

# Leadership, Organisational Culture and Workforce Engagement in the NHS: A Qualitative Study of Healthcare Management Dynamics

## Abstract

**Purpose** - Despite extensive research on leadership and culture, limited qualitative evidence explores their interplay in high-pressure NHS environments. This study investigates how leadership styles and organisational culture influence healthcare professionals' engagement and performance within the UK National Health Service (NHS), examining the mechanisms through which leadership behaviours and cultural norms affect professional engagement and performance, and developing actionable insights for improving workforce motivation and patient outcomes.

**Design/methodology/approach** - Guided by Transformational Leadership Theory and Schein's Model of Organisational Culture, this study adopted a qualitative interpretive approach. Semi-structured interviews were conducted with 20 healthcare professionals across 10 NHS hospitals in the UK. Data were transcribed verbatim, coded and analysed using thematic analysis, integrating both deductive and inductive approaches to capture rich, context-specific insights into leadership, culture and engagement. The study followed the COREQ checklist to ensure methodological rigour and transparency.

**Findings** - Three overarching themes and key insights emerged: Transformational Leadership (open-door policies and brainstorming), Organisational Culture (patient involvement and psychological safety), and Professional Engagement (inclusivity, shared purpose and innovation). Professional engagement mediates the relationship between leadership, culture and performance, enhancing staff motivation, innovation and patient care. A new conceptual framework illustrates these interdependent dynamics and provides practical guidance for NHS leaders and policymakers.

**Originality/value** - This study advances Transformational Leadership Theory and Schein's organisational culture model by demonstrating their interactive effects in high-pressure healthcare contexts. It contributes theoretically by identifying context-specific mechanisms of engagement and practically by developing a framework to strengthen leadership effectiveness, cultural alignment and professional engagement in the NHS.

**Keywords** Transformational Leadership, Organisational Culture, Professional Engagement, Healthcare Management, UK-NHS Performance, Qualitative Analysis

**Paper type** Research paper

## 1. Introduction

Since its establishment in 1948, the National Health Service (NHS) has remained the backbone of the UK's healthcare system, representing a unique model of publicly funded healthcare provision (Kaya *et al.*, 2023). Despite its historic achievements, the NHS currently faces unprecedented pressures arising from workforce shortages, rising patient demand, increasing clinical complexity and evolving societal expectations for high-quality care (Sauerteig *et al.*, 2019; Shafer *et al.*, 2024). These challenges extend beyond resourcing issues, highlighting the need to understand the complex interplay between leadership, organisational culture and professional engagement (Shantz *et al.*, 2016). Engagement serves as a critical mechanism

linking leadership and culture to NHS performance, ultimately influencing the delivery of safe, effective and high-quality patient care (Dion and Evans, 2024).

Professional engagement is widely recognised as a key driver of commitment, motivation, job satisfaction and discretionary effort, all of which contribute to improved teamwork, productivity and patient outcomes (Boak *et al.*, 2015; Qazi *et al.*, 2024). However, much of the existing research has treated engagement as an outcome, rather than examining the organisational and leadership processes that enable or inhibit it (Leggat and Balding, 2013; Peckham *et al.*, 2023). Transformational leadership, in particular, is frequently highlighted as one of the most effective approaches for fostering engagement, as it articulates a compelling vision, encourages innovation and motivates staff to exceed routine expectations (Konteh *et al.*, 2023). Yet, its effectiveness depends on alignment with organisational culture (Bosak *et al.*, 2021). A supportive, patient-centred and improvement-driven culture provides the structural and social foundation through which leadership influence is realised, ensuring engagement is both sustained and meaningful (Leggat and Balding, 2013). Without such alignment, even well-intentioned leadership initiatives may fail to translate into improvements in performance or patient care (Albuquerque *et al.*, 2014).

Existing studies frequently examine leadership and organisational culture in isolation, thereby obscuring their interactive effects on professional engagement and NHS outcomes (Gomes *et al.*, 2024; Johnson *et al.*, 2016). This fragmented approach creates a significant knowledge gap, particularly in the context of NHS instability characterised by high turnover, persistent vacancies and variable performance across services (Dickinson *et al.*, 2011). The relationship between leadership style, organisational culture and professional engagement remains under-theorised and empirically under-explored, especially from the perspective of healthcare professionals who experience these dynamics daily (Begkos and Antonopoulou, 2022; Dion and Evans, 2024). Whilst quantitative research (e.g. Begkos and Antonopoulou, 2022; Torvinen and Jansson, 2023) has identified correlations between leadership styles, engagement and performance outcomes, it often fails to capture the nuanced experiences, perceptions and interpretations of healthcare staff working in high-pressure clinical environments.

This study addresses these gaps by critically investigating how leadership styles and organisational culture interact to shape healthcare professionals' engagement, and how this engagement, in turn, affects NHS performance. By integrating leadership theory and organisational culture frameworks, the study seeks to provide a holistic understanding of the processes that enable or constrain professional engagement. Accordingly, this study seeks to answer the following research question (RQ): *How do leadership styles and organisational culture influence healthcare professionals' engagement and performance in the NHS?*

To answer this question, a qualitative research design using semi-structured interviews with NHS professionals is employed. Analysis is guided by transformational leadership theory and Schein's model of organisational culture. By moving beyond fragmented approaches in prior research, this study aims to generate richer, context-specific insights that can inform leadership development, cultural initiatives and policies designed to enhance the NHS's capacity to deliver high-quality care through an engaged workforce. Theoretically, the study advances understanding by positioning professional engagement as an active mediating mechanism rather than a passive outcome, demonstrating how leadership and culture interact dynamically to shape NHS performance. For policy, the findings provide evidence for integrating

transformational leadership practices and patient-centred cultural values into workforce development strategies, offering a framework to strengthen staff retention, reduce burnout and improve patient care outcomes across NHS organisations.

The paper is structured as follows: Section 2 reviews literature on leadership, organisational culture and professional engagement in healthcare. Section 3 develops the conceptual framework integrating Transformational Leadership Theory and Schein's Model of Organisational Culture. Section 4 details the qualitative methodology. Section 5 presents findings through three themes. Section 6 discusses results in relation to existing literature. Section 7 concludes with contributions, implications and future research directions.

## **2. Literature Review**

This section critically examines existing literature on professional engagement, leadership and organisational culture within healthcare settings, with a particular focus on the NHS. It positions engagement as a central mechanism linking leadership and culture to performance outcomes but highlights that current understanding remains partial and fragmented. The review identifies key theoretical frameworks, empirical findings and gaps, emphasising the interplay between leadership behaviours, organisational culture and professional engagement in shaping patient care outcomes.

Professional engagement is increasingly recognised as a determinant of healthcare effectiveness, influencing job satisfaction, motivation, commitment and patient outcomes (Giallouros *et al.*, 2024). Within the NHS, engagement shapes how professionals respond to workforce shortages, clinical pressures and patient volumes (Brunoro-Kadash and Kadash, 2013; Vogus *et al.*, 2020). However, despite this recognition, research has often treated engagement as an endpoint rather than examining the organisational and leadership processes that actively sustain it (Torvinen and Jansson, 2023).

Transformational leadership, characterised by inspiration, vision, innovation and individualised support, has been strongly associated with higher levels of trust, motivation and engagement (Bosak *et al.*, 2017; Brownie and Nancarrow, 2013). Leaders adopting this style create environments where staff feel valued and empowered, which promotes discretionary effort and collaboration (Giallouros *et al.*, 2024; Hewison *et al.*, 2019). Yet, much of the literature assumes transformational leadership is universally effective, overlooking the mediating role of organisational context and culture (Leggat and Balding, 2013; Liu *et al.*, 2015).

