

# The Effect of Transformational and Transactional Leadership Styles on Organizational Readiness for Change Among Health Professionals

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## Abstract

**Objective:** The purpose of this study was to determine the effect of transformational and transactional leadership styles on organizational readiness for change among health professionals in the case of selected public hospitals in the North Showa Zone, Oromia Region, Ethiopia.

**Methods:** The institutional-based cross-sectional study design was employed for one month in April 2021. The data were collected from a sample of 212 subordinate health professional staffs. Multi-factor leadership surveys and organizational readiness for change questionnaires were used for data collection. Data were analyzed using descriptive statistics and exploratory factor analysis, run on the SPSS 23 version. Pearson correlation and multiple regressions were used. Multiple regression results were expressed using the statistical values  $R^2$  and  $\beta$ -coefficient. Statistical significance was declared at a  $P$ -value of  $<.05$ .

**Result:** The Pearson product correlation of organizational readiness for change was found to be low positive and statistically significant for both transformational leadership behavior ( $r = .49, P < .01$ ) and transactional leadership behavior ( $r = .39, P < .01$ ). Both transformational leadership behavior ( $t = 5.32, P = .00$ ) and transactional leadership behavior ( $t = 2.08, P = .034$ ) were found to be significant contributors to the variance of organizational readiness for change among health professionals, according to the findings. However, transformational leadership behavior style appears to make a more significant contribution ( $\beta = 0.39$ ) than transactional leadership style ( $\beta = 0.15$ ) in predicting organizational readiness for change among health professionals.

**Conclusion:** The study revealed that whenever transformational and/or transactional leadership behaviors are exhibited by the administrative staff, readiness for organizational change (commitment and efficacy) increases among health professionals. The study also concluded that a quarter of the readiness for organizational change can be affected by the two leadership styles.

## Keywords

change, organizational readiness, health professionals, Ethiopia, transformational leadership, transactional leadership

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## Introduction

Every organization experiences frequent organizational change, which is an inescapable requirement for its continued growth and survival in an increasingly volatile environment. Despite this, studies consistently show that between 50% and 70% of planned change efforts fail (Hughes, 2011). The fact that organizational structure and information systems are given priority over human resources during the change process is one factor in these change failures (Cooke et al., 2021). Individual perceptions of organizational change may be supportive or resistant. Employee support indicates readiness (Stouten et al., 2018).

The literature reveals that, when an organization's readiness is high, members are more likely to initiate change, put out more effort, be more persistent, and cooperate, resulting in a more effective execution of the proposed change

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(Shea et al., 2014). According to Kotter (2007), half of all major organizational changes fail due to a lack of readiness. One study looked at the ability to cope with change and handle job-related difficulties, social support, and active versus passive job constructs, to see how they influenced change readiness in healthcare organizations (Tummers et al., 2015). Given the significance of employee readiness for organizational change, additional readiness determinants should be investigated. The association between leadership styles and organizational readiness for change is one crucial element that warrants further investigation.

Leadership is essential in change management. Kotter (1990), asserts that effective leadership results in movement. Kotter went on to say that a leader's leadership style influences the orientation of their team as well as the direction they should take. A leader is a change agent who takes the initiative and successfully manages changes in organizations with various leadership styles (Mansaray, 2019). As a result, leaders and change agents are eager to learn how to effectively motivate and prepare staff for changing situations (Martin, 2016). Leaders can have a range of leadership styles, each of which is defined by observable behaviors (Obasan Kehinde & Hassan Banjo, 2014).

Transformational leadership addresses the behaviors of leaders that cause followers' values, needs, goals, and aspirations to change (Basham & Mathur, 2010). Transformational leadership behaviors are linked to both intrinsic and extrinsic aspects of nurses' readiness for change in the healthcare industry, according to findings (Kotter, 2008). The transactional leadership style, on the other hand, focuses on exchanges between leader and follower. Nurses and doctors are motivated by rewards and punishments (Roter, 2011).

## Review of Literature

Change is the act or instance of making or becoming different (Czarniawska & Sevón, 2011). Change can occur across organizations or within organizations. Organization is defined as "a system of consciously coordinated activities of two or more persons" (Williamson, 1995). As organizations strive to complete their tasks, they need to implement change within their own institutions in order to reach their goals. Health care organizations need to change service delivery models to achieve their aim. Leaders of health care organizations can improve the likelihood of successfully implementing change efforts by assessing organizational readiness to change (Al-Hussami et al., 2018).

