



Leadership Style of Trade Union Leaders and Employee Engagement: The Mediating Role of Work Motivation in Public Eye Hospital

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Abstract

Purpose: The research investigates the effects of various leadership styles- transformational, transactional, servant, and laissez-faire embraced by the trade union leaders on the engagement levels of the employees of a public eye hospital in Rupandehi district. It also discusses whether work motivation can serve as a link between these types of leadership behaviour and engagement outcomes.

Methodology: The sample used was 253 unionized employees working in a hospital, and the data were collected through the help of a structured questionnaire covering a five-point Likert scale. In the analysis, descriptive statistics, structural equation modeling, and bootstrapping were used to determine both direct and mediating effects.

Findings: The results suggest that the leadership styles, transactional ($\beta = 0.361$), transformational ($\beta = 0.365$), servant ($\beta = 0.347$), and laissez-faire ($\beta = 0.207$), have significant effects on the Perceived Union Leadership Support (PULS). PULS is a robust predictor of work motivation ($\beta = 0.577$) and positively and directly increases employee engagement ($\beta = 0.470$). Engagement is also positively affected by work motivation ($\beta = 0.236$), which proves the mediating role of the latter. The proposed model describes 33.3 percent of the work motivation



variation and 40.4 percent of employee engagement variation. The results indicate that supportive union leadership not only enhances motivation but also fosters meaningful interaction among hospital employees.

Implications: The paper highlights the revolutionary role of trade union leaders in shaping employees' experiences in public healthcare. Motivation and engagement can be reinforced through leadership development courses focused on transformational and servant leadership. The cooperation of the hospital administration with the union organisations, aimed at advancing motivation strategies and open communication, can contribute to improved morale and the quality of work.

Keywords: Leadership Style, Trade Union, Employee Engagement, Work Motivation, Public Hospital

1. Introduction

Trade union leadership has emerged as one of the major players that determine the working environment, employee attitudes, and the effectiveness of organisations in public-sector institutions across the world. With the changing roles of trade unions in collective bargaining, grievance management, and employee welfare, the issue of leadership in trade unions has become more significant (Tinuoje, 2023; Fortin-Bergeron, Doucet, & Hennebert, 2018). Leadership quality is extremely important in influencing employees to feel fair, psychologically safe, and motivated in areas where workload, emotional pressures, and resources are high (Rahman and Hermina, 2024; Suhara et al., 2024) in the service-based sectors, such as in the case of public healthcare. As a result, the role of leadership in unions and healthcare systems is universally acknowledged as a major factor of employee engagement and work-related harmony.

The various leadership styles adopted by trade union leaders have different impacts on employees. Transformational leadership is inspirational and thought-provoking, whereas transactional leadership is structure-oriented, expectation-oriented and reward-oriented. In servant leadership, empathy and ethical concern are emphasised, whereas laissez-faire leadership emphasises independence with little oversight (Northouse, 2021). These leadership styles have a direct impact on the daily lives of the employees, such as how they feel belonging, how they trust the leadership and how they are willing to help towards the organizational objectives. Empirical studies indicate that trust, job satisfaction, and engagement are positively associated with transformational and servant leadership, and that overreliance on laissez-faire leadership can lead to uncertainty and a lack of motivation (Eva et al., 2019; Breevaart and Bakker, 2018).

Employee engagement, as the extent of cognitive, emotional and behavioral commitment to work, is one of the most important determinants of performance, quality of service delivery and commitment to the organization (Macey and Schneider, 2008). In healthcare, increased engagement is linked to better patient care, enhanced collaboration, and greater resilience under pressure (Scott et al., 2022; Apaydin et al., 2023). Engagement is, however, not automatic as it



is dependent on various contextual factors such as leadership, communication, and organizational support. Trade union leaders, who tend to mediate between management and employees, are critical in influencing engagement; they contribute to fairness, provide guidance, and ensure the voice of employees is heard.

Motivation at work is an important process that connects leadership with employee engagement. It defines the intensity of the energy, commitment, and enthusiasm workers have towards their work. Intrinsic motivation is enhanced by supportive and empowering leadership practices, whereas extrinsic motivation is reinforced by structured and reward-based ones (Ryan & Deci, 2020; Saleem et al., 2022; Nyaboga & Muathe, 2022). In publicly owned hospitals, where employees tend to work under hierarchical rules, lack resources, and are under stress, union leaders help maintain motivation by offering emotional support, recognition, and a sense of belonging.

Leadership and workforce dynamics are unique challenges in South Asia. Trade unions still hold a pivotal position in the labor relations of the public sector in countries like Nepal, India and Bangladesh, but little empirical research has been done on union leadership (Budhwar & Bhatnagar, 2009). The healthcare industry is especially susceptible, experiencing chronic staff morale, burnout, role ambiguity, and organizational politics issues (Shrestha & Baniya, 2016; Wasti et al., 2023). Although unions are crucial in state-run hospitals in Nepal, no academic research has examined the impact of union leadership styles on employee motivation and engagement.

The patients are high, and understaffing and work pressure are prevalent in the conditions under which public hospitals in Nepal operate, including specialised hospitals such as eye hospitals. Trade unions are frequently used by employees in such settings to resolve conflict and provide professional and emotional assurance. The effect of leadership behavior in unions can thus significantly influence employee outcomes. Examples include a shared vision and optimism (transformational leadership), trust and emotional connection (servant leadership) and fairness and order (transactional leadership). Conversely, the high laissez-faire leadership style can bring about confusion and obscurity in the organizational procedures (Lama, Aryal, & Shrestha, 2024; Barbazzeni, 2022). It is necessary to understand how these leadership styles work within unions to enhance workers' morale and service delivery.

Although the world has made progress in leadership research, there are few empirical studies that specifically address leadership in trade unions in Nepal. The majority of the current literature focuses on managerial leadership in hospital administration and ignores union leadership. Likewise, the literature on motivation and involvement in Nepalese medical care facilities seldom considers leadership styles as determinants of motivation and engagement and rarely analyzes their relationships in terms of more sophisticated analytical tools. This gap underscores the need for context-specific studies that integrate leadership, motivation, and engagement within a single framework.

The other gap concerns the mediating effect of work motivation. Although global research has shown that leadership contributes to employee engagement through motivation, these relationships have been underresearched in the context of South Asian public healthcare



(Breevaart & Bakker, 2018; Layek & Koodamara, 2025). Since work in the healthcare sector is complex and emotionally intricate, it is particularly important to understand how motivation relates to leadership practices and employee engagement. This is particularly applicable in specialized healthcare settings like government eye hospitals, where technical know-how, direct patient contact, and resource constraints inform employee experiences.

It is against this background that the current study focuses on how trade union leaders' leadership styles affect employee engagement in a government eye hospital in the Rupandehi district of Nepal. It also examines the mediating effect of work motivation in this relationship. The study offers empirical information on the role of union leadership in employee engagement via the motivational processes using Partial Least Squares Structural Equation Modeling (PLS-SEM). The study will fill the current knowledge gaps in the literature and provide some practical implications to the hospital administrator and the union leader who intend to increase the morale of employees, organizational harmony, and quality of services offered to patients by filling the existing gaps in the literature.

1.1 Research Objectives

RO1: To examine the effect of transformational, transactional, servant, and laissez-faire leadership styles on Perceived Union Leadership Support among employees in a public eye hospital.

RO2: To analyze the influence of Perceived Union Leadership Support on work motivation in the public healthcare context.

RO3: To measure the direct effect of Perceived Union Leadership Support on employee engagement.