Organisational culture provides the lens through which leadership behaviours are interpreted and enacted (Singh *et al.*, 2024). Patient-centred, collaborative and improvement-driven cultures encourage professionals to engage more fully with their roles, thereby supporting care quality, satisfaction and teamwork (A. West *et al.*, 2014; Saxena *et al.*, 2018). However, empirical studies often explore culture and leadership separately, obscuring the interdependencies that shape engagement and performance (Hewison *et al.*, 2018, 2019). This limitation is particularly evident in NHS contexts, where hierarchical pressures, resource constraints and high turnover complicate leadership effectiveness (Alali, 2024).

Evidence suggests that transformational leadership can positively influence discretionary effort, resilience and patient care outcomes (Brunoro-Kadash and Kadash, 2013; Machen *et al.*, 2010). Yet, little is known about how these effects are sustained under NHS-specific systemic

pressures. Qualitative investigations remain limited, though they are essential for capturing the lived realities of healthcare professionals and the ways in which leadership and culture interact to enable engagement (Begkos and Antonopoulou, 2022).

In sum, whilst engagement, leadership and culture have each been widely examined, their dynamic interplay within the NHS has not been sufficiently theorised or empirically explored. A more integrated framework is required to explain how these constructs converge to influence staff behaviours and patient care outcomes in high-pressure environments. This gap underscores the importance of the present study, which explores these interactions in depth and positions professional engagement as a mediator of leadership-culture influences on NHS performance.

### **3. Theoretical Underpinnings**

#### ***3.1 Transformational Leadership Theory***

Transformational Leadership Theory, first proposed by Bass (1997) and later expanded by Humphrey *et al.* (2003), conceptualises leadership as a process through which leaders inspire, motivate and empower followers to exceed routine expectations and achieve collective goals. The theory identifies four dimensions: idealised influence, inspirational motivation, intellectual stimulation and individualised consideration.

Empirical research demonstrates that transformational leadership positively influences employee engagement, motivation, job satisfaction and performance across multiple sectors, including healthcare (Bosak *et al.*, 2017; Brownie and Nancarrow, 2013). In healthcare, transformational leaders foster innovation, collaboration and discretionary effort, enabling professionals to deliver high-quality patient care despite systemic pressures such as high patient demand and workforce shortages (Giallouros *et al.*, 2024; Hewison *et al.*, 2013). Applications include hospitals, NHS management and primary care, where transformational leadership has been shown to improve staff morale, reduce burnout and enhance patient outcomes (Bogodistov and Beimborn, 2024).

Despite extensive research, several gaps remain in healthcare contexts. Many studies examine leadership in isolation, without considering its interaction with organisational culture (Konteh *et al.*, 2023). Limited qualitative research explores healthcare professionals' lived experiences of leadership influence (Fish *et al.*, 2022). Context-specific insights into how transformational leadership sustains engagement under NHS pressures are scarce (Torvinen and Jansson, 2023).

Transformational Leadership Theory aligns with this study's aim to investigate how leadership influences professional engagement and NHS performance. By focusing on supportive environments and professional empowerment, the study examines how transformational leadership translates into engagement and improved outcomes in NHS settings.

#### ***3.2 Schein's Model of Organisational Culture***

Schein's Model of Organisational Culture (Schein, 2010) conceptualises culture as a multi-layered system that shapes organisational behaviour through artefacts, espoused values and basic underlying assumptions.

Organisational culture is critical for shaping staff behaviour, engagement and performance in healthcare (Johnson *et al.*, 2016). Cultures emphasising patient-centredness, teamwork and

continuous improvement enhance staff motivation, reduce errors and improve care delivery (A. West *et al.*, 2014; Saxena *et al.*, 2018). Schein's model has been applied in hospital settings to assess cultural readiness for change, leadership alignment and patient safety initiatives (Lewis *et al.*, 2024).

Existing research often treats culture as static or examines it in isolation, without exploring its interaction with leadership in influencing engagement and performance (Prenestini *et al.*, 2024). Empirical studies (Golo, 2023; Shafer *et al.*, 2024) rarely investigate how cultural alignment mediates the impact of leadership on NHS-specific outcomes such as patient care quality and staff retention, particularly under systemic pressures like workforce shortages.

Schein's Model provides a framework for understanding how culture enables or constrains leadership effectiveness in the NHS. By examining patient-centric culture alongside teamwork and collaboration, the study explores how culture shapes professional engagement and translates leadership influence into improved performance outcomes.

### ***3.3 Transformational Leadership***

Transformational leadership directly influences NHS performance by creating a supportive environment and fostering professional empowerment. Leaders who provide emotional support, mentorship and individualised attention enhance psychological safety, reduce stress and increase job satisfaction (Hewison *et al.*, 2019; Sohal *et al.*, 2021). By empowering healthcare professionals to make decisions and take ownership of their roles, leaders increase motivation, discretionary effort and engagement, ultimately improving patient care and overall NHS performance (Gomes *et al.*, 2024; Jabbour *et al.*, 2011). These mechanisms are particularly critical in NHS contexts, where high patient demand and workforce shortages pose constant challenges to staff morale and sustainable performance (Albuquerque *et al.*, 2014; Dickinson *et al.*, 2011).

### ***3.4 Organisational Culture***

Organisational culture shapes NHS performance by establishing patient-centred norms and promoting teamwork and collaboration. A patient-centric culture prioritises engaging patients in care decisions, which improves satisfaction, adherence to treatment plans and overall care quality (Lökman *et al.*, 2011; Prenestini *et al.*, 2024). Simultaneously, a culture emphasising interdisciplinary collaboration, open communication and shared goals enables teams to function effectively, reduces errors and enhances operational efficiency (A. West *et al.*, 2014; Shafer *et al.*, 2024). Whilst leadership motivates and inspires, culture provides the structural and social framework that sustains behaviours, ensuring consistency in staff performance and patient outcomes (Briganti *et al.*, 2023).

### ***3.5 Professional Engagement***

Professional engagement (the emotional, cognitive and behavioural investment of healthcare professionals in their work) serves as a critical mediator between leadership, culture and NHS performance (Alali, 2024; Shantz *et al.*, 2016). Engagement is shaped by job satisfaction, motivation and supportive leadership (Grima *et al.*, 2020). Leaders who recognise contributions, provide development opportunities and foster psychological safety enhance staff motivation and commitment, whilst a supportive culture reinforces these behaviours (Fish *et al.*, 2022).

Engaged professionals demonstrate higher discretionary effort, innovation and resilience, directly improving patient care and service delivery. Based on theoretical and empirical literature, this study's conceptual framework (see **Figure 1**) posits that Transformational Leadership, Organisational Culture and Professional Engagement each directly contribute to NHS performance whilst interacting to sustain high-quality outcomes. Transformational leadership drives performance by creating supportive environments and empowering staff; organisational culture reinforces performance through patient-centric values and collaborative practices; and professional engagement mediates these effects by translating motivation, satisfaction and support into improved patient care and organisational effectiveness.

‘[insert figure 1 here]’

Integrating Transformational Leadership Theory with Schein's Model of Organisational Culture provides a holistic understanding of how leadership and culture jointly shape professional engagement and NHS performance, addressing gaps identified in previous research.

#### **4. Research Methodology**

This study adopts an interpretivist research philosophy, which is particularly suitable for investigating the subjective experiences and perceptions of leadership styles and organisational culture within the NHS (Franco and Mineiro, 2024; Lørum *et al.*, 2025). By focusing on the lived experiences of NHS staff, the study illuminates the complex interplay between leadership and organisational culture and examines how this relationship influences professional engagement and performance, ultimately affecting patient care quality.