Organizational readiness is a set of beliefs, intentions, attitudes, and behaviors about the extent to which change is required and the organization's ability to successfully implement it (Susanto, 2008). It can also be defined as a state of mind that reflects a willingness or receptivity to changing one's way of thinking during the change process. Employees must be able to visualize the current situation of the organization and environment by comparing past and

anticipated future perspectives before developing a positive attitude toward organizational change (Bernerth, 2004). Moreover, organizational readiness for change refers to how well an organization's employees are mentally and behaviorally prepared for the change (Weiner, 2009). That is, how willing (change commitment) and capable (change efficacy) they are to make and maintain the change. To do this, a process of unfreezing must take place, in which mind-sets must be changed and motivation for change must be created (Weiner, 2020).

In healthcare system, leadership is more than just important—it is critical to the organization's success. Healthcare organizations are complex, in part, because of a convergence of professions, including physicians, nurses, pharmacists, and administrators, each with seemingly competing interests, perspectives, and time horizons. Managers and supervisors play a key role because of the relationship they have with employees within the organization. As a result, those people in the management layers hold the burden of transforming the health sector service culture and move forward to meet the needs of service providers and end-users patients (Antwi & Kale, 2014).

Transformational leadership is defined as followers and leaders as inspiring each other to attain a higher level of morality and motivate justice and equality. Meanwhile, transactional leadership refers to the exchange relationship between leaders and their followers (Paarlberg & Lavigna, 2010). Transformational leadership has four main components: idealized influence; inspirational motivation; intellectual stimulation; and individualized consideration. But transactional leadership identified has two sub-factors labeled as contingent reward and management by exception (Bass, 1998).

According to previous research, transformational leadership leads to improved nurse performance overall, safer nursing, and higher rates of nurse satisfaction and retention (Jaffe, 2013). Fiedler and House, cited by Poddar and Madupalli (2012), proposed that transformational theories seek to address the actions of leaders that cause followers to change their values, needs, goals, and aspirations. The above arguments and findings show that transformational leadership behaviors are related to both intrinsic and extrinsic facets of employee's readiness for change in healthcare sectors of other countries.

Research shows that reward and punishment serve as motivators in the lives of nurses and doctors. In this regard, Poddar and Madupalli (2012) argue that transactional leaders involve structuring performance environments to assist subordinates in achieving organizational objectives and receiving rewards. To be effective, a transactional leader must be able to realize and respond to subordinates changing needs and wants (Basham & Mathur, 2010).

As noted earlier, by stimulating new ways of examining problems and modeling unconventional behaviors, transformational leaders can encourage a norm of creativity in a climate where there is support for untested methods and where creative outputs are valued. Innovation researchers propose that leaders

can influence followers' creativity both directly and indirectly. Empirical research confirms this proposition (Hu et al., 2013).

Precautionary measures and adjustments of health service delivery in each country are essential, particularly during an era of a worldwide pandemic like COVID-19 (WHO, 2020). Furthermore, in order to accomplish the sustainable development goals (SDGs), countries must focus on developing genuine health care leaders, not simply managers, who can advance the SDG agenda and cope with a changing environment (Oleribe & Taylor-Robinson, 2016). This study offers evidence on the effect of transformational and transactional leadership styles on organizational change readiness. The study adds to the body of knowledge on change management, particularly in Ethiopia, and may aid managers, change agents, and practitioners in human resources management and development, as well as organizational behavior, in assessing, designing, and evaluating new or existing organizational change programs.

## Methods

### Design

The institutional-based cross-sectional study design was employed for one month in April 2021. Ethiopia's health service is structured into a three-tier system: primary, secondary, and tertiary levels of care. The primary level consists of primary healthcare units (health posts and health centers) and primary hospitals; secondary level services are provided by general hospitals; and tertiary level services are provided by specialized hospitals. There are two general hospitals, three district hospitals, 64 health centers, and 268 health posts in the North Showa Zone. The study was conducted at Fiche General Hospital, Kuyu Primary Hospital, and Muka-Turi Primary Hospital. The institutional-based cross-sectional study design was employed in April 2021 for one month.