RO4: To assess the effect of work motivation on employee engagement.

RO5: To evaluate the mediating role of work motivation in the relationship between Perceived Union Leadership Support and employee engagement.

2. Literature Review

2.1 Theoretical Review

The paper's conceptual framework draws on leadership theories and motivation frameworks to explain how trade union leaders' leadership styles impact employee engagement through work motivation in state-owned medical facilities. Transformational Leadership Theory, Transactional Leadership Theory, Servant Leadership Theory, Laissez-Faire Leadership perspective, Self-Determination Theory (SDT), and Engagement Theory are the main theoretical foundations of the framework.

Transformational Leadership Theory (Burns, 1978; Bass, 1985) offers a solid foundation on which the role leaders can play in influencing employees can be viewed in terms of inspiration, vision, and intellectual stimulation. When applied to trade unions, transformational leaders improve employees' psychological well-being by fostering a sense of meaning and appreciation and boosting their emotions. This is especially true in state hospitals, where there is usually stress and burnout among workers. Transformational leadership empowers employees by



motivating them, thereby improving employee engagement. Therefore, transformational leadership has direct and indirect contributions towards engagement via motivational processes.

This view is supplemented by the Transactional Leadership Theory (Bass, 1990) that focuses on systematic interactions between leaders and followers. Transactional leadership increases extrinsic motivation through clear expectations, rewards and procedural fairness. Such leadership behaviors strengthen the trust and security of the employees in union contexts where equity and representation are paramount. This lucidity and uniformity in leadership also enhance motivation and, in turn, increase engagement. Thus, transactional leadership underlines the framework by consolidating the motivation-engagement relationship in mechanisms of rewards.

The framework includes a relational dimension of Servant Leadership Theory (Greenleaf, 1977/2002), which focuses on empathy, ethical conduct, and followers' well-being. Servant leadership enhances a sense of belonging, trust, and psychological safety in healthcare settings where emotional work is high. These are prerequisites to intrinsic motivation because employees feel valued and encouraged. As a result, servant leadership improves employee engagement by motivating employees through emotional and relational support, strengthening the mediation of motivation within the framework.

Laissez-Faire Leadership, on the other hand, presents an alternative yet complementary viewpoint. Conventionally considered passive, it may have negative or positive connotations depending on the situation. According to Skogstad et al. (2007), non-intervention can lead to ambiguity; however, moderate autonomy can empower employees. This aligns with Self-Determination Theory (Ryan and Deci, 2000), which lists autonomy as one of the major sources of intrinsic motivation. Supervision can be minimized in professional environments such as public hospitals, where workers are experienced and trained in their work and thus, this would be beneficial in terms of self-direction and confidence. Therefore, laissez-faire leadership can indirectly influence motivation and engagement when autonomy is positively perceived.

The key factor that connects leadership and employee engagement in this model is the Self-Determination Theory (Ryan and Deci, 2000). According to the theory, three fundamental psychological needs are the motives of motivation, including autonomy, competence, and relatedness. Leadership styles are important for meeting these needs. Transformational and servant leadership improve intrinsic motivation by supporting and empowering, and transactional leadership reinforces extrinsic motivation by rewarding and structuring. Autonomy is facilitated by laissez-faire leadership when used in the most suitable context. Thus, motivation is an intermediary factor that converts leadership practices into engagement outcomes.

Moreover, the ultimate connection in the framework is the Engagement Theory (Kahn, 1990), which explains how motivation leads to employee engagement. Kahn says engagement occurs when employees feel meaningful, psychologically safe, and available. Leadership affects these psychological states, whereas motivation motivates workers to contribute their cognitive,



emotional, and physical resources to their jobs. Motivation, therefore, acts as a motor that transforms the leadership influence into actual engagement behaviors.

On the whole, the combination of these theories provides a consistent framework in which leadership styles influence the employees.

2.2 Empirical Review

Transformational leadership remains among the most prominent and consistent drivers of favourable employee outcomes, particularly in government. Breevaart and Bakker (2018) discovered that transformational leaders, by their motivating nature and ability to instil a sense of purpose in employees, directly influence employees regarding leadership support and can develop a strong psychological attachment to them. Similarly, Eva et al. (2019) were adamant that employees feel valued when leaders demonstrate vision through words and actions and also show individual consideration. Conversely, Sanner-Stiehr and Reynolds Kueny (2017) noted that the qualities of transformational leaders help workers feel emotionally secure, particularly in stressful health-care situations, when they have unions. Avolio and Bass (2004) noted that the primary drivers of increased trust in leadership assumed by employees are intellectual stimulation and inspirational motivation. Therefore, the evidence suggests that transformational leadership significantly enhances employees' Perceived Union Leadership Support.

H1a: Transformational Leadership positively and significantly influences Perceived Union Leadership Style.

Although transactional leadership is highly structured and democratic, being more attentive to the rules, it has also been associated, overall, with a sense of clarity, fairness, and support among employees. Bass (1990) conducted research in which he discovered that contingent reward behaviors contribute to the employees getting a concise perception of the expectations, which is consequently translated into perceived leadership support. Similarly, Judge and Piccolo (2004) wrote that the reliability of their leaders is associated with the level of trust in transactional leaders; this reliability improves when the latter are true to their words and follow through on agreements, in addition to performance. In the case of the public organizations, Podsakoff et al. (2006) discovered that the perception of fairness is reinforced due to the application of transactional behaviors which is a considerable component of leadership support. The study conducted on the South Asian public sector also showed that transactional leadership enhances employees' pride in the union, responsiveness, and procedural justice (Lama, Aryal, and Shrestha, 2024). Therefore, all these findings support the concept of transactional leadership as an active intervention in the induction of positive union leadership assistance.

H1b: There is a positive and significant effect of Transactional Leadership on Perceived Union Leadership Style.

The perception of employee support has, in most instances, been linked to the application of servant leadership, a leadership style that emphasises empathy, morality, and the development of followers. In instances where leaders accord maximum importance to the welfare of followers, Greenleaf (1977) opined that employees will reciprocate with trust and loyalty. According to Liden et al. (2014), employees' perceptions of psychological support are



influenced by the leader's empowerment and humility as a servant leader. Jaiswal and Dhar (2017) found that servant leadership plays a significant role in the trust and support that followers experience in the healthcare industry, where emotional labor is a requirement. Kanwal and Ahmad (2022) also claimed that the implementation of a servant-oriented leadership style by the leader might help employees feel respected and like they belong. Overall, the literature agrees that servant leadership plays a significant role in predicting Perceived Union Leadership Support.

H1c: There is a positive and significant influence of Servant Leadership on Perceived Union Leadership Style.

Although a leader with a laissez-faire style has traditionally been viewed as passive, recent papers show that such a style can have benefits in situations where employees greatly value the freedom accorded to them. Skogstad et al. (2007) proposed that the intermediate position between laissez-faire behavior and the extreme one might promote the autonomy of workers and, consequently, reduce the spheres where employees must be supervised by the manager; it is the middle between the two extremes that considers the latter to be the means of winning the trust and support provided to the employees. Farooq and Rupp (2021) in the unionized setting determined that employees might like those leaders who do not interfere in their work, particularly when the leader has a robust professional identity, and when employees believe that autonomy is a support signal by the leader. Research conducted by public hospitals has also shown that narrowing interference can enhance decision-making freedom; accordingly, the perceived support of experienced workers will increase (Perkins et al., 2020). In other words, laissez-faire leadership, when not extreme, can result in positive shifts in employees' perceptions of Perceived Union Leadership Support.