The UK context is especially significant, as the NHS represents a distinctive institutional framework with unique leadership structures, policies and cultural dynamics that shape healthcare professionals' behaviours (Briganti *et al.*, 2023). A qualitative interpretive approach was employed to explore these experiences, enabling in-depth insights into how individuals interpret organisational practices (Michaëlis *et al.*, 2024). This approach prioritises a rich, context-specific understanding of the impact of leadership and culture on engagement and performance, capturing the complexity of social and organisational dynamics in high-pressure NHS environments, and offering both theoretical and practical implications.

##### **4.1 Sampling Strategy**

A purposive sampling strategy was employed to select participants capable of providing detailed, relevant and meaningful insights aligned with the research questions (Fish *et al.*, 2022). The study included 20 healthcare professionals from diverse roles (including physicians, nurses, nursing assistants and technicians) across 10 NHS hospitals in the UK, ensuring a broad representation of perspectives whilst maintaining a manageable scope for in-depth qualitative analysis.

Initially, the study aimed to include 30 participants from 15 hospitals; however, due to practical constraints related to time, access and ethics, the sample was adjusted. Despite this reduction, the selected participants offered sufficient diversity and depth to support the study objectives (Briganti *et al.*, 2023), allowing comprehensive exploration of leadership, organisational culture and professional engagement.

Selecting 20 participants across 10 hospitals ensured both diversity and depth. The research team emphasised capturing a wide range of perspectives, considering participant roles, experience levels, gender and departmental affiliation (refer to **Table 1**). Limiting the sample size aligns with qualitative research principles, where smaller, strategically selected samples yield richer insights than large, generalisable datasets (Azungah, 2018; Creswell and Creswell, 2018). Prior studies suggest that 15-20 participants in qualitative research are typically sufficient to reach thematic saturation and obtain rich, in-depth data (Briganti *et al.*, 2023; Fish *et al.*, 2022). Therefore, the chosen sample size is justifiable for capturing the nuanced perspectives of NHS professionals.

‘[insert table 1 here]’

#### **4.2 Research Instrument Development**

A semi-structured interview guide was developed, grounded in both theoretical and empirical research on transformational leadership, organisational culture and professional engagement in healthcare (Bosak *et al.*, 2017; Giallourous *et al.*, 2024; Gomes *et al.*, 2024). The development process followed multiple stages to ensure validity, reliability and conceptual alignment:

1. *Literature Mapping*: The research team reviewed relevant studies to identify key dimensions influencing professional experiences in NHS contexts. This guided the formulation of thematic domains and sub-themes for exploration.
2. *Expert Consultation*: Draft questions were reviewed by academic supervisors and NHS management experts to ensure clarity, relevance and appropriateness. Feedback refined language, removed ambiguity and ensured the questions captured both theoretical constructs and practical realities.
3. *Pilot Testing*: Pilot interviews with participants from multiple NHS hospitals tested question clarity, prompt appropriateness and interview feasibility. Feedback informed adjustments to question sequencing, inclusion of probing prompts and language refinement to elicit rich narratives.
4. *Thematic Alignment*: The final instrument focused on three primary domains:
  - *Leadership styles*: exploring perceptions of transformational and other leadership behaviours, and their influence on motivation, engagement and empowerment.
  - *Organisational culture*: examining departmental norms, values, patient-centred practices, teamwork and cultural influences on engagement.
  - *Professional engagement and performance*: investigating how leadership and culture shape motivation, discretionary effort, satisfaction and patient care outcomes.
5. *Flexibility and Responsiveness*: Open-ended questions allowed participants to expand beyond preset topics. Probing encouraged exploration of subtle dynamics, such as psychological safety, mentoring practices and cultural barriers to engagement.

6. *Ethical Considerations*: Questions avoided sensitive and coercive content, ensuring participants could freely share experiences without risk of discomfort and breach of confidentiality.

Through this rigorous process, the interview guide became a robust instrument capable of capturing rich, context-specific insights into leadership, culture and engagement within NHS settings.

#### ***4.3 Data Collection Process and Ethical Considerations***

Participants were recruited from multiple NHS roles to ensure comprehensive representation. Initial contact was made via email, followed by telephone calls to non-respondents. Snowball sampling was also used, where participants referred colleagues who met inclusion criteria, ensuring recruitment of diverse and information-rich cases (Briganti *et al.*, 2023).

Semi-structured interviews were conducted with 20 healthcare professionals across 10 NHS hospitals in various regions, ensuring geographical and departmental diversity (Sauerteig *et al.*, 2019). Interviews lasted 40-60 minutes each, with some extended to 90 minutes for richer data. Data saturation was reached around the 17th interview, where no new themes emerged, confirming that the sample size was sufficient for qualitative research (Michaëlis *et al.*, 2024). Interviews were conducted face-to-face and online via Microsoft Teams based on participants' preferences. All interviews were recorded using mobile devices and digital recorders, transcribed verbatim and supplemented with field notes. The semi-structured design allowed flexibility to explore participants' experiences in depth whilst maintaining alignment with the study's focus on leadership, culture and engagement.

A pilot study further refined the instrument, tested question clarity and verified alignment with the research objectives (Franco and Mineiro, 2024). The study adhered to NHS ethical guidelines, ensuring informed consent, confidentiality and participants' right to withdraw. Pseudonyms protected participants' and hospitals' identities, and data were securely stored in password-protected files with a retention plan for post-study disposal (Briganti *et al.*, 2023).

The research team followed the COREQ checklist (see **Table 2**) to ensure methodological rigour and transparency (Mills *et al.*, 2024).

‘[insert table 2 about here]’

#### ***4.4 Data Analysis and Trustworthiness***

The research team analysed the data using Thematic Analysis, a systematic method for identifying, interpreting and reporting patterns in qualitative data (Nazir *et al.*, 2025). Analysis integrated both deductive and inductive approaches:

- *Deductive analysis*: Initial themes were generated from the conceptual framework and existing literature on transformational leadership, organisational culture and professional engagement, which guided the coding process.
- *Inductive analysis*: Additional codes and themes emerged directly from participants' interview narratives, allowing discovery of novel insights beyond predefined theoretical constructs.

The research team conducted the following steps of thematic analysis:

1. *Familiarisation*: The research team thoroughly read and re-read the interview transcripts from 20 NHS healthcare professionals across 10 hospitals to immerse in the data and identify preliminary patterns. Early observations highlighted the influence of transformational leadership on employee motivation and the role of teamwork in fostering a patient-centric culture.
2. *Generating Initial Codes*: Relevant transcript segments were systematically coded to capture meaningful insights. Leadership-related codes included empathy, transparency, approachability, open-door policy, professional development, innovation, brainstorming and feedback. Culture-related codes captured team cohesion, interdisciplinary collaboration, patient safety and patient involvement. Engagement-related codes reflected recognition, inclusivity, motivation, shared purpose and performance improvement.
3. *Searching for Themes*: Initial codes were organised into overarching themes and sub-themes aligned with participants' perspectives. Transformational Leadership included Supportive Environment and Employee Empowerment; Organisational Culture encompassed Patient-Centric Culture and Teamwork and Collaboration; Professional Engagement included Job Satisfaction and Motivation, and Supportive Leadership's Role.
4. *Reviewing Themes*: Themes were refined to ensure coherence and alignment with participants' narratives. Statements from multiple participants were compared to confirm that sub-themes, such as Supportive Environment, consistently represented recurring leadership behaviours across hospitals.
5. *Defining and Naming Themes*: Clear definitions were assigned to each theme and sub-theme. Supportive Environment described leadership behaviours fostering trust, approachability and idea-sharing. Employee Empowerment captured practices encouraging innovation, professional growth and ownership of care delivery. Patient-Centric Culture emphasised patient safety and involvement; Teamwork and Collaboration highlighted interdisciplinary cooperation; Professional Engagement focused on recognition, motivation and shared purpose.
6. *Writing the Report*: Themes were interpreted and documented concisely. Illustrative quotes from participants were integrated into a thematic matrix, linking Transformational Leadership, Organisational Culture and Professional Engagement to the research questions and outcomes related to NHS performance and patient care.

