, a strict leadership style may have a positive effect on strategic leadership, while the transformational leadership style may be more appropriate for planned, smaller-scale changes.<sup>19</sup>

Regarding the relationship between leadership styles and the integration of change, qualitative research (interviews) conducted on a sample of ten European nurses working in health facilities in the United Arab Emirates (UAE) showed that transformational leadership enhances the processes of change integration, particularly in terms of employees' perceptions. Additionally, another study suggests that managers in the health sector should play an active role in the changes. Qualitative research on 12 managers working in hospital units revealed that transformational leadership plays a crucial role in enhancing the integration of organizational change in the hospital environment.<sup>20,21</sup>

Finally, several researchers have examined the relationship between transformational leadership and commitment to change.<sup>22</sup> Their research, conducted on a sample of 390 employees working in the nursing department of several public hospitals, showed that when the transformational leadership style is adopted, it becomes easier to communicate the purpose of the change, thereby increasing employees' commitment to change. Similarly, quantitative research on a sample of nursing employees revealed that transformational leadership supports employees in actively participating in the change process. This, in turn, enhances their commitment to change, as they feel that their opinions are valued by managers and recognize the positive effects that the change would have on their working conditions.<sup>23</sup>

The aim of the present research was to investigate the relationship between leadership styles, change integration, and commitment to change as they are perceived by personnel in a hospital health institute. The research questions are formulated below: (a) How do leadership

styles influence hospital employees' perceptions of the effects of strategic leadership?; (b) how do leadership styles influence hospital employees' perceptions of the effects of change integration? and (c) how do leadership styles influence hospital employees' perceptions of the effects of commitment to change?

## MATERIAL AND METHOD

### Research design and sample

The purpose of the current research is to investigate the relationships between leadership styles, strategic strategy, and integration/commitment to a change plan among employees working in general hospitals. To achieve this, quantitative research was conducted on employees working in the four general hospitals of Thessaly, regardless of their age, position, or years of experience. The researchers contacted the general managers of the hospital units in Larissa, Magnesia, Trikala, and Karditsa to inform them about the research purpose and request their assistance in distributing the questionnaires to their subordinates.

Regarding the distribution of the questionnaire, special emphasis was placed on ensuring respondent anonymity and voluntary participation. Participants were also informed that the researchers would be available to address any questions regarding the research content. The estimated time for completing the questionnaire was approximately 15 minutes.

Once the questionnaires were prepared, hard copies were printed and distributed to employees from May to July 2022. In total, 344 employees received the questionnaire with the assistance of the hospital managers who granted permission for distribution. It should be noted that 51 employees declined to participate in the research. Ultimately, 293 questionnaires were collected, of which 13 were excluded due to incomplete responses. As a result, the sample for this research consisted of 280 employees from general hospitals.

### Research measurement tools

The research instrument utilized in this study consisted of four tools that measured the following factors: (a) Leadership styles, (b) strategic leadership, (c) integration of change, and (d) commitment to change.

The first tool used was the Multifactor Leadership Questionnaire (MLQ-5X).<sup>24</sup> The MLQ-5X measures the three major leadership styles: (a) Transformational, (b) transactional, and (c) laissez-faire. It comprised 45 questions that assess variables such as idealized influence (attributed), idealized influence (behavior), inspirational motivation, intellectual stimulation, individual consideration, contingent reward, management-by-exception (active), management-by-exception (passive), laissez-faire leadership, extra effort, effectiveness, and satisfaction. The MLQ-5X focuses on individual behaviors and characteristics of leaders,

as evaluated by their co-workers, irrespective of the hierarchical level. The questions in MLQ-5X are measured on a 5-point Likert scale (0=Not at all, 1=Once in a while, 2=Sometimes, 3=Quite a bit, 4=Often usually, if not always).

The second tool used to measure strategic leadership was the Strategic Leadership Scale,<sup>25</sup> which consisted of 10 questions assessing two sub-dimensions: (a) organizational competencies and (b) personal competencies. All questions were measured on a 5-point Likert scale (1=Rarely to 5=Usually).

The third tool<sup>26</sup> measured the integration of change through a 5-point Likert scale (1=Not at all to 5=Absolutely). It comprised 7 questions assessing two sub-dimensions: (a) completion of the project and (b) achievement of goals.

Finally, the last tool measures employees' commitment to an organizational change plan.<sup>27</sup> It assessed the variable of commitment to change using a 5-point Likert scale (1=Strongly disagree to 5=Strongly agree). This measurement tool consists of 4 questions.

