(REVIEW ARTICLE)

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Review of leadership styles: An exploration of approaches used by hospital administrators: A systematic review of literature

Happiness Ifunanya Anusi [1, *], Omowumi Boboye [2] and Ekene Ezinwa Nwankwo Ezeanyim [3]

[1] Department of Applied Management, Durban University of Technology, South Africa.
[2] Department of Management, Durban University of Technology, South Africa.
[3] Anambra State Polytechnic, Mgbakwu.

Abstract

Healthcare leadership in medical institutions is the foundation of organizational success levels, which appear to have a direct effect on patient safety, staff motivation, and performance. As the primary decision-makers in such systems, hospital administrators should lead different teams and harmonise clinical, financial, and operational goals. Their decision-making processes typically influence the effectiveness of service delivery, long-term resilience, and care culture in hospitals. Although the importance of leadership in healthcare has been recognised, academic attention has been fully directed in the area of leadership in nursing and in clinical leadership with a massive gap in the research on the specialised methods by which the administrators of hospitals apply the same.

This study fills this gap by carrying out a systematic review of leadership styles employed in the management of a hospital. This review compares eight major approaches: transformational, transactional, democratic, autocratic, laisser-faire, servant, adaptive, and distributed leadership, discusses the principles, strengths, and weaknesses of each style, and how each approach is most appropriate in a dynamic hospital setting. These results show that hospital leaders should also be flexible and merge their leadership approaches based solely on multiple leadership models, instead of looking at a single model. By integrating different ideas, this review provides practical recommendations that can be used to inform leadership training, policymaking, and medical management practices to promote both institutional and patient-centred care.

Keywords: Leadership; Hospital Administrators; Approaches; Exploration; Systematic Review

1. Introduction

Healthcare leadership is defined as the power that can delicately steer a complex entity within a hospital to achieve superiority in patient care, organizational performance, and staff wellbeing. Leadership in hospital administration is, in essence, developed through a process that involves not only managerial tasks but also the skill to motivate, adjust, and innovate within the framework of constant change, high stakes, and multidisciplinary roles (van Diggele et al., 2020). Here, leadership cannot be defined as a unitary characteristic; instead, it exists as a dynamic interaction of the relationships, vision, and sensitivity to the healthcare ecosystem.

The impact of leadership style on healthcare cannot be overestimated, as it has a direct effect on organizational performance, patient outcomes, and morale among personnel. Notably, transformational leaders who appeal to employees through a common agenda and person-client interactions have been found to increase job satisfaction, staff retention, and patient safety (Sfantou et al., 2017). On the other hand, when leaders are passive or laisser-faire, they

may compromise morale and risk, lowering the quality of care (Alsadaan et al., 2023). In addition, transactional leadership approaches, which rest on the premises of clear expectations and rewards, might reinforce the short-term efficiency approach but fail to adapt to emerging circumstances (Aniebonam et al., 2023). Thus, the leadership approach taken by hospital administrators echoes all aspects of performance and care delivery.

Healthcare leadership includes both art and skill. It requires emotional intelligence, the ability to respond to changing clinical priorities, and the autonomy to negotiate competing requirements, such as how to balance administration and caregiving, budget efficiency and quality, standardisation, and innovation (van Diggele et al., 2020). Good administrators are more agile-like conductors than commanding generals, organising staff, and resources to work toward integrated, patient-focused goals.

Although the role of leadership in hospital settings cannot be underestimated, a considerable gap still exists. Although there are already multiple studies that investigate leadership styles in nursing staff or light clinical units, full-fledged systematic reviews on the topic of hospital administrators are still quite few. The current literature leans more toward nursing leadership (Alsadaan et al., 2023), leadership theory (van Diggele et al., 2020), and an organisation (Aniebonam et al., 2023) instead of focusing on the styles of leadership used by administrators who make high-level decisions within a hospital ecosystem. This gap shows the possibility of generalising existing knowledge and noting the areas where empirical studies can be developed.

Therefore, the objective of this systematic review is to conduct a comprehensive synthesis of leadership approaches utilized by hospital administrators across global settings. We aim to map the breadth of leadership styles transformational, transactional, autocratic, participative, servant, and hybrid modalities used in hospital governance, and to discern their implications for performance metrics, staff engagement, and patient outcomes.

The significance of this review lies in its practical and scholarly value. For current and aspiring hospital administrators, policymakers, and health educators, understanding the comparative effectiveness and contextual fit of different leadership styles can inform training programs, governance reforms, and organizational culture initiatives. By clarifying which approaches foster resilience, innovation, and care quality, this study supports the development of more effective leadership pipelines and the creation of hospital environments that truly center patient welfare and staff empowerment.

2. Review on literature

2.1. Leadership and Leadership Styles

Leadership is fundamentally about influencing others to achieve shared goals, especially in complex, high-stakes settings like hospitals. In academic discourse, one definition frames leadership as "a process of social influence in which a person enlists the aid and support of others in the accomplishment of a common and ethical task" (van Diggele et al., 2020). This view underscores the ethical foundation and collaborative nature of effective leadership, particularly critical in healthcare where outcomes bear direct impact on human life.