Trustworthiness was enhanced through multiple strategies (Mills *et al.*, 2024; Nazir *et al.*, 2025). The research team conducted member-checking, inviting participants to review transcripts for accuracy. Reflexive journaling ensured that researchers documented assumptions, decisions and biases, increasing transparency. Collectively, these strategies ensured credibility, transferability, dependability and confirmability, reinforcing the rigour of qualitative findings.

## **5. Findings**

After transcribing and analysing the interview responses from 20 NHS healthcare professionals across 10 hospitals, the following themes and subthemes were identified through coding

analysis, supported by a thematic matrix (refer to **Table 3**). These findings align with the study's scope and conceptual framework, providing critical insights into how transformational leadership, organisational culture and professional engagement influence healthcare performance and patient outcomes in the NHS.

‘[insert table 3 here]’

### ***5.1 Transformational Leadership: Theme 1***

Transformational leadership emerged as a critical driver in enhancing employee engagement, motivation and overall performance within the NHS. In high-pressure healthcare environments, transformational leaders foster a supportive and empowering atmosphere characterised by empathy, transparency and empowerment. This leadership style creates an environment where employees feel valued, motivated and committed to their roles. Two subthemes were identified: *supportive environment* and *employee empowerment*.

#### ***5.1.1 Supportive Environment***

A supportive environment under transformational leadership is characterised by approachable leaders who maintain open-door policies, actively seek feedback and encourage collaborative problem-solving. Participants highlighted that leaders who are empathetic, transparent and consistently available create trust, reduce stress and make staff feel valued. This support was especially crucial during high-pressure situations such as the COVID-19 pandemic, where daily check-ins, guidance and resources enhanced morale and team resilience.

Reflecting on the principles guiding her leadership approach, Participant (Nurse, Hospital A, London) narrated:

"My leadership is guided by key principles: empathy, transparency and empowerment. I dislike being dictatorial; I don't like to tell people what to do. I want my team to come to me with ideas and suggestions. When setting their appraisal goals, these should align with my objectives. This way, when they deliver care, they are always analysing themselves, asking, 'Can I do this better? How can I make this experience better?'" (P2)

Describing the impact of supportive leadership during the pandemic, Participant (Nursing Assistant, Hospital D, Birmingham) stated:

"Our managers' supportive leadership during the COVID-19 pandemic significantly influenced our team's ability to navigate challenges effectively. For example, during the peak of the pandemic, our manager held daily check-ins to address our concerns and provided resources to help us cope with the increased workload. This made us feel supported and valued, even during such a difficult time." (P7)

Emphasising collaboration and accessibility, Participants (Physician, Hospital A, London) and (Nursing Assistant, Hospital F, Bristol) shared similar perspectives:

"I like my team to come to me with ideas and suggestions. One of our core values is collaboration: you can't do this alone; you must work collaboratively with others...." (P1)

...I also maintain an open-door policy, so my team knows they can contact me 24 hours a day, whether it's 3:00 in the morning or midday. The door is always open." (P11)

### *5.1.2 Employee Empowerment*

Transformational leaders empower employees by encouraging them to take initiative, brainstorming and pursue professional development, fostering a sense of ownership and continuous improvement. Participants emphasised that when leaders create opportunities for idea-sharing, feedback and training, staff feel more competent, engaged and motivated to improve care quality. Innovation and accountability are reinforced when staff are trusted to align their goals with organisational objectives.

Explaining how he fosters innovation through goal alignment, Participant (Technician, Hospital B, London) described:

"I encourage my team to share their ideas and suggestions, fostering an open exchange of insights. When setting their appraisal goals, I emphasise the importance of aligning them with my objectives. This approach ensures that, in delivering care, they consistently reflect on how to enhance their performance and improve the overall experience. Their mindset is always geared towards continuous innovation." (P4)

Highlighting the importance of inclusive communication and brainstorming, Participant (Nurse, Hospital C, Manchester) noted:

"Open communication and regular feedback foster an inclusive environment. Our leader encourages us to share our thoughts, and this makes us feel heard and appreciated. For instance, during team meetings, we have a dedicated time for brainstorming, where everyone's ideas are valued and considered." (P6)

Discussing the value of continuous professional development, Participant (Nurse, Hospital E, Newcastle) added:

"Our leader encourages continuous professional development. We have access to training programmes and workshops, which help us grow in our roles. This commitment to our growth makes us feel more confident and competent, which ultimately improves our performance. For example, I recently attended a leadership training programme that has helped me take on more responsibilities within my team." (P10)

Illustrating how transformational leadership promotes innovation and implementation, Participant (Technician, Hospital J, Cambridge) emphasised:

"Our leader's transformational approach has created an environment where innovation is not just encouraged but expected. This has led to a significant increase in our team's creativity and overall performance. For instance, we recently implemented a new patient tracking system that was proposed by a junior technician, which has streamlined our workflow." (P20)

## **5.2 Organisational Culture: Theme 2**

Organisational culture within the NHS significantly influences employee behaviour, engagement and performance. The culture in healthcare settings is shaped by the overarching goal of providing high-quality patient care. Two sub-themes emerged: *patient-centric culture* and *teamwork and collaboration*.

### *5.2.1 Patient-Centric Culture*

This sub-theme demonstrates how a culture prioritising patient safety, involvement and high standards shapes staff actions and decision-making. Participants indicated that actively involving patients in care plans and maintaining high safety standards motivates staff, promotes accountability and leads to better patient outcomes.

Describing the patient-centred ethos of his workplace, Participant (Physician, Hospital C, Manchester) stated:

"Our workplace culture is heavily centred on patient care and safety. We constantly ask ourselves, 'Is this the safest option for the patient?' It's not just about meeting the standards: it's about exceeding them and ensuring that safety is the first consideration in everything we do. For example, during ward rounds, we involve patients in discussions about their treatment plans to ensure they feel heard and valued." (P5)

Reinforcing the commitment to exceeding safety standards, Participant (Physician, Hospital G, Leeds) reflected:

"In our neurology department, patient safety isn't just a target—it's our foundation. Every clinical decision we make is scrutinised through the lens of patient welfare. We regularly review our protocols to ensure we're not just meeting but exceeding safety benchmarks. For instance, we've implemented additional safety checks in our stroke pathway that go beyond national guidelines, because we believe every patient deserves that extra level of assurance." (P13)

Emphasising the unifying power of patient-focused care, Participant (Nurse, Hospital G, Leeds) said:

"Everything we do is for the patient, and this unites our team. We all share the same vision of patient care and safety, and that's what drives us to improve daily. For instance, we conduct regular team debriefs after critical incidents to reflect on what went well and what could be improved." (P14)

Explaining the benefits of patient involvement in treatment decisions, Participant (Technician, Hospital F, Bristol) also highlighted:

"Patient involvement is central to our care approach. We have regular discussions with patients about their treatment plans, and we ensure they are fully informed and involved in decisions. This partnership leads to better care outcomes because patients are more engaged in their own recovery." (P12)

### *5.2.2 Teamwork and Collaboration*

Participants highlighted that effective interdisciplinary collaboration, communication and mutual support enhance both staff morale and patient care. Teams that work cohesively and maintain clear communication are better able to anticipate needs, solve problems collectively and deliver high-quality care.