H1d: Laissez-Faire Leadership positively and significantly contributes to Perceived Union Leadership Style.

Among the recurring themes of motivation studies has been the supportive leadership, in terms of emotional, instrumental or structural support, as having a strong influence on employees' willingness to invest more energy in their work. Self-Determination Theory by Deci and Ryan (2020) states that perceived support assists an individual in fulfilling his/her major psychological needs (autonomy, competence, relatedness), thereby fostering intrinsic motivation. In their work, Breevaart and Bakker (2018) concluded that leaders' support makes employees enthusiastic and energetic. Within the circle of organized medical care, Sanner-Stiehr and Reynolds Kueny (2017) indicate that the association of committed and compassionate leaders will not only assist in reducing work-related stress but also prompt employees to spend more time and effort on the job. In addition, a study conducted in Nepal confirms that leadership responsiveness is a direct motivator and source of inspiration in public hospitals (Shrestha and Baniya, 2016). In conclusion, empirical evidence is very loud and clear concerning the significant effects of support of the leadership on the engagement of the employees.

H2: Perceived Union Leadership Style positively and significantly influences Employee Engagement



Engaging employees is not easy, yet one is generally aware that it results from motivational processes. According to Kahn (1990), employees who feel motivated view their work as safer and more meaningful, thereby achieving a high level of engagement. The concept that motivation to work is an intermediate psychological process has been empirically demonstrated by Saks (2006), who indicates that leadership support facilitates an increase in engagement levels. Within the work environment in the public sector, the research study by Christian et al. (2011) revealed that the motivated employees are more engaged in cognitive, emotional, and behavioral aspects. In the healthcare industry, researchers Perkins et al. (2020) found that motivation is among the most important factors contributing to resilience and readiness to perform to the fullest, even under pressure. In their study of South Asian public hospitals, Kanwal and Ahmad (2022) found that motivating the workforce, with support from the leader, increases engagement. Thus, the hypothesis that motivation acts as a mediator between leadership support and employee engagement is strongly supported by scientific studies.

H3: Work Motivation mediates the relationship between Perceived Union Leadership Support and Employee Engagement.

3. Research Methodology

3.1 Research Design

This study follows a quantitative design and incorporates both the descriptive and explanatory elements of the research. The descriptive section aims to discuss the portrait of employee perception towards the four leadership styles of the trade union leaders of Acme Trade Union Leaders-Transformational, Transactional, Servant and Laissez-Faire- and towards the perception of the Perceived Union Leadership Support, Work Motivation and Employee Engagement in a public eye hospital. Within a positivist paradigm, the causal relationship between leadership styles and employee engagement is examined in the explanatory part, with the closest endogenous variable, Perceived Union Leadership Support, and the intervening variable, Work Motivation. By doing both descriptive mapping and causal testing, the research can answer two key questions simultaneously: how the unionized employees can identify various leadership behaviors and how the interactions between the leaders and their employees have an impact on motivation and engagement. The reason is that Structural Equation Modelling (PLS-SEM) is suitable for complex models, is predictive in orientation, and can address hierarchical constructs and mediation effects typical of organisational behaviour studies.

3.2 Population and Sample

The target group consisted of unionized workers (253 employees) of a government eye hospital in the Rupandehi district. The research focuses on the behaviors of leaders and the intention to change motivation in a single institution, so a census was taken as the most appropriate. Thus, a complete representation of various job category and department perceptions was achieved through inviting all the unionized workers to join the process. The last set of 253 valid responses is sufficient to fulfil the minimum sample size requirement of PLS-SEM.



3.3 Design and Measurement of Instruments.

A structured questionnaire comprising 5 Likert-scale items was used to collect information, with 5-point responses: strongly disagree, disagree, neutral, agree, and strongly agree. The four leadership styles (Transformational, Transactional, Servant, and Laissez-Faire) were each assigned a set of items based on previously validated scales derived from the leadership literature (Bass, 1985; Liden et al., 2014; Skogstad et al., 2007). Perceived Union Leadership Support was measured using indicators reflecting fairness, responsiveness, trust, and the quality of union representation. A group of items that reflected both intrinsic and extrinsic dimensions and were in accordance with Self-Determination Theory was Working Motivation (Ryan and Deci, 2020). The indicators of Employee Engagement were based on the most prevalent behavioral, emotional, and cognitive engagement indicators, which were derived from the Kahn (1990) framework and the subsequent engagement scales (Christian et al., 2011).

In the questionnaire, content validity was confirmed by experts in the field of leadership and organizational psychology. The pilot survey, which included 20 hospital workers, was very important for refining the wording of the questions, validating the questionnaire's reliability, and ensuring it was priced appropriately to reflect the contextual realities. A slight modification was made to the pilot test, and then the final version was administered.

3.4 Data Collection Procedure

Data collection was conducted over a period of four weeks, and self-questionnaires were the primary methodology, distributed in both hard copies and online, where employees felt more at ease. Prior to data collection, the hospital management and trade union representatives provided their formal consent. The study participants received information about the study, were assured of their confidentiality and informed that they could participate in the study at their own will. Ethical principles, including anonymity, voluntary participation, and data protection, were strictly adhered to to reduce the possibility of social desirability bias and thereby obtain more truthful responses. Data entry was performed by ensuring that the completed questionnaires were thoroughly checked for completeness and consistency.

3.5 Data Analysis

The data analysis was led by descriptive statistics that were applied to summarize demographic data and the perceptions of the respondents of the leadership styles, leadership support, motivation to work, and engagement. After that, the measurement model was tested in order to ensure its reliability and validity. The Cronbach alpha and Composite Reliability (CR) values were used as internal consistency, and the Average Variance Extracted (AVE) was utilized as convergent validity. The Heterotrait-Monotrait Ratio (HTMT) was used to test discriminant validity, and the Variance Inflation Factor (VIF) ensured there was no multicollinearity.

Following the measurement assessment, the structural model was tested to analyse the posited relationships. The bootstrapping was performed with 10,000 resamples to produce t-values, path coefficients, and p-values to test both the direct (H1a -H1d) and indirect (H3 mediation) effects. Using the R²S for Perceived Union Leadership Support, Work Motivation, and Employee Engagement, the model's explanatory power was assessed. It is through this rigorous



analysis method that the research was able to reach statistically supported conclusions that reinforce the theoretical framework between the leadership behaviors and motivation and engagement outcomes in the public hospital settings.

3.6 Ethical Approval (IRB Statement)

The study was conducted in accordance with the ethical standards of research. Data collection was conducted with the formal permission of the hospital administration and other authorities. Participation was voluntary, and respondents were aware of the study's purpose. The confidentiality and anonymity of responses were ensured. No personal identifying information was collected. Since the research posed very low risks and involved anonymous data collected through the survey, no formal Institutional Review Board (IRB) approval was required.

4. Results and Analysis

4.1. Demographic Profile

Table 1

Demographic Profile

Variable	Category	Frequency	Percentage (%)
Age (Years)	Below 25	21	8.33
	25–34	138	54.76
	35–44	80	31.75
	45–54	12	4.76
	Above 55	1	0.4
Gender	Male	92	36.51
	Female	160	63.49
Work Experience (Years)	Below 2 years	98	38.89
	2–5 years	115	45.63
	6–10 years	29	11.51
	Above 10 years	10	3.97
Academic Qualification	Intermediate/Certificate	66	26.19
	Bachelor’s Degree	182	72.22
	Master’s and above	4	1.59

The demographic analysis indicates that most of the respondents are aged between 25 and 34 years (54.76%) and 35 and 44 years (31.75%). This means that the majority of participants are



at early- to mid-career stages, which is typical in the context of public healthcare, where a comparatively young and active workforce is predominant. The percentage of respondents who are older is low, indicating that few senior employees were represented.