As for leadership styles, these refer to the consistent patterns of behavior that leaders adopt when guiding teams ranging from directive to participative methods (Quek, 2021). Leaders may exhibit varying styles such as transformational, transactional, autocratic, democratic, servant, or situational depending on context, goals, and follower needs. For instance, transformational leadership involves inspiring followers to transcend their own interests for collective advancement, while transactional leadership centers on structured exchanges and reward-based compliance (Liden, 2025; Waked Najar, 2023).

Understanding these styles is vital in healthcare leadership, as administrators must tailor their approach to diverse circumstances balancing vision and motivation with operational consistency and responsiveness. Recognizing when to motivate, when to direct, and when to collaborate enhances leadership effectiveness, enabling leaders to catalyze performance, adaptability, and sustained quality in hospital settings.

2.2. Transformational Leadership

Transformational leadership is a dynamic leadership paradigm characterized by leaders who raise the ambitions, values, and productivity of their teams through inspiration and example. This leadership paradigm principally involves the application of the four Is: inspirational motivation, idealised influence, intellectual stimulation, and individualised consideration behaviours, which positively contribute to the formation of increased staff commitment and performance

at an elevated performance level (Bansaks et al., 2021). Transformational leaders are known to influence innovation, personal development, and identification with the overall mission of the organisation.

This style has also been linked to massive improvements in workforce engagement and patient outcomes in health care. For example, a narrative synthesis demonstrated that transformational leadership behaviours at nurse managers were strongly associated with higher patient-care quality (fewer medication errors and increased organisational commitment) (Murdianto et al., 2024). A domestic study in Saudi Arabia reported that transformational leadership, patient-safety culture, and better nursing safety practices were positively related, and that safety culture actually mediates the transfer of leadership to yield safer, actionable care (Hamdan et al., 2024). In addition, more extensive systematic reviews highlighted light the notion that the environment in which transformational leadership in nursing prevails is better in terms of resource management, long-term sustainable care delivery, and negative patient complications (Tsapnidou et al., 2024).

These results show that transformational leadership cannot be applied to traditional managerial methods and creates a shift in the culture, processes, and ethos of healthcare teams. Transformational leaders enable staff members to raise care standards, reduce risks, and respond adaptively to gun-to-gun smoke clinical situations by creating an environment of trust, innovation, and personal recognition.

2.3. Transactional Leadership

The working mechanism of transactional leadership involves a limited set of exchanges in which leaders set expectations and issue rewards or punishments depending on performance. At the centre of this style are contingent rewards, in which excellent performance results in a reward or opportunity, and management by exception, in which leaders proactively monitor or react after a variance of set standards (Fernandopulle et al., 2021). The method ensures that it is clear, efficient, and follows set requirements

This hierarchical bureaucratic system is often used in operational effectiveness and federalising observance in the administration of healthcare systems. Administrators can establish clinical outcomes or departmental performance standards, and use incentives, including bonuses or official praise, to motivate the achievement of targets. On the other hand, performers can face reprimands or be assigned fewer duties. The model is particularly useful in situations of high stakes where uniformity and instant implementation are important, such as responding to emergency operations or addressing infection control guidelines (AHU, 2020).

Transactional leadership has such strengths as an easily measurable metric, short-term performance, and being able to keep a steady threat even in routine or crisis situations. It maintains a setting with emphasis on practical outputs and reduces uncertainty within expectations (Al-Rjoub et al., 2024; AHU, 2020). However, the problem is limited by the limited motivation for creativity, intrinsic motivation, and long-term development. Making excessive use of extrinsic mechanisms can demotivate employees and lead to a lack of drive and flexibility (Al-Rjoub et al., 2024).

When it comes to healthcare, transactional leadership serves very well with enforcing the rules that are needed, such as maintaining the required safety measures and compliance; however, in a case where creativity and motivation are needed alongside social adaptability, it might fail. Redirection in the form of more inspirational or flexible leadership in particular environments, especially elaborative or evolving ones, has the potential to improve staff dedication and innovations in the patient centre.

2.4. Autocratic Leadership

Autocratic leadership in hospital administration is based on the concept of centralised control, where the leader is the sole place of decision making, and his or her decisions on key issues rely on minimal consultation with subordinates. This can be observed in situations where strictness and speedy decision-making are required (Rasmussen, 2025). Autocratic leadership in healthcare may provide administrative frameworks with much-needed clarity and stature, mainly when facing a crisis or time constraints (Olatoye, 2024).

Contexts in which autocratic leadership is effective, in this case, include emergencies in an emergency department where there is a high patient count causing a surge, or when a new policy is about to be implemented. Autocratic decision-making is predicted to assist emergencies with quick and decisive efforts, eliminating indecision, and facilitating the strategic adoption of important procedures (Sfantou et al., 2017). According to Olatoye (2024), this approach contributes to an increase in the hierarchical structure and speed of execution, as these critiques may be critical in life or death situations.