### Data analysis

The data analysis for this study was conducted using the IBM Statistical Package for Social Sciences (SPSS), version 23.0. Descriptive statistics were applied to all variables and their sub-variables. Means (M) and standard deviations (SD) were used to describe the quantitative variables. Additionally, Cronbach's alpha coefficient was used to measure the internal consistency of all scales and sub-scales. Factor analysis was performed to examine the variability among the observed variables of each measurement tool.

For hypothesis testing, Spearman's rank correlation coefficient and multiple regression analysis were used. Four multiple regression models were applied to examine the relationships between the following variables: (a) leadership styles and strategic leadership, (b) leadership styles and integration of change, and (c) leadership styles and commitment to change.

## RESULTS AND DISCUSSION

The sample for this research consisted of 280 employees working in four general hospitals in the Thessaly region. The majority of the sample were Greek females (78.2%), married (79.3%), and between the ages of 41–50 (59.6%). Most participants had completed secondary education/high school (27.1%). Regarding working characteristics, the majority were permanent employees (85%) with approximately 11–15 years of experience (30.4%), and the majority had been working in the health department for 11–20 years (22.1%).

Table 1 provides the statistical measurements of the M and SD for all scales and sub-scales used in the study. Transformational leadership was found to be the prevailing

**Table 1.** Means and standard deviation of scales and subscales.

Factors	M	SD
Idealized influence (attributed) (transformational)	2.70	1.048
Idealized influence (behavior) (transformational)	2.38	0.929
Inspirational motivation (transformational)	2.54	1.045
Intellectual stimulation (transformational)	2.38	0.982
Individual consideration (transformational)	2.24	1.109
Contingent reward (transactional)	2.48	1.043
Management-by exception (active) (transactional)	2.05	1.004
Management-by exception (passive) (transactional)	1.64	1.021
Laissez-faire (passive avoidance)	1.23	1.098
Strategic leadership – personal competencies	3.78	0.742
Strategic leadership – organizational competencies	3.91	0.909
Commitment to change	4.35	0.699
Integration of change	3.36	0.777

SD: Standard deviation, M: Mean

leadership style in the hospital units. The dimensions of idealized influence (attributed; M=2.70) and inspirational motivation (M=2.54) had the highest influence on the employees. In other words, these employees believe that the leadership of their organizations can inspire them to achieve their goals, while the idealized leadership style focuses on promoting the values and the moral aspect of the organization's decisions. On the contrary, hospital units rarely adopt the leadership to avoidance (M=1.23) – passive avoidance leadership style.

The average perception of strategic leadership in hospital organizations was satisfactory, with organizational competencies and personal competencies receiving mean values of 3.91 and 3.78, respectively. Employees were found to be committed to organizational change plans (M=3.36), but the level of integration of change was neutral. Hospitals need to focus on motivating employees about the outcomes of implementing decisions and integrating these levels to a greater extent (tab. 1).

In order to examine the variability among the examined variables (transformational leadership, transactional leadership, laissez-faire leadership, strategic leadership, commitment to change, and integration of change) of the research model, the statistical technique of factor analysis (FA) was used.

At first, the sub-dimensions of transformational leadership were examined through the five models of factor analysis. The first model explains 65.70% of the total variance (KMO=0.78, Bartlett  $\chi^2(6)=427.054$ ,  $p<0.01$ ). The loadings of the four items, which define idealized influence (attributed), range between 0.709–0.883. The second model explains 57.79% of the total variance (KMO=0.73, Bartlett  $\chi^2(6)=308.313$ ,  $p<0.01$ ). The loadings of the four items, which define idealized influence (behavior), range between 0.447–0.848. The third model explains 68.63% of the total variance (KMO=0.78, Bartlett  $\chi^2(6)=462.642$ ,  $p<0.01$ ). The loadings of the four items, which define inspirational motivation, range between 0.780–0.873. The fourth model explains 66.45% of the total variance (KMO=0.76, Bartlett  $\chi^2(6)=429.834$ ,  $p<0.01$ ). The loadings of the four items, which define intellectual stimulation, range between 0.765–0.857. The fifth model explains 83.32% of the total variance (KMO=0.63, Bartlett  $\chi^2(6)=379.993$ ,  $p<0.01$ ). Although all items were accepted on all four previous models, in this model one item is excluded due to multicollinearity (item 29 “Considers me as having different needs, abilities, and aspirations from others”). Thus, the contingent reward is defined by the other three items of this variable which range between 0.800–0.841.