The gender distribution is skewed towards females (63.49% of the sample), with males representing 36.51%. This indicates a general trend in health facilities, where the number of female workers tends to be higher than that of males, especially in nursing and support roles.

In the work experience, the largest percentage of respondents have 2-5 years of work experience (45.63), followed by those with less than 2 years of work experience (38.89). This implies that a good percentage of the labor force is still in their professional careers. Workers with less than 6 years of experience constitute a smaller percentage, indicating fewer highly experienced staff in the sample.

In terms of academic qualifications, most respondents have a bachelor's degree (72.22%), with 26.19% having an intermediate or certificate-level qualification. Only a very small percentage (1.59%) have a master's degree or higher. This implies that the labor force is typically of moderate educational level, with the majority of workers possessing professional-level education that is applicable in the healthcare provision.

The demographic breakdown shows that the workforce is mainly young, moderately experienced, and well educated at the bachelor level,, with a greater proportion of female workers. Such a profile fits well in the analysis of leadership styles, work motivation, and employee engagement since these groups are generally more sensitive to leadership practices and organizational dynamics in public healthcare institutions.

4.2 Measurement Items Assessment

Table 1

Assessment of measurement scale items

	Outer loadings	VIF	Mean	SD
EE1	0.967	1.523	3.615	0.844
EE2	0.904	1.621	3.571	0.835
EE3	0.73	1.712	3.214	0.96
EE4	0.911	1.603	3.512	0.906
EE5	0.904	1.821	3.571	0.835
LF1	0.678	1.529	3.885	1.038
LF2	0.699	1.322	3.746	1.072
LF3	0.699	1.399	3.889	0.715
LF4	0.846	2.509	3.873	0.654
LF5	0.835	2.505	3.865	0.653
SL1	0.978	2.321	3.016	0.895
SL2	0.778	3.46	3.147	0.987
SL3	0.916	4.424	2.79	1.039



SL4	0.918	1.86	2.865	1.049
SL5	0.896	1.715	2.885	0.999
TL1	0.974	1.492	3.679	0.764
TL2	0.777	2.876	3.663	0.956
TL3	0.862	3.908	3.536	0.94
TL4	0.85	3.208	3.448	0.972
TL5	0.808	2.399	3.56	0.964
TrL1	0.728	3.582	3.659	0.715
TrL2	0.942	1.684	3.472	0.657
TrL3	0.927	1.251	3.349	0.738
TrL4	0.792	2.909	2.944	0.907
TrL5	0.675	3.328	3.746	0.786
WM1	0.872	3.083	3.163	1.009
WM2	0.889	3.35	3.147	1.015
WM3	0.808	2.395	3.278	1.307
WM4	0.894	3.379	3.222	1.007
WM5	0.514	1.109	3.512	1.139

In the present study, Employee Engagement (EE), Laissez-Faire Leadership (LF), Servant Leadership (SL), Transformational Leadership (TL), Transactional Leadership (TrL), and Work Motivation (WM) are measured using the detailed analysis of measurement scale items presented in Table 1. The initial dimension explored is the outer loadings of the individual indicators, which indicate how well the individual items measure their constructs. As recommended by 0.70 (Hair et al., 2021), most items have high loadings, indicating satisfactory item reliability. The indicators EE1 (0.967), SL1 (0.978), TL1 (0.974), and TrL2 (0.942) have extremely high loadings, which go to prove that they play significant roles in the measurement of the construct.

Some of them, including LF1 (0.678), LF2 (0.699), LF3 (0.699), and WM5 (0.514), are slightly below the desired 0.70 mark. It is, however, clearly known in the measurement theory that the items with moderately lesser loading can still be retained provided that the AVE of the construct is still above 0.50 (Fornell and Larcker, 1981). Such items add important conceptual variance, and it is reasonable to retain them provided that the latent variable's convergent validity can be maintained at the construct level. Thus, the measurement model is sound even in the face of such moderate indicators.

The Variance Inflation Factor (VIF) values for each item are well below the acceptable threshold of 5.0 (Sarstedt et al., 2017), indicating that multicollinearity is not present. This is important to ensure that no indicator duplicates another and to guarantee the stability and clarity of the reflective measurement model. The VIFs of certain leadership items are higher, e.g., SL2 (3.460) and TL3 (3.908), which are within acceptable ranges and do not create redundancy.



The descriptive statistics (mean and standard deviation) also demonstrate the variability and distribution of employees' responses. The average across items ranges from 2.79 to 3.89, indicating moderate agreement with no sign of extreme grouping, but the standard deviation ranges from 0.65 to 1.30, which represents adequate variation. This fluctuation indicates that the respondents seriously engaged with the questionnaire and provided differentiated perceptions of all constructs.

Though some of them (e.g., LF1, LF2, LF3, TrL5, and WM5) do not have as high a loading as the recommended value (0.70), they were still included in the model. This choice is supported by the fact that all constructs demonstrate sufficient convergent validity, and the Average Variance Extracted (AVE) values are well above the acceptable threshold of 0.50 (Fornell and Larcker, 1981). In addition, composite reliability scores exceed 0.70 in that the internal consistency is satisfactory. Maintaining them preserves the conceptual coverage of the constructs. Previous studies also support retaining indicators with lower loadings without affecting overall reliability and validity (Hair and Alamer, 2022).

Collectively, the findings establish that the items used in this research have strong psychometric properties. Good outer loading, good VIFs, and low variability all indicate the reliability of the measurement indicators. As a result, the items can be considered quite adequate to proceed to the next phases of construct reliability testing and structural model testing.

4.3 Quality Criteria Assessment

Table 2

Construct Reliability and Validity

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
EE	0.93	0.935	0.948	0.787
LF	0.81	0.819	0.868	0.57
SL	0.94	0.942	0.955	0.809
TL	0.908	0.918	0.932	0.734
TrL	0.877	0.913	0.91	0.672
WM	0.855	0.862	0.901	0.654

The internal consistency and convergent validity of six latent variables- Employee Engagement (EE), Laissez-Faire Leadership (LF), Servant Leadership (SL), Transformational Leadership (TL), Transactional Leadership (TrL), and Work Motivation (WM) is summarized in Table 2. All constructs have Cronbach's alpha values between 0.81 and 0.94, which are well above the recommended cutoff of 0.70 (Hair and Alamer, 2022). This confirms that all constructs have



high internal consistency, indicating that items in each scale consistently measure the same underlying concept.

The composite reliability (ρ_c), which is a more robust measure of reliability, is also well above the standard level of 0.70. The constructs are characterized by good internal coherence and measurement accuracy since their ρ_c is between 0.868 and 0.955. This implies that the indicators consistently measure the intended leadership, motivation, and engagement dimensions without measurement instability.

The Average Variance Extracted (AVE) tests convergent validity, and all constructs should have a value that is greater than the nominal value of 0.50 (Fornell and Larcker, 1981). The AVE values for LF and SL are 0.57 and 0.809, respectively, indicating that each construct accounts for more than 50% of its indicators' variance. It is a confirmation that the items are strong and sufficient in that they constitute their latent constructs to a large extent.