Discussing the importance of interdisciplinary collaboration, Participant (Nurse, Hospital I, Newcastle) emphasised:

"Collaboration between different disciplines ensures we meet the full spectrum of a patient's needs. Whether it's doctors, nurses or allied health professionals, every team member has a role to play, and the outcomes improve when we work together seamlessly. For example, during multidisciplinary team meetings, we discuss complex cases and develop comprehensive care plans." (P18)

Reflecting on the supportive work environment created through teamwork, Participants (Nursing Assistant, Hospital J, Cambridge) and (Nursing Assistant, Hospital H, London) stated:

"Teamwork and continuous improvement create a positive work environment. We're constantly learning from each other, and.... (P19)

...the support we offer one another makes it easier to deal with the stress of our job. This camaraderie helps keep morale high and ensures we provide the best care for our patients." (P15)

Highlighting the critical role of clear communication, Participant (Technician, Hospital H, London) added:

"Clear communication is key to our team's success. It's not just about giving updates but ensuring that everyone is on the same page. When we communicate well, we can anticipate needs, make informed decisions quickly and respond to changes in patient conditions more effectively." (P16)

### ***5.3 Professional Engagement: Theme 3***

Professional engagement is significantly influenced by leadership styles and organisational culture within the NHS. A supportive and collaborative environment, coupled with strong leadership, leads to higher job satisfaction and better performance outcomes. Two sub-themes emerged: *job satisfaction and motivation*, and *supportive leadership's role*.

#### ***5.3.1 Job Satisfaction and Motivation***

This sub-theme highlights that recognition, inclusivity and motivation derived from leadership and culture enhance staff engagement, morale and commitment to patient care. Participants reported that being acknowledged and having their voices heard positively influenced their motivation and daily work satisfaction.

Describing how recognition enhances daily motivation, Participant (Nursing Assistant, Hospital B, London) shared:

"The culture here makes my day-to-day work rewarding and motivates me. Our leader regularly acknowledges our efforts, which makes us feel valued and appreciated. For example, after a particularly challenging shift, our manager took the time to thank each of us personally, which boosted our morale." (P3)

Highlighting the motivational impact of transparent and inclusive leadership, Participant (Technician, Hospital D, Birmingham) stated:

"When talking about my manager, she is very open and transparent. I like her decision-making skills. She approaches everyone and makes sure that everyone is involved and heard, which

ultimately motivates me and my colleagues. For instance, during team meetings, she encourages us to share our opinions and incorporates our feedback into decisions." (P8)

### *5.3.2 Supportive Leadership's Role*

Participants indicated that supportive leadership fosters unity, shared purpose and innovation. Leaders who clearly communicate goals, value contributions and encourage creative problem-solving help improve team performance and patient care outcomes.

Explaining how leadership fosters unity and shared purpose, Participant (Physician, Hospital E, Newcastle) explained:

"My leadership positively influences the team by fostering unity and purpose. For example, during team briefings, I emphasise our shared goals and how each member's contribution is vital to achieving them. This creates a sense of belonging and motivates everyone to perform at their best." (P9)

Describing how supportive leadership encourages innovation, Participant (Nursing Assistant, Hospital F, Bristol) highlighted:

"Our leader's supportive role creates an environment where staff feel encouraged to share and implement new ideas. This has strengthened our team's ability to solve problems effectively. Recently, I recommended a patient tracking system, which was put into practice and has streamlined daily operations." (P11)

Illustrating the impact of supportive leadership on workflow improvement, Participant (Physician, Hospital I, Newcastle) noted:

"The supportive leadership in our department inspires initiative and drives innovation. It has noticeably improved team performance and workflow. For example, I proposed a new patient tracking system that was successfully implemented, enhancing how we manage patient care." (P17)

In sum, the findings suggest that transformational leadership, organisational culture and professional engagement are interdependent factors that collectively shape NHS performance. Empathetic and transparent leadership fosters trust and empowerment, patient-centric culture reinforces accountability and care quality, whilst effective teamwork enhances collaboration and morale. Recognition, inclusivity and innovation emerge as critical mechanisms through which these factors translate into improved staff motivation, discretionary effort and patient outcomes. These interconnected dynamics highlight the essential role of supportive leadership and positive organisational environments in sustaining high-quality healthcare delivery.

## **6. Discussion**

This study investigated how leadership styles and organisational culture interact to shape healthcare professionals' engagement and how this engagement, in turn, influences NHS performance. Our findings indicate that transformational leadership, patient-centred organisational culture and professional engagement are critical drivers of staff motivation, innovation and overall performance in high-pressure healthcare environments. Key insights from narrative data provide useful theoretical contributions and are discussed in the context of our newly developed conceptual framework (see **Figure 2**).

‘[insert figure 2 here]’

*Transformational Leadership* was identified as a critical driver enhancing employee engagement, motivation and overall performance in NHS settings. Key behaviours included empathy, transparency, approachability, open-door policies and the encouragement of professional development and brainstorming. Two sub-themes emerged: supportive environment and employee empowerment.

We found that a supportive environment under transformational leadership is crucial for enhancing employee engagement, motivation and performance. Participants highlighted that approachable leaders, open-door policies and consistent feedback foster trust and reduce stress, particularly during high-pressure situations such as the COVID-19 pandemic. Supportive leadership enhances psychological safety, enabling staff to communicate concerns, propose ideas and collaborate effectively. When employees feel valued and supported, they demonstrate higher commitment and discretionary effort, contributing to better patient care and overall NHS performance.

These findings are consistent with prior studies showing that transformational leaders who provide emotional support and maintain accessibility improve engagement and job satisfaction (Bosak *et al.*, 2021; Brownie and Nancarrow, 2013). Our study further demonstrates that empathetic and transparent leadership promotes trust and resilience among healthcare professionals (Hewison *et al.*, 2018, 2019; Sohal *et al.*, 2021). Healthcare organisations should actively foster leadership practices emphasising empathy, transparency and availability. Regular check-ins, feedback mechanisms and supportive structures can strengthen engagement, team cohesion and resilience, particularly in high-demand environments.

Transformational leaders also empower staff by encouraging initiative, brainstorming and professional development. Participants described how goal alignment, open communication and training opportunities enhanced their sense of ownership and continuous improvement in care delivery. Empowered employees exhibit higher motivation, creativity and accountability. By enabling professionals to contribute meaningfully and make informed decisions, transformational leadership translates into enhanced engagement and sustained high-quality performance in NHS settings.

Our findings support Bass's (1997) framework of individualised consideration and intellectual stimulation, as well as healthcare studies showing that empowerment strengthens engagement, innovation and performance (Giallouros *et al.*, 2024; Konteh *et al.*, 2023). We extend previous research by demonstrating the importance of empowerment in high-pressure NHS contexts where systemic constraints exist. Accordingly, NHS leaders should prioritise empowerment strategies, including delegating responsibility, supporting professional growth and creating avenues for brainstorming, as empowered staff contribute to improved care quality, team creativity and organisational performance.

*Organisational Culture* significantly shapes staff engagement and performance. Two key sub-themes emerged: patient-centric culture and teamwork and collaboration. Patient-centric cultures prioritise safety, involvement and high standards, whilst collaborative cultures enhance interdisciplinary communication and collective problem-solving.

We found that organisational culture emphasising patient-centredness shapes staff behaviour, decision-making and engagement. Participants highlighted that actively involving patients in

care plans and prioritising safety reinforced accountability, motivation and care quality. A patient-centric culture establishes clear expectations and shared values, guiding staff to consistently prioritise patient welfare. This cultural orientation strengthens professional engagement by fostering meaningful work experiences and aligning staff efforts with organisational goals.