Regarding transactional leadership, two models of factor analysis were executed. The first model explained 59.37% of the total variance (KMO=0.75, Bartlett  $\chi^2(6)=291.830$ ,  $p<0.01$ ). The loadings of the four items, which define management-by exception (active), ranged between 0.677–0.826. The second model explained 56.62% of the total variance (KMO=0.69, Bartlett  $\chi^2(6)=282.749$ ,  $p<0.01$ ). The loadings of the four items, which define management-by exception (passive), ranged between 0.581–0.870.

Factor analysis was also applied to the final leadership style. Thus, FA showed that this model explains 66.49% of the total variance (KMO=0.80, Bartlett  $\chi^2(6)=413.549$ ,  $p<0.01$ ). The loadings of the four items, which defined laissez-faire leadership, ranged between 0.760–0.861.

As far as the variable strategic leadership is concerned, the model of FA explained 68.54% of the total variance (KMO=0.81, Bartlett  $\chi^2(45)=1,131.538$ ,  $p<0.01$ ). This model extracted two variables: (a) the variable strategic leadership-personal competencies which include items 1–5 with their loadings range between -0.553–0.837, and (b) the variable strategic leadership-organizational competencies which included items 7, 9, and 10 with their loadings ranging between -0.777 and -0.873. Items 6 and 8 were excluded due to multicollinearity.

The variable commitment to change extracted one mod-

el which explains 77.52% of the total variance (KMO=0.79, Bartlett  $\chi^2(21)=841.867$ ,  $p<0.01$ ). The loadings of the four items, which define commitment to change, ranged between 0.813–0.943.

Finally, the integration of the change model explained 65.91% of the total variance (KMO=0.92, Bartlett  $\chi^2(21)=1,381.989$ ,  $p<0.01$ ). The loadings of the seven items, which define the integration of change, range between 0.821–0.922.

Consequently, all the variables and their sub-dimensions were examined with Cronbach’s alpha coefficient to measure the level of internal consistency (reliability) of the scales. All the measurement scales/tools showed a high level of internal consistency as Cronbach’s alpha coefficient ranged between 0.73 to 0.90 (tab. 2).

The first research question was examined via the statistical methods of Spearman coefficient and linear regression models. More specifically, the sub-dimension organizational competencies of strategic leadership had statistically significant and positive weak correlations with all dimensions of

**Table 2.** Cronbach’s alpha coefficient for all the variables and their sub-dimensions.

Factors	Cronbach’s alpha	Number of items
Transformational leadership (total)	0.947	20
Idealized influence (attributed) (transformational)	0.821	4
Idealized influence (behavior) (transformational)	0.740	4
Inspirational motivation (transformational)	0.846	4
Intellectual stimulation (transformational)	0.830	4
Individual consideration (transformational)	0.793	3
Transactional leadership (total)	0.855	8
Contingent reward (transactional)	0.841	4
Management-by exception (active) (transactional)	0.770	4
Management-by exception (passive) (transactional)	0.734	4
Passive leadership-avoidance (total)	0.862	8
Laissez-faire (passive avoidance)	0.831	4
Strategic leadership – personal competencies	0.815	5
Strategic leadership – organizational competencies	0.812	3
Commitment to change	0.896	4
Integration of change	0.901	7

transformational leadership and transactional leadership, as the rho coefficient ranged from 0.16 to 0.47 ( $p < 0.01$ ). On the contrary, the factor of organizational competencies had statistically significant and negative weak correlations with the dimensions of passive-avoidance leadership (rho coefficient ranged from -0.27 to -0.42,  $p < 0.01$ ). Moreover, the other sub-dimension of strategic leadership (personal competencies) had a statistically and positive weak correlation with only two dimensions of the leadership styles which were the following: (a) individual consideration (rho=0.15,  $p < 0.05$ ) and (b) contingent reward (rho=0.18,  $p < 0.05$ ) (tab. 3). In addition, a multiple linear model was executed in order to examine the predicting role of the several dimensions of leadership styles (independent variable) on the sub-dimension of organizational competencies-strategic leadership (dependent variable). The linear model exhibited that there is a mediocre positive relationship between the leadership styles and the variable organizational competencies ( $R^2=0.023$ ,  $F(9.270)=8.96$ ,  $p < 0.001$ ). In a few words, the 23% percentage of organizational competencies can be interpreted by the leadership styles. More specifically, idealized influence (behavior) ( $p=0.024 < 0.05$ ) can statistically and positively predict the variable organizational competencies, whereas laissez-faire ( $p=0.015 < 0.05$ ) can statistically and negatively predict the variable organizational competencies. In particular, the increase of one