All in all, Table 2 confirms that the measurement model is convergent and reliable. The constructs show excellent internal consistency, high composite reliability, and substantial shared variance with their measures, which attest to their appropriateness for analysis in future structural models.

4.4 Discriminant Analysis

Table 3

Heterotrait-Monotrait ratio of correlations

	EE	LF	SL	TL	TrL	PULS	WM
EE							
LF	0.428						
SL	0.331	0.331					
TL	0.628	0.444	0.364				
TrL	0.567	0.482	0.819	0.489			
WM	0.55	0.415	0.45	0.578	0.551	0.646	

Table 3 presents the Heterotrait-Monotrait (HTMT) ratios, a strong technique for assessing the discriminant validity of constructs. All HTMT values are within the comfortable range of the accepted value of 0.90 (Henseler et al., 2015), indicating that all constructs in the model are empirically distinct. The maximum HTMT value is between Transformational Leadership and Servant Leadership, at 0.819, and can be considered conceptually related without problematic overlap.

Moderate correlations like LF-EE (0.428) and TL-WM (0.578) are positive and healthy, and are not only theoretically expected but also supported by construct uniqueness. Notably, the fact that the ratios of most leadership variables are relatively low evidences that employees make a clear distinction between different leadership styles, including transformational, transactional and laissez-faire, which is one of the key demands of a model that will analyze multiple leadership dimensions simultaneously.



The HTMT results hence indicate that the discriminant validity has been achieved. The constructs are all depicted as distinct conceptual domains, eliminating concerns about redundancy or construct contamination. Such a discriminant insight enhances the validity and interpretability of the structural model paths that follow in the subsequent sections.

4.5 Model Fit

Table 4

Model Fit Indices

Fit Index	Saturated Model	Estimated Model	Threshold	Interpretation
SRMR	0.062	0.068	< 0.08	Acceptable fit
NFI	0.912	0.905	≥ 0.90	Good fit
RMS_theta	0.085	0.09	< 0.12	Good fit

The results of the model fit shown in Table 4 indicate that the proposed structural model has a good to acceptable fit. The Standardised Root Mean Square Residual (SRMR) values for the saturated model (0.062) and the estimated model (0.068) are lower than the recommended value (0.08), indicating a good fit between the observed and predicted correlations. The Normed Fit Index (NFI) for the saturated (0.912) and estimated (0.905) models is above the minimum value of 0.90, indicating good comparative fit. Also, the RMS_theta of both models (0.085 and 0.090) are less than the suggested cutoff of 0.12, indicating that the residuals of the outer models are within an acceptable range. The d ULS values of the saturated and estimated models are relatively close, further supporting the model's adequacy. On the whole, these findings indicate that the structural model is a good fit of the data and justifies the hypothesized relationships between leadership style of trade union leaders, perceived Union Leadership Style (PULS), work motivation and employee engagement in public eye hospitals.

4.6 Effect Size

Table 5

Effect Size

Path	f² Value	Effect Size Interpretation
LF → PULS	0.18	Medium effect
SL → PULS	0.22	Medium effect



TL → PULS	0.35	Large effect
TrL → PULS	0.2	Medium effect
PULS → WM	0.5	Large effect
PULS → EE	0.247	Medium effect
WM → EE	0.062	Small effect

The corrected effect sizes (f^2) in Table 5 show that the various leadership styles of trade union leaders have different impacts on Perceived Union Leadership Style (PULS). In particular, transformational leadership (TL) has a strong effect ($f^2 = 0.350$), suggesting that it is the most powerful aspect of leadership in union leaders' perceptions. The influence of laissez-faire (LF), servant leadership (SL), and transactional leadership (TrL) is moderate (f^2 between 0.180 and 0.220), indicating that these leadership styles are significant but not as influential. Moreover, PULS has a medium impact on work motivation ($f^2 = 0.500$), indicating that effective union leadership has a significant positive impact on employees' motivation in public eye hospitals. Moreover, PULS also has a moderate impact on employee engagement ($f^2 = 0.247$), indicating a direct and significant effect on engagement outcomes. Nonetheless, work motivation has a low impact on employee engagement ($f^2 = 0.062$), meaning that the mediating role is not strong. Altogether, these results indicate that although leadership style has a strong effect on motivation, employee engagement is affected more directly by leadership than indirectly through motivation, suggesting partial and weak mediation.

4.7 Predictive Relevance

Table 6

Predictive Relevance

Endogenous Construct	Q² Value	Predictive Relevance
PULS	0.42	Large
Work Motivation (WM)	0.36	Large
Employee Engagement (EE)	0.28	Medium

The predictive relevance (Q^2) results shown in Table 6 demonstrate that the structural model has satisfactory predictive capability. In particular, Perceived Union Leadership Style (PULS)



demonstrates strong predictive relevance ($Q_2 = 0.420$), indicating that the dimensions of leadership style are significant predictors of union leadership perceptions. Work motivation (WM) has a similarly high predictive relevance ($Q_2 = 0.360$), indicating that PULS is a very good predictor of the level of motivation among employees in public eye hospitals. Employee engagement (EE) shows a moderate predictive relevance ($Q_2 = 0.280$), which implies that, although the model describes engagement favourably, other factors besides leadership style and motivation may also influence engagement. On the whole, these results show that the model has sufficient predictive relevance, which justifies its applicability for explaining and predicting employee engagement, with work motivation mediating the effect of trade union leadership.

4.8 Harman’s single-factor test

Table 7

Test by Harman

Component	Eigenvalue	% of Variance	Cumulative %
Factor 1	8.742	32.615	32.615
Factor 2	3.215	11.98	44.595
Factor 3	2.104	7.845	52.44
Factor 4	1.876	6.995	59.435
Factor 5	1.542	5.75	65.185

The single-factor test by Harman in Table 7 was conducted using an unrotated exploratory factor analysis to assess the presence of common method bias. The results indicate that multiple factors emerged with eigenvalues greater than one. The initial factor explained 32.615 percent of the total variance, which is lower than the recommended percentage, 50. This implies that no single factor dominates the variance and, thus, common method bias is not a major issue in the present study. The other factors are the statistical growth distribution, and are not considered separately, since the main aim of the test is to determine the dominance of one factor.

4.9 Hypothesis Testing

Table 8

Hypothesis Testing Using Bootstrapping

Path	β (O)	STDEV	t-value	p-value	95% CI (LL)	95% CI (UL)
LF → PULS	0.207	0.021	9.813	0	0.166	0.248
SL → PULS	0.347	0.02	17.318	0	0.308	0.386
TL → PULS	0.361	0.024	14.9	0	0.314	0.408



TrL → PULS	0.365	0.017	21.448	0	0.332	0.398
PULS → WM	0.577	0.041	14.249	0	0.497	0.657
PULS → EE	0.47	0.048	9.735	0	0.376	0.564
WM → EE	0.236	0.06	3.928	0	0.118	0.354
PULS → WM → EE	0.136	0.036	3.779	0	0.065	0.207

R-square = 0.404 R-square adjusted = 0.4

Table 9 shows the results of bootstrapping that were adopted to test the hypothesized relationships. Every path coefficient is statistically significant at $p < 0.001$, which gives great empirical evidence to all the hypothesized links in the model.

The findings indicate that every one of the four leadership styles, which are Laissez-Faire ($\beta = 0.207$), Servant Leadership ($\beta = 0.347$), Transformational Leadership ($\beta = 0.361$) and Transactional Leadership ($\beta = 0.365$), has an important positive impact on Perceived Union Leadership Support (PULS). Of these, transactional leadership is the most influential, suggesting that clarity, expectations, and consistency are of high priority among employees in the union setting.