### Research Questions

1. What is the effect of transformational leadership style on organizational readiness for change among health professionals in the case of selected public hospitals in the North Showa Zone, Oromia Region, Ethiopia?
2. What is the effect of transactional leadership style on organizational readiness for change among health professionals in the case of selected public hospitals in the North Showa Zone, Oromia Region, Ethiopia?

### Sample

This study's population consisted of subordinate hospital staff from the selected hospitals. In the health workforce, the study's only focus was on health professionals. Those who were regarded as administrative staff, such as department heads, matrons, medical directors, and hospital chief executives, were excluded. Likewise, staff who had been with the institution

for less than six months were excluded. Subordinate staffs on maternity leave, sick leave, and study leave were also excluded.

The sample size was determined by Yamane's simplified formula (Poddar & Madupalli, 2012). Accordingly, the final sample size for this study was 216 after considering a 10% non-response rate. The final sample size was allocated to the three hospitals proportionally. A list of health professions was taken from the human resources offices of the hospitals. Finally, eligible employees were selected by a simple random technique.

### Data Collection

The Organizational Readiness for Change Questionnaire was used to assess the outcome variable (Shea et al., 2014). This 10-item instrument contains two scales: change commitment: employees' perception of the degree to which people in the organization are committed to the proposed change, and change efficacy that measures employees' perception of the degree to which the organization can handle the adjustments needed for smooth and effective implementation of the proposed change. Participants rated the level of agreement with items by using a five-point Likert scale with anchors ranging from strongly disagree to strongly agree (1 to 5 points), where a higher score means greater change commitment or efficacy.

The instrument selected to measure the independent variables in this study was Multi-Factor Leadership Questionnaire developed by Bass and Avolio (1996). It contains 32 items of 20 for transformational leadership and 12 for transactional leadership items. Responses were given using a five-point Likert scale ranging from 0 = not at all, 1 = once in a while, 2 = sometimes, 3 = fairly often to 4 = frequently, if not always.

Data were collected by self-administered questionnaire using a validated tool. The survey was completed on paper with clear instructions on how the respondents can fill.

### Statistical Analysis

Data were pre-coded manually and entered into EPI-Data 3.5.2, then transported to SPSS 23 version for analysis. A descriptive analysis was conducted. Pearson correlation was used to examine the relationship between leadership styles and readiness for organizational change. Multiple regression was used to explore the predictive ability of independent variables on the dependent variable. In this study, the statistical values  $R^2$  and  $\beta$ -coefficient were used to express multiple regression results. Statistical significance was declared at a  $P$ -value of  $<.05$ .

## Results

### Participants' Characteristics

A total of 212 health professionals participated in the study, with a response rate of 98%. The result indicated that only a quarter of the respondents were female (25%). The majority

of respondents (53.3%) were between the ages of 29 and 39. The next large age group was 18–28 years (40.6%). The age group between 40 and 50 years accounted only for 6.1% of the total respondents. A large sum of the respondents (84.4%) possessed a first degree; whereas, subordinates with a level IV certificate and a second degree constituted 11.8% and 3.8%, respectively. Regarding the years of service, 62.3% of the respondents have 1–5 years of experience, and 30.2% have served between 6 and 10 years. The rest, 5.7%, have 11–15 years of experience, and 1.9% have served for more than 16 years (Table 1).

### Leadership Styles of Administrative Staffs

The overall mean score of transformational leadership behavior was 2.27, and that of transactional leadership behavior was 2.15. This shows that administrative staff exhibited more transformational behavior than transactional behavior. Although the mean score of each component of the two leadership styles is greater than two (greater than the mean), the mean score of management-by-exception-passive is the lowest and that of idealized influence-behavior is highest as compared to the rest. The mean score for each variable indicator and each component is depicted in Table 2.

### Organizational Readiness for Change

The overall mean score of organizational readiness for change was 3.51. The mean score of each component is greater than three (the mean value). The mean score for each variable indicator and each component is depicted in Table 3.