Our study finds that these results align with Schein's (2010) model, showing how culture mediates leadership effectiveness. They also support prior research demonstrating that patient-centred norms improve satisfaction, adherence to treatment and staff commitment (A. West *et al.*, 2014; Saxena *et al.*, 2018). Unlike some studies that examine culture in isolation, our findings emphasise the interplay between patient-centred culture and transformational leadership in sustaining engagement. This suggests that embedding patient-centred values through training, protocols and leadership alignment can enhance engagement, accountability and clinical outcomes within NHS organisations.

Effective teamwork and interdisciplinary collaboration were also identified as vital for high-quality patient care and staff engagement. We found that clear communication, mutual support and shared goals enable teams to function cohesively and manage complex clinical situations effectively. Collaborative culture fosters psychological safety, trust and collective responsibility. Staff in well-functioning teams anticipate patient needs, solve problems collectively and maintain morale under high-pressure conditions, contributing to sustained engagement and better care outcomes.

Our findings support prior studies showing that teamwork and communication improve engagement, reduce errors and enhance efficiency (Dickinson *et al.*, 2011; Shafer *et al.*, 2024). Importantly, our study extends this work by demonstrating the interaction between culture and leadership in fostering interdisciplinary collaboration in NHS-specific contexts. Therefore, NHS managers should promote interdisciplinary collaboration through structured communication channels, team-based problem-solving and shared goal setting to strengthen engagement, reduce errors and improve patient outcomes.

*Professional Engagement* mediates the relationship between leadership, culture and NHS performance. Two sub-themes emerged: job satisfaction and motivation, and supportive leadership's role.

We found that job satisfaction and motivation were central to professional engagement. Participants reported that recognition, inclusivity and meaningful participation in decision-making enhanced their morale, commitment and performance. Recognition and inclusivity increase intrinsic motivation and discretionary effort. When staff feel valued, they engage more deeply with patient care, demonstrating initiative, accountability and resilience.

Our study finds similar results to prior research emphasising the positive impact of engagement on performance and patient outcomes (Fish *et al.*, 2022; Grima *et al.*, 2020; Singh *et al.*, 2024). These findings reinforce evidence that recognition and inclusivity are crucial drivers of engagement in high-demand healthcare environments (Hewison *et al.*, 2019). Consequently, organisations should implement recognition programmes, encourage staff participation and provide opportunities for professional growth to sustain motivation, engagement and quality care.

Supportive leadership was instrumental in fostering unity, shared purpose and innovation. We found that leaders who communicated goals clearly, valued contributions and encouraged creative problem-solving strengthened professional engagement. Supportive leadership enhances psychological safety and collaboration. Staff feel confident to take initiative, share ideas and innovate, resulting in higher engagement and improved patient care outcomes.

These findings support Bass's (1997) transformational leadership framework and healthcare studies showing that supportive leadership promotes engagement, innovation and performance (Albuquerque *et al.*, 2014; Brownie and Nancarrow, 2013; Michaëlis *et al.*, 2024). Our study extends the literature by highlighting how supportive leadership interacts with culture to sustain engagement in NHS-specific environments. Embedding supportive leadership practices, including mentorship, accessibility and participative decision-making, is crucial for improving engagement, fostering innovation and enhancing patient care.

Overall, the findings of this study underscore the interdependent nature of transformational leadership, organisational culture and professional engagement in driving NHS performance. Leadership behaviours that emphasise empathy, transparency and empowerment are most effective when aligned with a patient-centred, collaborative culture, demonstrating that engagement is both influenced by and reinforces these organisational factors. Professional engagement emerges as a critical mediator, translating leadership and cultural influence into tangible outcomes such as staff motivation, innovation and high-quality patient care. These insights not only extend existing theoretical frameworks by highlighting context-specific mechanisms within high-pressure NHS environments but also provide practical guidance for healthcare managers seeking to foster sustainable engagement and improve organisational performance.

## **7. Conclusions**

This study examined how leadership styles and organisational culture influence healthcare professionals' engagement and performance within the UK National Health Service (NHS). The research adopted a qualitative interpretive approach using semi-structured interviews with 20 NHS professionals across 10 hospitals. Anchored in Transformational Leadership Theory and Schein's Model of Organisational Culture, the study explored the complex interactions between leadership behaviours, cultural norms and professional engagement within high-pressure healthcare environments characterised by workforce shortages and unique institutional structures.

The findings demonstrate that transformational leadership, patient-centred organisational culture and professional engagement are deeply interdependent and collectively drive staff motivation, innovation and NHS performance. Engagement emerges not merely as an outcome but as a critical mechanism through which leadership and cultural practices translate into tangible improvements in patient care, workforce motivation and organisational performance.

### **7.1 Contributions**

This research extends Transformational Leadership Theory (Bass, 1997) by demonstrating how individualised consideration, intellectual stimulation and empowerment translate into sustained professional engagement within high-pressure NHS contexts (Bosak *et al.*, 2021; Brownie and Nancarrow, 2013). Specifically, it highlights the critical role of supportive environments and empowerment mechanisms in mitigating stress, fostering discretionary effort and enhancing

resilience among healthcare staff (Hewison *et al.*, 2019; Sohal *et al.*, 2021). The study reveals that transformational leadership effectiveness is contingent upon contextual alignment, where practical leadership behaviours (empathy, transparency, approachability and open communication) serve as essential levers to maintain engagement within NHS-specific pressures (Giallourous *et al.*, 2024; Konteh *et al.*, 2023).

The study advances Schein's Model of Organisational Culture (Schein, 2010) by illustrating how patient-centred and collaborative cultures mediate and amplify the effects of transformational leadership on engagement and performance (Saxena *et al.*, 2018; Singh *et al.*, 2024). Culture is shown to be dynamic, interacting with leadership practices to shape professional behaviours and outcomes (Leggat and Balding, 2013). Patient-centred norms and interdisciplinary collaboration emerge as mechanisms that both enable leadership influence and sustain staff engagement (A. West *et al.*, 2014), demonstrating the contextual relevance of cultural alignment in NHS environments (Shafer *et al.*, 2024).

The newly developed conceptual framework reveals that engagement mediates the relationship between leadership, culture and performance, translating organisational practices into tangible patient-care outcomes. This challenges previous research that treated engagement as a passive outcome variable, positioning it instead as an active mediating mechanism. The framework demonstrates three interconnected pathways: transformational leadership drives engagement through supportive environments and empowerment; organisational culture reinforces engagement through patient-centred values and collaborative practices; and professional engagement consolidates these effects into improved NHS performance. Recognition, inclusivity and meaningful participation in decision-making enhance morale, commitment and innovation, confirming engagement's central mediating role in driving healthcare outcomes.

Methodologically, the study demonstrates the value of qualitative interpretive approaches for examining complex social and organisational phenomena in healthcare (Franco and Mineiro, 2024; Lørum *et al.*, 2025). By prioritising context-specific insights from diverse NHS professionals, the research provides a robust framework for capturing nuanced interactions between leadership, culture and engagement, addressing gaps left by predominantly quantitative studies (Begkos and Antonopoulou, 2022; Torvinen and Jansson, 2023). This methodological contribution validates the importance of interpretive, context-sensitive inquiry for understanding high-pressure healthcare environments (Michaëlis *et al.*, 2024).