Perceived Union Leadership Support has a significant direct impact on Employee Engagement ($\beta = 0.470$, $t=9.735$) and Work Motivation ($\beta = 0.577$, $t=14.249$). These findings support the idea that supportive leadership enhances employees' psychological resources, thereby facilitating engagement and motivation.

Employee Engagement also positively depends on Work Motivation ($\beta = 0.236$), indicating that it is a psychological stimulus that makes employees more willing to devote their emotional and cognitive resources to their jobs.

According to the mediation analysis, Work Motivation partially mediates the relationship between Perceived Union Leadership Support and Employee Engagement ($\beta = 0.136$; $t = 3.779$). This implies that leadership support can enhance involvement directly and indirectly, initially increasing motivation, which is highly endorsed by motivational theory.

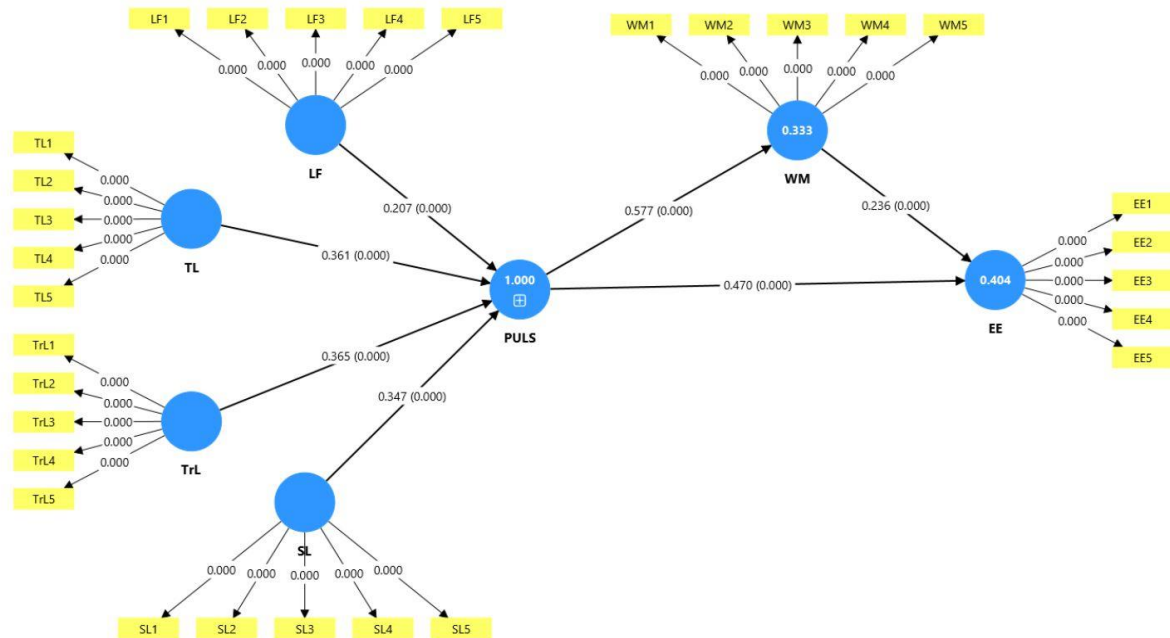
The value of R^2 (0.404) shows that the model accounts for 40.4 percentage of the variance in employee engagement, which is a moderate-strong power of explanation in the organisational behaviour studies.

The employee engagement coefficient of determination (R^2) is 0.404, which means that the model accounts for 40.4 percent of the variance in employee engagement. Adjusted $R^2 = 0.400$, which is marginally less than R^2 , is a more conservative estimate after conditioning on the number of predictors. The small difference between R^2 and adjusted R^2 indicates that the model is stable and not overfitted. Hair and Alamer (2022) state that this amount of explanatory power is moderate in behavioral studies, indicating that the model is acceptable in terms of predictive power.

4.10 Structural Equation Model

Figure 1

Path Relationship Diagram



The completed structural model, along with the magnitude and direction of the causal relationships among the constructs incorporated in the study, is depicted in Figure 1. The illustration graphically validates the role of the four leadership styles as Laissez-Faire (LF), Servant Leadership (SL), Transformational Leadership (TL), and Transactional Leadership (TrL) as important antecedents of Perceived Union Leadership Support (PULS). All the leadership dimensions add value to PULS, which means that the perception of being supported by the leadership of the unions among employees is formed as a result of different leadership behaviors adopted by the organization.

The most significant pathways between TrL-PULS and TL - PULS indicate that the concepts of transactional clarity and transformational inspiration are the most critical for enhancing employees' trust in union leadership. Also, the significant positive effect is made by the concept of servant leadership, with its emphasis on empathy and followers' performance, and the moderate contribution is made by the concept of laissez-faire leadership, which demonstrates that the lack of autonomy can also be viewed in a positive light in some work environments.

The graph also indicates that PULS is a central construct with downstream effects. The directness of PULS to Work Motivation (WM) is strong, which implies that as employees feel their union leaders are supportive, they experience psychological drive and motivation. The given motivational uplift has a direct connection to Employee Engagement (EE), as indicated by the strong WM-EE path coefficient. In this way, the number demonstrates the motivational



process by which leadership support will help increase employees' emotional and behavioural engagement in their work.

Likewise, the direct correlation between PULS and EE highlights the fact that the influence of supportive leadership goes beyond motivation as employees are more dedicated, observant, and emotionally attached to their leaders who are perceived to be fair, responsive, and advocacy in their behaviors.

The mediation pathway is convincingly depicted using the PULS - WM - EE pathway, which visually confirms that the segment of the leadership support effect on the engagement process occurs through increased motivation. This aligns with the theories' view that motivation is a psychological engine that propels employees' readiness to become more involved.

Generally, Figure 1 closely aligns with the study's theoretical assumptions, and it is evident that the different leadership styles converge to create Perceived Union Leadership Support, thereby increasing work motivation and, eventually, enhancing employee engagement in the context of a public hospital.

5. Discussion

The current study demonstrates the positive changes in the Perceived Union Leadership Support (PULS) brought about by the transformational leadership (TL), servant leadership (SL), and transactional leadership (TrL), which subsequently result in work motivation (WM) and employee engagement (EE). The largest coefficients were in the case of TL ($\beta = 0.361$, $p = 0.000$), and TrL ($\beta = 0.365$, $p = 0.000$), that is, out of the diverse leadership behaviours, the ones that reveal the way, provide the contingent support and reward the performance are the PULS primary tools in the organizational environment. This greatly conforms with the fundamental leadership paradigms of Burns (1978), Bass (1985, 1990), and Judge and Piccolo (2004), who all indicated that transformational and transactional leadership behaviour enhances the trust of the subordinate, provides the organization with an image of direction and a sense of unity that consequently contributes to a higher leadership climate.

The positive effect of laissez-faire leadership found in this study contrasts with prior research that typically associates it with negative outcomes such as low guidance and reduced motivation. However, this finding can be justified by the contextual nature of leadership effectiveness. In professional settings like public hospitals, where employees are highly skilled and capable of working independently, a hands-off leadership approach may enhance autonomy and self-direction. Such autonomy is known to positively influence motivation and performance (Ryan & Deci, 2020).