**Table 1.** Demographics of Study Participants.

Characteristics	Category	Frequency	Percentages
Hospital	Fiche Hospital	102	48.1
	Kuyu Hospital	66	31.1
	Muka-Turi Hospital	44	20.8
Gender	Male	159	75.0
	Female	53	25.0
Age	18–28 years	86	40.6
	29–39 years	113	53.3
	40–50 years	13	6.1
Level of education	Level IV graduate	25	11.8
	First degree	179	84.4
	Second degree	8	3.8
Years of experience	1–5 years	132	62.3
	6–10 years	64	30.2
	11–15 years	12	5.7
	≥16 years	4	1.9

### Influence of Transformational and Transactional Leadership Styles on Organizational Readiness for Change

The Pearson product correlation between organizational readiness for change and transformational leadership behavior was found to be statistically significant ( $r = .49, P < .01$ ). This shows that an increase in transformational leadership behavior by administrative staff would lead to higher organizational readiness for change among employees. A Pearson product correlation between organizational readiness for change and transactional leadership behavior was also discovered ( $r = .39, P < .01$ ). This also demonstrates that increased transactional leadership behavior by administrative staff leads to increased organizational readiness for change among employees (Table 4).

Both predictor variables, transformational leadership behavior ( $t = 5.32, P = .00$ ) and transactional leadership behavior ( $t = 2.08, P = .034$ ), contribute significantly to organizational readiness for change variance, according to the findings. Moreover, based on the adjusted  $R^2$  value, the overall regression model was successful in explaining 24.5% of the adjusted variance in organizational readiness for change. The figure indicates that 24.5% of the variance in organizational readiness for change was jointly explained by transformational leadership and transactional leadership styles. The rest (76.5%) of the variance in organizational readiness for change could be explained by other variables that were not discussed in this study.

The  $\beta$ -coefficient demonstrates how leadership styles influence organizational readiness for change. Consequently, transformational leadership style appears to make a significant contribution ( $\beta = 0.39, P < .05$ ) in predicting organizational readiness for change. Whenever a higher level of transformational leadership style is exhibited by the administrative bodies in government hospitals, the organizational readiness for change will be higher among employees. Transactional leadership style also has a significant impact on organizational readiness for change ( $\beta = 0.15, P < .05$ ). Whenever a higher level of transactional leadership style is exhibited by the administrative staff in government hospitals, the organizational readiness for change will be higher among employees (Table 5).

### Discussions

This study was conducted to assess the effects of transactional and transformational leadership styles on health professionals' organizational change readiness. The variance in organizational readiness for change was found to be highly influenced by both predictor variables, transformational leadership behavior and transactional leadership behavior. The total regression model explained a quarter of the adjusted variance in organizational readiness for change, according to the adjusted  $R^2$  value.

Transformational leadership behavior was revealed to be a predictor of organizational readiness for change in the current study. This finding is in line with earlier research that

**Table 2.** Mean Scores and Standard Deviations, for the Indicator Variables (Questionnaire Items) Across All Respondents for Perceived Transformational and Transactional Leadership Styles of Administrative Staff.