## ***7.2 Practical Implications***

NHS leaders and managers should embed transformational leadership practices (empathy, transparency, approachability and empowerment) through structured feedback systems, mentoring programmes and participative decision-making to strengthen professional engagement and reduce turnover. HR and organisational development teams must prioritise cultural interventions by embedding patient-centred and collaborative values into training, appraisal systems and team-based initiatives to ensure systematic reinforcement across units. Such cultural alignment ensures that leadership practices are not ad hoc but systematically reinforced, enhancing consistency in care delivery and professional behaviours.

Healthcare professionals are encouraged to engage actively in continuous professional development, innovation and interdisciplinary collaboration to maximise the benefits of supportive leadership and culture. Policymakers should integrate leadership and cultural

frameworks into workforce policies, emphasising leadership development pipelines, cultural transformation programmes and staff well-being initiatives to mitigate burnout and support retention. Such interventions at the system level ensure that engagement is embedded as a strategic priority, with measurable impact on both workforce performance and patient outcomes.

### **7.3 Limitations and Future Research Directions**

The qualitative approach, whilst rich in depth, limits generalisability across the entire NHS. The purposive sample focused on select hospitals may not capture all regional or specialty-specific dynamics. Future research should explore longitudinal studies to examine how leadership and culture interventions influence engagement over time, employ quantitative or mixed-method approaches to validate the conceptual framework across larger NHS populations and conduct comparative studies across international healthcare systems to assess the transferability of findings beyond the UK context. Additionally, investigating the role of specific organisational pressures (such as funding constraints or policy changes) on the leadership-culture-engagement relationship would provide valuable insights for practice.

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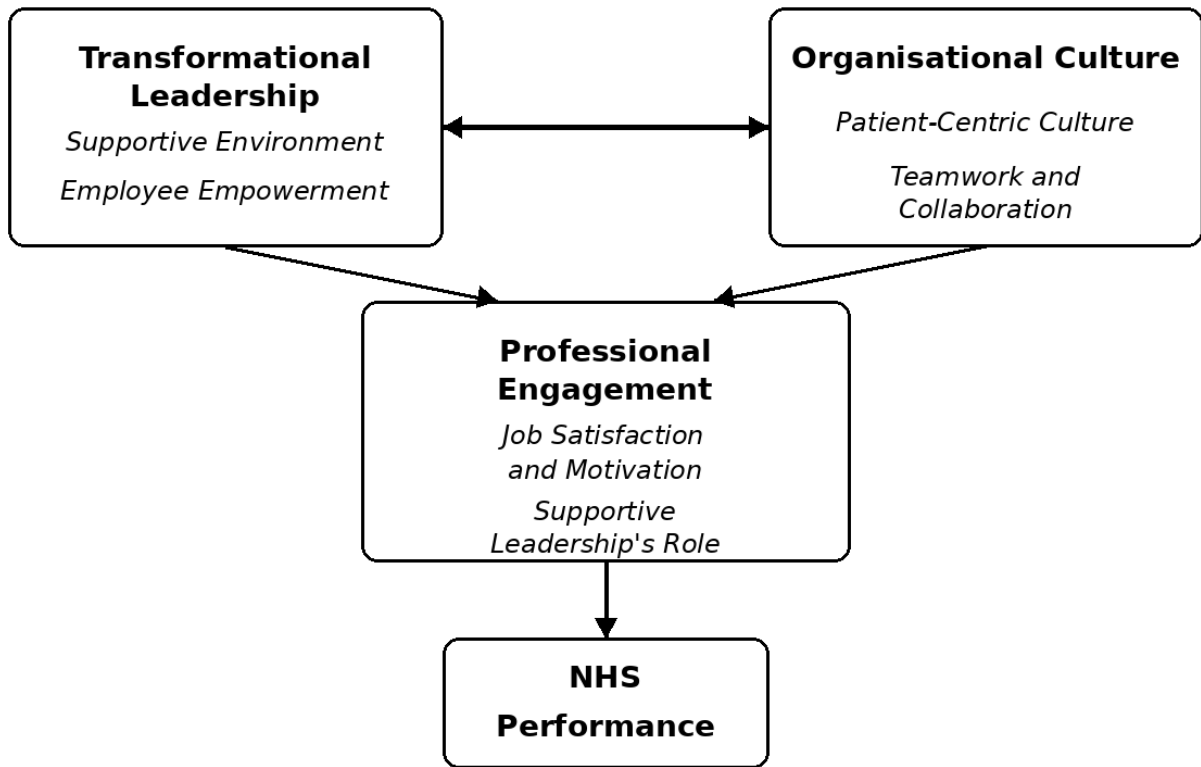
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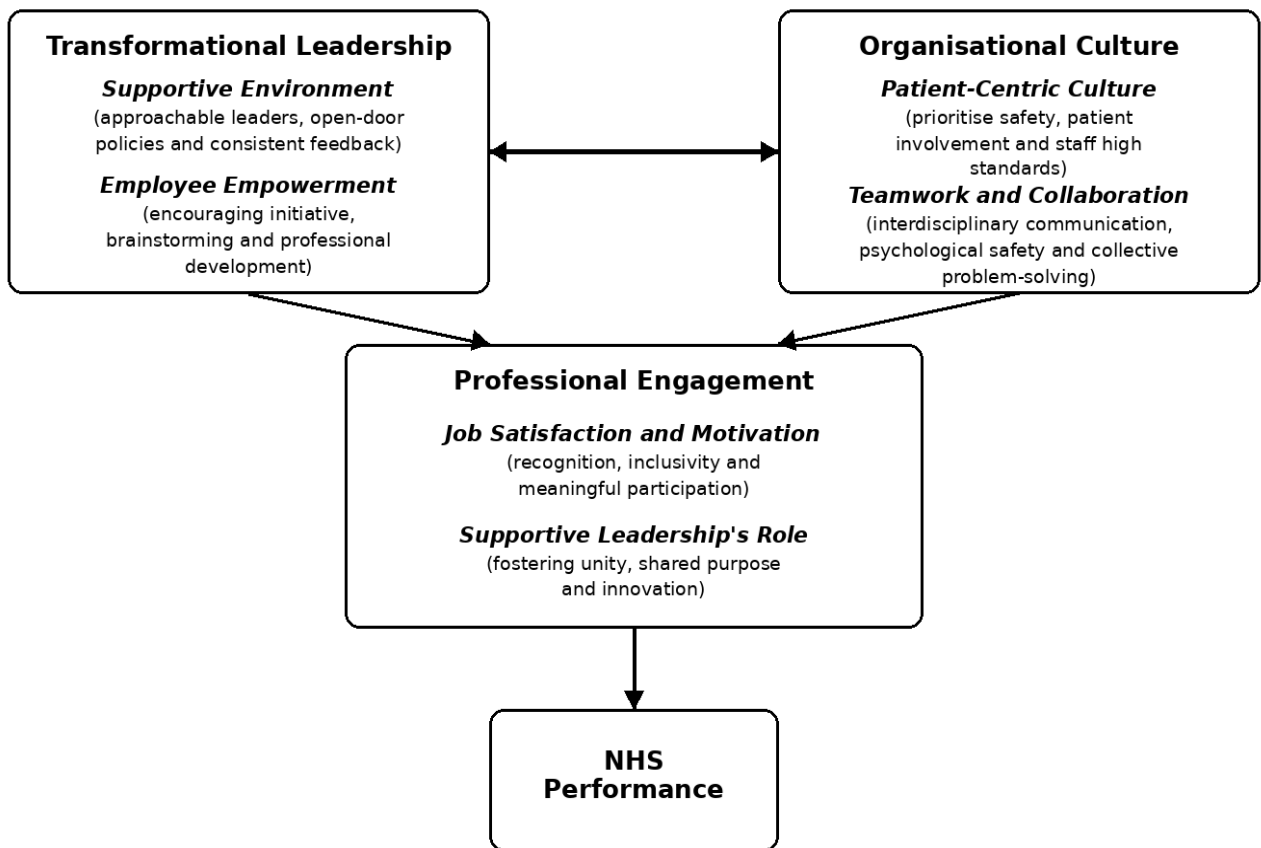
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**Figure 1.** Study's Conceptual Framework