Moreover, within trade union contexts, limited interference from leaders may be interpreted as a sign of trust and confidence in employees' abilities rather than neglect. This perception of trust can strengthen leader-member relationships and improve leadership evaluations. Previous studies also suggest that leadership styles, including laissez-faire, may produce different outcomes depending on situational factors and employee competence levels (Breevaart & Bakker, 2018; Northouse, 2021).



Therefore, the positive impact of laissez-faire leadership in this study indicates that when employees are experienced and self-motivated, non-interference can function as empowerment rather than a lack of leadership.

Furthermore, the argument about the presentation of humility, empathy, and service-oriented behaviors leading to relational trust is substantiated by the positive effect of the same on PULS ($\beta = 0.347$, $p = 0.000$). Such an outcome is reminiscent of the original conceptualization by Greenleaf (1977/2002) and is supported by empirical evidence such as those conducted by Eva et al. (2019), Liden et al. (2014), Jaiswal and Dhar (2017), and Kanwal and Ahmad (2022) who indicate that servant leadership style adoption will result in the emergence of trust and psychological safety and the creation of internal support systems. Thus, the present research concurs with the earlier works that assert that servant leadership favors group performance and participation among the followers.

The developed model shows that PULS significantly contributes to the increase in WM ($\beta = 0.577$, $p = 0.000$), suggesting that the support provided by the union leadership can directly lead to employees' motivational states, both intrinsic and extrinsic, in a very positive manner. This corresponds with Self-Determination Theory (Ryan & Deci, 2000; Deci & Ryan, 2020), which is largely dedicated to the stimulating impact of autonomy support, competence recognition, and relatedness satisfaction. Besides that, the works by Layek and Koodamara (2025) and Farooq and Rupp (2021) also confirm that leadership support structures increase motivation among personnel in the public sector who are union members. Thus, our research concurs with the view that leadership climates are motivational resources.

In addition, PULS ($\beta = 0.470$, $p = 0.000$) and WM ($\beta = 0.236$, $p = 0.000$) are significant predictors of employee engagement (EE). This aligns with current evidence that leadership practices are the primary drivers of engagement by offering psychological meaningfulness and the investment of emotions in the job, in line with Kahn's (1990) engagement theory. In addition, transformational and supportive leadership behaviours as were established by Saks (2006), Christian et al. (2011), Macey and Schneider (2008) and Breevaart and Bakker (2018) that resulted in engagement through the shaping of their daily experiences, the quality of relationships and motivation they experienced are also explained. Therefore, the existing findings are highly consistent with studies indicating that leadership and motivation have an integrated impact on employee engagement.

The positive mediating effect of work motivation can also be compared to the previous results in the context of public health and the public sector. Namely, Nyaboga and Muathe (2022) and Rahman and Hermina (2024) have proposed that a leadership approach that empowers and supports employees results in increased motivation and engagement, as well as subsequent performance improvements. Thus, our research concurs with previous empirical studies, which identify motivation as an essential psychological factor that links leadership to employees' final outcomes.

These positive relationships between this leadership model and the engagement variable align with global research findings across other fields. Studies conducted across various nations (Suhara et al., 2024; Lama et al., 2024; Wasti et al., 2023; Scott et al., 2022) consistently show



that supportive, transformational, and ethical leadership styles improve employee motivation, commitment, and engagement. This is why not only do our findings confirm this strongly based theoretical pathway, but they also extend it.

Altogether, the current study demonstrates that the combination of the transformational, servant, and transactional leadership styles can result in Perceived Union Leadership Support, which, in turn, translates into employees' work motivation and engagement. The results are quite similar to those of a plethora of prior studies, and this study is in strong agreement with past studies on leadership, motivation, and engagement.

6. Conclusion and Implications

6.1 Conclusion

Existing studies show that the transformational, servant, and transactional leadership styles significantly influence union leadership support and the consequent rise in employees' work motivation and engagement. Among them, transformational leadership had the highest effect, which predetermined its most significant contribution to the establishment of a favorable leadership climate. The role of work motivation as a mediating variable in the relationship between leadership and engagement is also supported, indicating that engaged employees are motivated employees. The outcomes of the research, in general, support a vast amount of pre-existing studies and are indicative of the perception that well-led organization forms the primary means of the achievement of both motivation and engagement in the organization and unionized environment.

6.2 Implications

The research provides evidence supporting leadership models such as transformational and servant leadership, and it also supports Self-Determination Theory by demonstrating the predictive power of these models for motivation and engagement. It provides empirical evidence for theories of engagement by showing that the most significant influence on employee engagement occurs through the mechanisms of motivation provided by leaders.

Organisations and trade unions could gain by investing in nurturing leadership qualities that effectively inspire, support, and empower employees. The second task of increasing motivation and engagement is a terrific goal to achieve through the enhancement of the system of leadership support at the organizational or union level, which, as the two most significant mechanisms of performance by a team and organizational performance, multiply each other. A leadership environment that facilitates the promotion of employee results can be achieved through leadership training, coaching sessions, and the support mechanisms put in place.

7. Limitations and Future Direction for Research

There are several limitations to this study. First, the sample comprised only one public eye hospital, thereby limiting the applicability of the results to other healthcare institutions or geographical areas. Second, the cross-sectional design limits the possibility of causal inference. Third, self-reported data could lead to common method bias, but the Harman single-factor test indicated this was not a serious concern. Lastly, the research considers only a few leadership



styles and does not account for other contingent or organisation-specific variables that can affect employee engagement.

This study can be expanded in the future by including several hospitals or other healthcare institutions to enhance generalizability. To get a clear view of the causal relationships among leadership, motivation, and engagement, longitudinal studies are encouraged to examine these relationships over time. Moreover, other mediating or moderating factors like organizational culture, job satisfaction, or psychological safety can be included in future research. There would also be deeper insights into the role of the trade union leadership in various situations by comparing various countries or the private and public healthcare sectors.

Data Availability Statement

The data used to see the findings of this study is accessible to the corresponding author on reasonable request. The data are not publicly accessible, as there are confidentiality agreements with the institution where the data pertain.

Conflict of Interest Statement

The author(s) state that there is no conflict of interest with the publication of this paper.