Variable	Questionnaire's item	Mean	SD
Idealized influence-attributed	Administrative staff instill pride in employees for being associated with them	2.11	1.03
	Administrative staff go beyond self-interest for the good of employees	2.21	1.06
	Administrative staff act in ways that build employees respect for them	2.27	1.14
	Administrative staffs display a sense of power and confidence	2.40	1.25
Total idealized influence-attributed		2.25	0.93
Idealized influence-behavior	Administrative staff talk about their most important values and beliefs	2.48	1.06
	Administrative staff specify the importance of having a strong sense of purpose	2.43	1.04
	Administrative staffs consider the moral and ethical consequences of their decisions	2.38	1.11
	Administrative staffs emphasize the importance of having a collective sense of mission	2.51	0.95
Total idealized influence-behavior		2.45	0.80
Inspirational motivation	Administrative staff talk optimistically about the future	2.36	1.09
	Administrative staff talk enthusiastically about what needs to be accomplished	2.09	1.06
	Administrative staff articulate a compelling vision of the future	2.35	1.07
	Administrative staff express confidence that goals will be achieved	2.32	1.20
Total inspirational motivation		2.29	0.94
Intellectual stimulation	Administrative staff reexamine critical assumptions to question whether they are appropriate before making decisions	2.12	0.98
	Administrative staffs seek differing perspectives from trainers when solving problems	2.21	1.13
	Administrative staffs get employees to look at problems from many different angles	2.23	0.98
	Administrative staffs suggest new ways of looking at how to complete assignments	2.05	1.12
Total intellectual stimulation		2.15	0.82
Individualized consideration	Administrative staffs spend time administering and coaching employees	2.3	1.05
	Administrative staffs treat employees as individuals rather than just as a member of a group	2.2	1.16
	Administrative staffs consider each employee as having different needs, abilities, and aspirations from other employees	2.16	1.17
	Administrative staffs help employees to develop their strengths	2.2	1.2
Total individualized consideration		2.21	0.83
Total transformational leadership behavior		2.27	0.75
Contingent rewards	Administrative staffs provide employees with assistance in exchange for their efforts	2.12	1.07
	Administrative staff discuss in specific terms who is responsible for achieving performance targets	2.11	1.05
	Administrative staffs make clear what employees can expect to receive when performance goals are achieved	2.21	1.07
	Administrative staff express satisfaction when employees meet expectations	2.30	1.24
Total contingent rewards		2.19	0.95
Management by exception-active	Administrative bodies focus attention on irregularities, mistakes, exceptions, and deviations from standards	2.21	1.07
	Administrative staffs concentrate their full attention on dealing with mistakes, complaints, and failures	2.15	1.08
	Administrative staff keep track of all mistakes	2.15	1.11
	Administrative staff direct their attention toward failures to meet standards	2.39	1.10
Total management by exception-active		2.23	0.89
Management-by exception-passive	Administrative staffs fail to interfere until problems become serious	1.97	1.15
	Administrative staffs wait for things to go wrong before taking action	2.00	1.18
	Administrative staffs show that they are firm believers in "If it isn't broke, don't fix it."	2.13	1.17
	Administrative staffs demonstrate that problems must become chronic before they take action	2.08	1.14
Total management-by exception-passive		2.05	0.97
Total transactional leadership behaviors		2.15	0.60

Note. SD = standard deviation. Item scores are: 0 = not at all, 1 = once in a while, 2 = sometimes, 3 = fairly often, and 4 = frequently, if not always.

**Table 3.** Mean Scores and Standard Deviations, for the Indicator Variables (Questionnaire's Items) Across All Respondents for Perceived Readiness for Organizational Change.

Variable	Questionnaire's item	Mean	SD
Change commitment	We are committed to implement this change.	3.51	1.00
	We are determined to implement this change.	3.45	0.94
	We are motivated to implement this change.	3.55	1.08
	We will do whatever it takes to implement this change.	3.47	0.96
	We want to implement this change.	3.63	1.03
Total change commitment		3.52	0.80
Change efficacy	We can keep the momentum going in implementing this change.	3.42	0.85
	We can manage the politics of implementing this change.	3.30	0.95
	We can support people as they adjust to this change.	3.67	0.97
	We can get people invested in implementing this change.	3.55	0.93
	We can coordinate tasks so that implementation goes smoothly.	3.60	0.88
Total change efficacy		3.51	0.71
Total organizational readiness for change		3.51	0.70

Note. SD = standard deviation. Item scores are: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree.

**Table 4.** Correlation Matrix Analysis of Organizational Readiness for Change, Transformational Leadership Behavior and Transactional Leadership Behavior.

	TFL	TSL	ORC
TFL	1.00		.49**
TSL	.59**	1.0	.39**
ORC	.49**	.39**	1.00

TSL = transactional leadership; TFL = transformational leadership; ORC = organizational readiness for change.

\*\*Correlation is significant at the .01 level (two-tailed).

suggests a link between transformational leadership and change readiness. Transformational leadership had a positive direct effect on organizational change readiness and its dimension (Abbasi, 2017; Poddar & Madupalli, 2012). According to previous study, transformational leadership at the management level leads to improved overall nurse performance, safer nursing, and higher nurse satisfaction and retention rates (Jaffe, 2013). Moreover, according to Fiedler and House, who were cited by Poddar and Madupalli (2012), transformational theories aim to address followers' changes in values, needs, goals, and aspirations as a result of the actions of leaders. The findings reveal that in the healthcare sector, transformational leadership behaviors are linked to both intrinsic and extrinsic aspects of employees' readiness for change. This indicated that organization readiness for change could occur in situations where leaders believe in their subordinates or employees; provide personal attention and respect to each individual; stimulate interest among their followers for new perspectives; develop employees to reach higher levels of their potential; generate awareness among subordinates for the group's mission and vision; and motivate them to look beyond their own interests and consider the good of their organization. The aforementioned justifications and conclusions demonstrate that transformational leadership

**Table 5.** Multiple Regression Matrix Analysis of Organizational Readiness for Change, Transformational Leadership Behavior and Transactional Leadership Behavior.