**Source(s):** Authors' own creation

**Figure 2.** New Proposed Conceptual Framework



Source(s): Authors' own creation

**Table 1.** Participants' Details Across NHS Hospitals of UK

| <b>Participant ID</b> | <b>Hospital Code</b> | <b>Location</b> | <b>Role</b>       | <b>Years of Experience</b> | <b>Gender</b> | <b>Department</b>   | <b>Interview Type</b> |
|-----------------------|----------------------|-----------------|-------------------|----------------------------|---------------|---------------------|-----------------------|
| P1                    | Hospital A           | London          | Physician         | 12                         | Male          | Emergency Medicine  | Face-to-Face          |
| P2                    | Hospital A           | London          | Nurse             | 8                          | Female        | Intensive Care Unit | Face-to-Face          |
| P3                    | Hospital B           | London          | Nursing Assistant | 5                          | Female        | General Surgery     | Online                |
| P4                    | Hospital B           | London          | Technician        | 6                          | Male          | Radiology           | Online                |
| P5                    | Hospital C           | Manchester      | Physician         | 15                         | Male          | Cardiology          | Face-to-Face          |
| P6                    | Hospital C           | Manchester      | Nurse             | 10                         | Female        | Paediatrics         | Face-to-Face          |
| P7                    | Hospital D           | Birmingham      | Nursing Assistant | 4                          | Male          | Orthopaedics        | Online                |
| P8                    | Hospital D           | Birmingham      | Technician        | 7                          | Female        | Laboratory Services | Online                |
| P9                    | Hospital E           | Newcastle       | Physician         | 18                         | Male          | Oncology            | Face-to-Face          |
| P10                   | Hospital E           | Newcastle       | Nurse             | 9                          | Female        | Maternity           | Face-to-Face          |
| P11                   | Hospital F           | Bristol         | Nursing Assistant | 6                          | Female        | Emergency Medicine  | Online                |
| P12                   | Hospital F           | Bristol         | Technician        | 5                          | Male          | Pathology           | Online                |
| P13                   | Hospital G           | Leeds           | Physician         | 14                         | Female        | Neurology           | Face-to-Face          |
| P14                   | Hospital G           | Leeds           | Nurse             | 11                         | Female        | Geriatrics          | Face-to-Face          |
| P15                   | Hospital H           | London          | Nursing Assistant | 7                          | Male          | Psychiatry          | Online                |
| P16                   | Hospital H           | London          | Technician        | 8                          | Female        | Anaesthesiology     | Online                |

|     |            |           |                   |    |        |                    |              |
|-----|------------|-----------|-------------------|----|--------|--------------------|--------------|
| P17 | Hospital I | Newcastle | Physician         | 20 | Male   | General Medicine   | Face-to-Face |
| P18 | Hospital I | Newcastle | Nurse             | 12 | Female | Emergency Medicine | Face-to-Face |
| P19 | Hospital J | Cambridge | Nursing Assistant | 5  | Female | Paediatrics        | Online       |
| P20 | Hospital J | Cambridge | Technician        | 6  | Male   | Radiology          | Online       |

**Source(s):** Authors' own creation

**Table 2.** COREQ Checklist Elements

| <b>Aspect</b>                | <b>Details</b>                                                                                                   |
|------------------------------|------------------------------------------------------------------------------------------------------------------|
| Sampling Strategy            | Research team used purposive sampling across roles, experience levels and regions.                               |
| Recruitment Process          | Email invitations, follow-up calls and snowball referrals ensured balanced representation.                       |
| Data Collection Methods      | Semi-structured interviews recorded, transcribed verbatim; open-ended questions encouraged detailed elaboration. |
| Timing of Data Collection    | Interviews conducted over several months; thematic saturation achieved at interview 17.                          |
| Sample Characteristics       | Sociodemographic information collected for analysis of patterns and potential bias.                              |
| Ethical Considerations       | Informed consent, confidentiality, pseudonyms and NHS ethical approval ensured compliance.                       |
| Data Management and Security | Data securely stored, anonymised, cross-checked for accuracy; retention plan applied.                            |
| Pilot Study                  | Tested clarity, relevance and validated approach; feedback refined instrument.                                   |
| Researcher Reflexivity       | Reflexive journaling documented assumptions and reduced interpretive bias.                                       |

**Source(s):** Authors' own creation

**Table 3.** Thematic Matrix: Transformational Leadership, Organisational Culture and Professional Engagement in NHS Settings

| <b>Theme</b>                | <b>Sub-Theme</b>           | <b>Codes</b>                                                                                         | <b>Illustrative Participant Quotes/Narratives</b>                                                                                                                                                                                                                                                             |
|-----------------------------|----------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transformational Leadership | Supportive Environment     | Empathy, Transparency, Approachability, Open-door Policy, Feedback, Psychological Safety             | P2 (Nurse, Hospital A, London): "I want my team to come to me with ideas and suggestions... they are always asking, 'Can I do this better?'"<br>P7 (Nursing Assistant, Hospital D, Birmingham): "During the pandemic, our manager held daily check-ins and provided resources, which made us feel supported." |
|                             | Employee Empowerment       | Initiative, Innovation, Brainstorming, Professional Development, Ownership, Accountability           | P4 (Technician, Hospital B, London): "I encourage my team to share ideas... Their mindset is geared towards continuous innovation."<br>P20 (Technician, Hospital J, Cambridge): "Innovation is expected... a patient tracking system I suggested was implemented and streamlined workflow."                   |
| Organisational Culture      | Patient-Centric Culture    | Patient Safety, Patient Involvement, Accountability, High Standards, Motivation                      | P5 (Physician, Hospital C, Manchester): "We involve patients in treatment plans to ensure they feel heard and valued."<br>P12 (Technician, Hospital F, Bristol): "Patient involvement leads to better care outcomes as patients are engaged in their recovery."                                               |
|                             | Teamwork and Collaboration | Interdisciplinary Collaboration, Communication, Mutual Support, Cohesion, Collective Problem-Solving | P18 (Nurse, Hospital I, Newcastle): "Collaboration across disciplines ensures comprehensive care plans."<br>P19 (Nursing Assistant, Hospital J, Cambridge): "Support among team members helps manage stress and maintain morale."                                                                             |

|                         |                                 |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------|---------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Professional Engagement | Job Satisfaction and Motivation | Recognition, Inclusivity, Participation, Morale, Commitment       | <p>P3 (Nursing Assistant, Hospital B, London): "Our manager acknowledges our efforts, which boosts morale."</p> <p>P8 (Technician, Hospital D, Birmingham): "Everyone is involved and heard, which motivates the team."</p>                                                                                                                                                                                                                                                 |
|                         | Supportive Leadership's Role    | Unity, Shared Purpose, Innovation, Goal Communication, Mentorship | <p>P9 (Physician, Hospital E, Newcastle): "Leadership fosters unity and purpose, motivating everyone to perform at their best."</p> <p>P11 (Nursing Assistant, Hospital F, Bristol): "Supportive leadership encourages idea-sharing... a patient tracking system I recommended was implemented."</p> <p>P17 (Physician, Hospital I, Newcastle): "Supportive leadership inspires initiative... my proposed patient tracking system was implemented, improving workflow."</p> |

**Source(s):** Authors' own creation