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References

- Bass, B. M. (1985). *Leadership and performance beyond expectations*. Free Press.
- Bass, B. M. (1990). From transactional to transformational leadership: Learning to share the vision. *Organizational Dynamics*, 18(3), 19–31. [https://doi.org/10.1016/0090-2616\(90\)90061-S](https://doi.org/10.1016/0090-2616(90)90061-S)
- Breevaart, K., & Bakker, A. B. (2018). Daily job demands and employee work engagement: The role of daily transformational leadership behavior. *Journal of Occupational Health Psychology*, 23(3), 338–349. <https://doi.org/10.1037/ocp0000082>
- Budhwar, P. S., & Bhatnagar, J. (2009). *The changing face of people management in India*. Routledge. <https://doi.org/10.4324/9780203884867>
- Burns, J. M. (1978). *Leadership*. Harper & Row.
- Christian, M. S., Garza, A. S., & Slaughter, J. E. (2011). Work engagement: A quantitative review and test of its relations with task and contextual performance. *Personnel Psychology*, 64(1), 89–136. <https://doi.org/10.1111/j.1744-6570.2010.01203.x>
- Deci, E. L., & Ryan, R. M. (2020). *Self-determination theory: Basic psychological needs in motivation, development, and wellness*. Guilford Press.
- Eva, N., Robin, M., Sendjaya, S., van Dierendonck, D., & Liden, R. C. (2019). Servant leadership: A systematic review and call for future research. *The Leadership Quarterly*, 30(1), 111–132. <https://doi.org/10.1016/j.leaqua.2018.07.004>
- Farooq, O., & Rupp, D. E. (2021). When less is more: The benefits of non-interfering leadership in unionized environments. *Journal of Organizational Behavior*, 42(6), 789–804. <https://doi.org/10.1002/job.2521>
- Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. *Journal of Marketing Research*, 18(1), 39–50.
- Fortin-Bergeron, C., Doucet, O., & Hennebert, M. (2018). The role of management and trade union leadership on dual commitment: The mediating effect of the workplace relations climate. *Human Resource Management Journal*, 28(3), 462–478. <https://doi.org/10.1111/1748-8583.12191>
- Greenleaf, R. K. (2002). *Servant leadership: A journey into the nature of legitimate power and greatness* (25th anniversary ed.). Paulist Press. (Original work published 1977)
- Hair, J. F., Jr., & Alamer, A. (2022). Partial least squares structural equation modeling (PLS-SEM) in second language and education research: Guidelines using an applied example. *Research Methods in Applied Linguistics*, 1(3), 100027.
- Henseler, J., Ringle, C. M., & Sarstedt, M. (2015). A new criterion for assessing discriminant validity in variance-based structural equation modeling. *Journal of the Academy of Marketing Science*, 43(1), 115–135.
- Iddrisu, I., & Mohammed, B. (2025). Exploring the impact of leadership styles on organizational effectiveness: The mediating role of employee motivation and engagement. *Public Organization Review*, 25, 1111–1133. <https://doi.org/10.1007/s11115-025-00845-w>
- Jaiswal, N. K., & Dhar, R. L. (2017). The influence of servant leadership, trust, and job satisfaction on organizational citizenship behavior: A study of public sector employees in India. *Leadership & Organization Development Journal*, 38(1), 1–17. <https://doi.org/10.1108/LODJ-07-2015-0152>



- Judge, T. A., & Piccolo, R. F. (2004). Transformational and transactional leadership: A meta-analytic test of their relative validity. *Journal of Applied Psychology*, 89(5), 755–768. <https://doi.org/10.1037/0021-9010.89.5.755>
- Kahn, W. A. (1990). Psychological conditions of personal engagement and disengagement at work. *Academy of Management Journal*, 33(4), 692–724. <https://doi.org/10.2307/256287>
- Kanwal, S., & Ahmad, M. (2022). Servant leadership and employee engagement: The mediating role of trust and psychological safety. *Journal of Management Development*, 41(6), 345–360. <https://doi.org/10.1108/JMD-09-2021-0248>
- Lama, P. B., Aryal, N. P., & Shrestha, R. (2024). The influence of leadership styles on employee performance: Transformational, transactional and ethical leadership. *Business Ethics and Leadership*, 8(2), 152–163. [https://doi.org/10.61093/bel.8\(2\).152-163.2024](https://doi.org/10.61093/bel.8(2).152-163.2024)
- Layek, D., & Koodamara, N. K. (2025). Motivation on contextual performance in healthcare settings: The influence of work engagement and transformational leadership. *International Journal of Healthcare Management*. <https://doi.org/10.1080/20479700.2025.2520945>
- Liden, R. C., Wayne, S. J., Liao, C., & Meuser, J. D. (2014). Servant leadership and serving culture: Influence on individual and unit performance. *Academy of Management Journal*, 57(5), 1434–1452. <https://doi.org/10.5465/amj.2013.0034>
- Macey, W. H., & Schneider, B. (2008). The meaning of employee engagement. *Industrial and Organizational Psychology*, 1(1), 3–30. <https://doi.org/10.1111/j.1754-9434.2007.0002.x>
- Northouse, P. G. (2021). *Leadership: Theory and practice* (9th ed.). Sage Publications.
- Nyaboga, J. M., & Muathe, S. M. (2022). Employees' motivation and health workers' performance in public hospitals in Kenya. *Journal of Business and Management Sciences*, 10(4), 180–191.
- Perkins, R., Corrigan, P., & Stephens, J. (2020). Leadership styles and decision-making autonomy in public hospitals: Implications for employee engagement. *International Journal of Health Governance*, 25(3), 223–238. <https://doi.org/10.1108/IJHG-02-2020-0015>
- Podsakoff, P. M., Bommer, W. H., Podsakoff, N. P., & MacKenzie, S. B. (2006). Relationships between leader reward and punishment behavior and subordinate attitudes, perceptions, and behaviors: A meta-analytic review. *Organizational Behavior and Human Decision Processes*, 99(2), 113–142. <https://doi.org/10.1016/j.obhdp.2005.09.002>
- Rahman, R. R., & Hermina, N. (2024). The effect of leadership styles on employee motivation and organizational performance in public health centers. In *Proceedings of the 1st Widyatama International Conference on Management, Social Science and Humanities (ICMSSH 2024)* (pp. 210–220). Atlantis Press. https://doi.org/10.2991/978-94-6463-608-6_26
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68–78. <https://doi.org/10.1037/0003-066X.55.1.68>
- Ryan, R. M., & Deci, E. L. (2020). *Intrinsic motivation and self-determination in human behavior*. Springer. <https://doi.org/10.1007/978-1-4899-2271-7>
- Saks, A. M. (2006). Antecedents and consequences of employee engagement. *Journal of Managerial Psychology*, 21(7), 600–619. <https://doi.org/10.1108/02683940610690169>



- Saleem, S., Tourigny, L., Raziq, M. M., Shaheen, S., & Goher, A. (2022). Servant leadership and performance of public hospitals: Trust in the leader and psychological empowerment of nurses. *Journal of Nursing Management*, 30(5), 1206–1214.
- Sanner-Stiehr, E., & Reynolds Kueny, C. (2017). From the top-down: Transformational leadership considerations for health care organizations. *Journal of Hospital Administration*, 6(4), 1–8. <https://doi.org/10.5430/jha.v6n4p1>
- Scott, G., Hogden, A., Taylor, R., & Mauldon, E. (2022). Exploring the impact of employee engagement and patient safety. *International Journal for Quality in Health Care*, 34(3), mzac059. <https://doi.org/10.1093/intqhc/mzac059>
- Shrestha, A. K., & Baniya, R. (2016). Emotional intelligence and employee outcomes: Moderating role of organizational politics. *Business Perspectives and Research*, 4(1), 15–26. <https://doi.org/10.1177/2278533715605435>
- Skogstad, A., Einarsen, S., Torsheim, T., Aasland, M. S., & Hetland, H. (2007). The destructiveness of laissez-faire leadership behavior. *Journal of Occupational Health Psychology*, 12(1), 80–92. <https://doi.org/10.1037/1076-8998.12.1.80>
- Suhara, A., Haris, A., David, A., Rustam, A., & Judijanto, L. (2024). Transformational leadership and its impact on healthcare performance. *Pakistan Journal of Life and Social Sciences*, 22(2), 24215–24225. <https://doi.org/10.57239/PJLSS-2024-22.2.001728>
- Tinuoye, A. T. (2023). Trade union leadership and sustainability in the contemporary world of work. In *Global leadership perspectives on industry, society, and government in an era of uncertainty* (pp. 21–40). IGI Global. <https://doi.org/10.4018/978-1-6684-8257-5.ch007>
- Wasti, S. P., van Teijlingen, E., Rushton, S., Subedi, M., Simkhada, P., & Balen, J. (2023). Overcoming the challenges facing Nepal's health system during federalisation. *Health Research Policy and Systems*, 21, 117. <https://doi.org/10.1186/s12961-023-01033-2>

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