Variable	Unstandardized $\beta$ -coefficient	Standardized $\beta$ -coefficient	t-Value	P-value
Constant	2.29		14.13	.00
TFL	0.37	0.39	5.32	.00
TSL	0.18	0.15	2.08	.034

Note. F statistic = 35.242, Regression sig. = .000, adjusted  $R^2$  = .245,  $R^2$  = .252. TSL = transactional leadership; TFL = transformational leadership.

traits are connected to both intrinsic and extrinsic aspects of employees' readiness for change in other countries' healthcare systems. Therefore, transformational leadership is essential for the hospitals' achievement of their service goals since the healthcare system is focused on innovation.

Furthermore, despite the fact that transactional leadership's beta value is lower than that of other transformational leadership styles, it still has a considerable impact on organizational change readiness. The positive association between transactional leadership style and organizational change readiness has been supported by a large number of researchers (Khan et al., 2018; Liu et al., 2011). To be effective, a transactional leader must be able to realize and respond to subordinates changing needs and wants. This study implied that transactional contingent reward leadership lays the foundation for the relationship between leaders and followers by defining expectations, clarifying responsibilities, negotiating contracts, and rewarding expected performance. As a result, hospital administrative bodies are expected to actively monitor employee actions and deliver corrective criticism and/or punishment for any violations of policies and procedures.

The overall regression model was successful in explaining 24.5% of the adjusted variance in organizational readiness for change, according to the adjusted  $R^2$  value. This shows

that the two leadership styles together accounted for a quarter of the variation in organizational readiness for change. Other factors, including those from a person's personal life, the economy, the environment, etc., could account for three-fourths of the variation in an organization's readiness for change.

### *Implications for Practice and Research*

The study has a number of practical implications for managers, leaders, and organizations dealing with organizational change, such as a pandemic in health care. Leaders should inspire followers by acting as role models who are revered, respected, and trusted. Leaders should also encourage followers to think creatively, innovatively, and systematically, challenging their own views and values, as well as the leader's and the organization's, in order to break free from outdated paradigms. Perhaps, as part of preparing the organization for change, management could adopt policies and practices to reduce the negative impact of change efforts. Leaders must also establish the appropriate level of clarity, communicate the change message, and ensure participation and involvement in the change process. In addition, to improve the quality and impact of change programs, managers should consider incorporating the concepts of contingent rewards and management by exceptions (active) in management development programs.

It is also recommended that more research be done using a mixed methodology and longitudinal design. Furthermore, future studies should take into account different leadership styles in addition to the two.

### *Strengths and Limitations of the Study*

A significant strength of this study was its attempt to address a crucial leadership issue in the health services, particularly during the COVID-19 epidemic, which severely burdened the health system. However, there are some limitations to the current study. Identifying the cause and effect at the same time is challenging in a cross-sectional study. And, only a quantitative method was used in the study, with no qualitative data included. The current study is also limited only to the two leadership styles. Finally, the insufficient research on the relationship between leadership styles and organizational readiness for change, particularly in Ethiopia, made it more challenging to discuss and interpret the findings.

### **Conclusion**

Employees' readiness for organizational change (commitment and efficacy) increases when administrative staff exhibits transformational and/or transactional leadership behavior, according to the study. The study also found that the two leadership styles influence a quarter of organizational change readiness.

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### **Authors' Contributions**

All authors made substantial contributions to the conception and design of the work, the acquisition, and analysis and interpretation of data; drafting the manuscript and revising critically for important intellectual content; agreed to submit to the current journal; gave final approval of the version to be published; and agree to be accountable for all aspects of the work.

### **Declaration of Conflicting Interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### **Ethical Considerations**

Ethical clearance was obtained from the Mekane Yesus Management and Leadership College, and it was given to the selected hospital. Then, permission was granted from each hospital. All eligible study participants were informed about the purpose of the study, and questionnaires were given only to those who agree to give consent to participate. Confidentiality of the data was secured and informed to all respondents. All responses were kept confidential. The study was conducted according to the Declaration of Helsinki.

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### **Informed Consent**

Written informed consent was obtained from all that was taken from the health professionals.

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