unit of idealized influence (behavior) can increase organizational competencies by 0.18 units, whereas the increase of one unit of idealized influence (behavior) can decrease organizational competencies by -0.14 units. Similarly, a multiple linear model was executed in order to investigate the predicting role of the several dimensions of leadership styles on the sub-dimension of personal competencies-strategic leadership. The model showed that only the 2.7% percentage of personal competencies can be interpreted by the leadership styles ( $R^2=0.0027$ ,  $F(2.277)=3.87$ ,  $p=0.022 < 0.001$ ), whereas no sub-dimension has a statistically significant effect on the variable personal competencies (tab. 4).

The second research question was examined via the statistical methods of Spearman coefficient and linear regression models. More thoroughly, inspirational motivation (rho=0.64,  $p < 0.01$ ) and contingent reward (rho=0.59,  $p < 0.01$ ) have a strong positive statistically significant correlation with the variable integration of change. In addition, management-by exception (active) (rho=0.27,  $p < 0.01$ ) has a mediocre positive statistically significant relationship with the integration of change, whereas management-by exception (passive) (rho=-0.38,  $p < 0.01$ ) and laissez-faire leadership (rho=-0.34,  $p < 0.01$ ) have mediocre negative correlations with the integration of change (tab. 5).

Furthermore, a multiple linear model was applied to

**Table 3.** Spearman rho correlation between the variables leadership styles and strategic leadership.

Factors	Organizational competencies	Personal competencies
Idealized influence (attributed) (transformational)	0.389**	0.106
Idealized influence (behavior) (transformational)	0.362**	0.104
Inspirational motivation (transformational)	0.410**	0.091
Intellectual stimulation (transformational)	0.299**	0.076
Individual consideration (transformational)	0.328**	0.148*
Contingent reward (transactional)	0.465**	0.177*
Management-by exception (active) (transactional)	0.162**	0.095
Management-by exception (passive) (transactional)	-0.270**	-0.082
Laissez-faire (passive avoidance)	-0.415**	-0.081

\* $p < 0.05$ ,  $n=280$ , \*\* $p < 0.01$ ,  $n=280$

**Table 4.** The predicting role of the leadership styles on the dimension of organizational competencies (strategic leadership).

Model	Unstandardized coefficients		Standardized coefficients	t	p
	B	Std error	Beta		
1 (Constant)	3.539	0.186		19.042	0.000
Individual influence (behavior)	p.182	0.080	0.228	2.274	0.024
Laissez-faire	-p.142	0.058	-0.211	-2.456	0.015

**Table 5.** Spearman rho correlation between the variables leadership styles and integration of change.

Factors	Organizational competencies
Idealized influence (attributed) (transformational)	0.555*
Idealized influence (behavior) (transformational)	0.379*
Inspirational motivation (transformational)	0.643*
Intellectual stimulation (transformational)	0.522*
Individual consideration (transformational)	0.515*
Contingent reward (transactional)	0.594*
Management-by exception (active) (transactional)	0.269*
Management-by exception (passive) (transactional)	-0.341*
Laissez-faire (passive avoidance)	-0.381*

\*p<0.01, n=280

examine the predicting role of the several dimensions of leadership styles (independent variable) on the variable integration of change (dependent variable). The linear model exhibited that there is a mediocre positive relationship between leadership styles and the integration of change ( $R^2=0.0462$ ,  $F(9.270)=25.76$ ,  $p<0.001$ ). In a few words, the 46% percentage of the integration of change can be interpreted by the leadership styles. More specifically, seven out of nine sub-dimensions of leadership styles can predict (some of them positively and some of them negatively) the integration of change. Table 6 describes in detail these sub-variables ( $p<0.05$ ), as well as the level of increase/decrease (B coefficient) on the integration of change.

Finally, the third research question was also examined through the statistical methods of the Spearman coefficient and linear regression model. More specifically, the researchers discovered that commitment to change has statistically significant correlations with six out of nine

dimensions of leadership styles. More particularly, commitment to change is significantly and positively affected by the following sub-dimensions: individual influence (attributed) ( $\rho=0.25$ ,  $p<0.01$ ), individual influence (behavior) ( $\rho=0.14$ ,  $p<0.05$ ), inspirational motivation ( $\rho=0.14$ ,  $p<0.05$ ), individual consideration ( $\rho=0.19$ ,  $p<0.01$ ), and contingent reward ( $\rho=0.29$ ,  $p<0.01$ ). On the contrary, commitment to change is significantly and negatively affected by laissez-faire leadership ( $\rho=-0.23$ ,  $p<0.01$ ). All the other correlations between these variables are not statistically significant (tab. 7).

In addition, a multiple linear model was implemented to examine the predicting role of the several dimensions of leadership styles (independent variable) on the variable commitment to change (dependent variable). The linear model exhibited that there is a weak positive relationship between leadership styles and commitment to change ( $R^2=0.0083$ ,  $F(6.273)=25.76$ ,  $p<0.001$ ). In other words, the 8.3% percentage of the commitment to change can be interpreted by the leadership styles. More specifically, four out of nine sub-dimensions of leadership styles can predict

**Table 7.** Spearman rho correlation between the variables leadership styles and commitment to change.

Factors	Commitment to change
Idealized influence (attributed) (transformational)	0.252**
Idealized influence (behavior) (transformational)	0.141*
Inspirational motivation (transformational)	0.144*
Individual consideration (transformational)	0.192**
Contingent reward (transactional)	0.286*
Laissez-faire (passive avoidance)	-0.229**

\*p<0.05, n=280, \*\*p<0.01, n=280

**Table 6.** The predicting role of the leadership styles on the variable of integration of change.

Model	Unstandardized coefficients		Standardized coefficients	t	p
	B	Std error	Beta		
2 (Constant)	2.177	0.163		13.370	.000
Individual influence (attributed)	-0.160	0.078	-0.215	-2.052	0.041
Inspirational motivation	0.378	0.074	0.508	5.081	0.000
Individual consideration	0.146	0.062	0.208	2.342	0.020
Contingent reward	0.255	0.078	0.343	3.257	0.001
Management-by exception (active)	-0.115	0.048	-0.149	-2.401	0.017
Management-by exception (passive)	-0.104	0.048	-0.136	-2.160	0.032
Laissez-faire leadership	0.106	0.051	0.150	2.093	0.037

(some of them positively and some of them negatively) the commitment to change (tab. 8).

In conclusion, the study aimed to investigate the relationships between leadership styles, strategic leadership, integration of change, and commitment to change among healthcare facility employees. Quantitative research was conducted on 280 employees working in four general hospitals in the Thessaly region (Greece).

The findings revealed that transformational leadership was the most adopted leadership style in general hospitals. Transformational leadership prioritized employees' opinions about upcoming changes and made modifications to ensure employee acceptance, leading to successful change integration.

Strategic leadership provided a clear vision for change, enabling employees to evaluate and accept changes or not.<sup>28,29</sup> It was suggested that hospital managers consider personnel opinions to implement effective change, involve employees in decision-making processes, and provide a clear vision and transparency during change processes.

The analysis of research questions showed that transformational leadership and transaction leadership styles

were statistically significantly and positively correlated to the organizational competencies of strategic leadership, while passive (avoidance) leadership style was statistically significantly and negatively correlated to the organizational competencies. On the contrary, personal competencies of strategic leadership seem to have no statistically significant relationship to any leadership style. Furthermore, the variable integration of change is positively (and statistically significantly) related to the transformation and transactional leadership style, whereas it is negatively (and statistically significantly) related to the passive (avoidance) leadership style. However, the dimensions of leadership styles explained only a small proportion of the variance in commitment to change, indicating that there are other factors not included in the study that can explain employees' commitment to change to a greater extent.

Based on these findings, healthcare unit management should prioritize personnel opinions and involve employees in change implementation. By doing so, they can enhance commitment and the integration of change. Actions such as informing employees about the reasons for change, motivating them to embrace change, and considering their opinions can lead to more successful and transparent change implementation.

**Table 8.** The predicting role of the leadership styles on the variable of commitment to change.

Model	Unstandardized coefficients		Standardized coefficients	t	p
	B	Std error	Beta		
2 (Constant)	4.408	0.184		24.018	0.000
Individual influence (attributed)	0.179	0.089	0.268	2.008	0.046
Individual influence (behavior)	-0.149	0.073	-0.198	-2.030	0.043
Inspirational motivation	-0.183	0.085	-0.273	-2.151	0.032
Laissez-faire leadership	-0.104	0.047	-0.163	-2.219	0.027

## ΠΕΡΙΛΗΨΗ

**Σχετίζονται τα ηγετικά στυλ με την ενσωμάτωση και τη δέσμευση για αλλαγή;  
Η περίπτωση των γενικών νοσοκομείων της Θεσσαλίας (Ελλάδα)**

Κ. ΓΙΑΝΝΑΚΟΣ<sup>1</sup>, Δ. ΜΠΕΛΙΑΣ<sup>1</sup>, Α. ΝΤΑΛΑΚΟΣ<sup>1</sup>, Ι. ΡΩΣΣΙΔΗΣ<sup>2</sup>, Α. ΚΟΥΣΤΕΛΙΟΣ<sup>1</sup>

<sup>1</sup>Τμήμα Διοίκησης Επιχειρήσεων, Πανεπιστήμιο Θεσσαλίας, Γαϊόπολις, Λάρισα,

<sup>2</sup>Ελληνικό Ανοικτό Πανεπιστήμιο, Πάτρα

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**ΣΚΟΠΟΣ** Η δημιουργία ενός μοντέλου με στόχο τη συσχέτιση των διαφόρων ηγετικών στυλ με τις ακόλουθες μεταβλητές: (α) της στρατηγικής ηγεσίας, (β) της ενσωμάτωσης των αλλαγών και (γ) της δέσμευσης στην αλλαγή όσον αφορά σε εργαζόμενους δημόσιων νοσοκομείων με έδρα την ευρύτερη περιφέρεια της Θεσσαλίας. **ΥΛΙΚΟ-ΜΕΘΟ-**

**ΔΟΣ** Διεξαγωγή ποσοτικής έρευνας. Το δείγμα της έρευνας αποτέλεσαν 280 εργαζόμενοι, οι οποίοι ασκούσαν τα καθήκοντά τους σε διάφορα δημόσια νοσοκομεία που ανήκουν στην ευρύτερη περιοχή της περιφέρειας της Θεσσαλίας (Ελλάδα). Για τη διεξαγωγή της έρευνας χρησιμοποιήθηκε ένα ερωτηματολόγιο αποτελούμενο από διάφορες κλίμακες για τη μέτρηση των παραπάνω μεταβλητών. **ΑΠΟΤΕΛΕΣΜΑΤΑ** Από την έρευνα που διεξήχθη παρατηρήθηκε ότι η μετασχηματιστική ηγεσία (και ειδικότερα τα χαρακτηριστικά της εξιδανικευμένης επιρροής και της εμπνευσμένης παρακίνησης) συνιστά το πιο συχνό στυλ ηγεσίας που υιοθετείται, ενώ η ηγεσία προς αποφυγή είναι το στυλ ηγεσίας το οποίο χρησιμοποιείται σε μικρότερη συχνότητα. Επιπρόσθετα, τα ευρήματα της συγκεκριμένης έρευνας ανέδειξαν το γεγονός ότι η συναλλακτική ηγεσία και η μετασχηματιστική ηγεσία επηρεάζουν θετικά και στατιστικώς σημαντικά τις μεταβλητές της στρατηγικής ηγεσίας, της ενσωμάτωσης των αλλαγών και της δέσμευσης για αλλαγές. Αντίθετα, η ηγεσία προς αποφυγή επηρεάζει αρνητικά (σε στατιστικά σημαντικό βαθμό) τις μεταβλητές της στρατηγικής ηγεσίας, της ενσωμάτωσης των αλλαγών και της δέσμευσης για αλλαγές. **ΣΥΜΠΕΡΑΣΜΑΤΑ** Ο ρόλος που διαδραματίζουν τα ηγετικά στελέχη μιας νοσοκομειακής μονάδας είναι πολύ σημαντικός για την αποτελεσματική εφαρμογή ενός στρατηγικού σχεδίου αλλαγών σε έναν οργανισμό. Η εργασιακή δέσμευση των νοσοκομειακών υπαλλήλων μπορεί να αποτελέσει καθοριστικό παράγοντα στην επιτυχημένη ενσωμάτωση μιας οργανωσιακής αλλαγής.

**Λέξεις ευρητηρίου:** Δέσμευση για αλλαγή, Δημόσια νοσοκομεία, Ενσωμάτωση αλλαγών, Ηγετικά στυλ, Στρατηγική ηγεσία

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*Corresponding author:*

D. Belias, Department of Business Administration, University of Thessaly, Geopolis Campus, National Road Larissas-Trikalon, 415 00 Larissa, Greece  
e-mail: dbelias@uth.gr