However, this style also poses significant dangers. Lack of cooperative feedback may cause demotivation, disassociation, and disillusionment among staff, especially when faced with time (Olatoye, 2024). Additionally, a strict top-down rule can suffocate, because it hinders the creation of innovative solutions and flexibility (Fernandopulle et al., 2021). These are magnified by the fact that complex healthcare systems have frontline staff that frequently hold valuable ideas and feedback about what can be done to fix operations.

Although effective in such cases of emergency, the sustained use of autocratic leadership may be associated with adverse effects on hospital culture and performance. Finding a balance- pursuing the autocratic methodology when it is required and promoting participatory and transformative styles in normal times–could best maximise crisis responsiveness and staff empowerment..

2.5. Democratic / Participative Leadership

Democratic or participative leadership focuses on participative decision making and promotes the collaborative aspect of healthcare professionals. It is a style whereby other members of the suite are invited to provide comments which believe they could benefit by setting up objectives, creating solutions, and forming policy (Awasthi et. al., 2024). Such inclusive architecture enhances teamwork and builds mutual trust.

In reality, democratic leadership is particularly efficient in multidisciplinary teams of hospitals. The analysis of shared leadership within co-lead models revealed that shared authority was especially supported by nurses, who referred to extended job satisfaction, better organisational culture, or social interaction IOM pattern (De Brun et al., 2019). Interdisciplinary applications Assimilation of diverse perspectives in patient-care approaches Assimilation Decoupling In inter-disciplinary settings, the invigoration of voice through a range of clinical specialties helps in cultivating mutual respect and the inclusion of diverse outlooks on a specific problem in patient care.

It is also documented that this leadership style is associated with real gains in communication and employee satisfaction. For example, Awasthi et al. (2024) showed through quantitative research that leadership styles enforcing collaboration and inclusion are strongly related to the increased number of clinical teams satisfied and the results of patient services (Awasthi et al., 2024). Furthermore, the larger structures that are based on both participative decisions and the project make a point that whenever being made to feel listened to and enabled with the opportunity to shape processes, participation, morale, and dedication significantly increase (Olatoye 2024).

Therefore, democratic leadership in hospital settings catalyses cohesive teamwork across disciplines. It can promote interpersonal communication, develop a stronger sense of workplace satisfaction, and create resilient patient-centred environments by appreciating the input of various health professionals. Importantly, this style balances structured governance with the human need for agency and empowerment creating teams that not only perform but thrive.

2.6. Laissez-Faire Leadership

Laissez-faire leadership, often dubbed the "hands-off" or delegative style, entrusts significant autonomy to staff, enabling them to operate independently with minimal managerial interference (Hundie & Habtewold, 2024). This model is characterized by a leader who steps back delegating decision-making entirely to the team, intervening only when requested or when necessary to provide resources (Quek, 2021).

In hospital administration, the advantages of laissez-faire leadership center on empowering highly skilled and trusted professionals. When healthcare teams are composed of experienced clinicians, granting autonomy can catalyze creativity, professional growth, and rapid decision-making at the point of care (Rouhi-Balasi et al., 2020; Hundie & Habtewold, 2024). Such freedom nurtures innovative approaches and deepens ownership of outcomes, especially among self-directed practitioners.

However, the downsides are equally pronounced. Without structured guidance, role clarity can diminish leading to confusion, inconsistency, and even lapses in patient safety (Verywell Mind, 2025; Kenkilday, 2025). In healthcare environments where high stakes and complexity abound, this lack of oversight may contribute to stress, elevated turnover, and increased risk of medical errors (ResearchGate, 2025). Studies consistently caution that laissez-faire leadership may be perceived as non-leadership, particularly in scenarios demanding coordination, prompt intervention, or strategic alignment (Iqbal et al., 2021).

Hospital settings often demand a delicate equilibrium—balancing autonomy with oversight. Laissez-faire leadership can yield dividends in units staffed by highly competent professionals. Yet when clarity, direction, and consistency are

essential, a more structured leadership stance may be critical to avoid ambiguity, miscommunication, and adverse outcomes.

2.7. Servant Leadership

Servant leadership in healthcare revolves around a deeply empathetic and ethical mode of leadership that places the well-being of staff and patients at its core. This approach emphasizes humility, listening, moral integrity, and prioritizing the needs of others above one's own aspirations (Demeke et al., 2024). Service is a natural focusing element of healthcare; caregivers are compelled by feelings of compassion and the importance of ethical devotion, so this concept echoes.

The subject of servant leadership is applicable to patient-centred care. Organisations that have leaders who are servants enhance quality, satisfaction, and safety significantly due to the relationships of trust, professional development, and promotion in mutual respect (Demeke et al., 2024). In a qualitative case study of Ethiopian state hospitals, servant leadership, as practiced by managers, enhanced patient-safety culture via staff empowerment, risk-increasing motivation, staff professional development, and the healthcare communication system (Demeke et al., 2025).

Real-life examples of servant leadership in hospitals are evident. Turkey has observed a positive outcome of leadership based on nurse-manager serving (enhanced innovation, job performance, and patient satisfaction) (Purwanti et al., 2023). In the conditions of COVID-19, leadership provided psychologically safe working conditions by ensuring the well-being of the staff, providing emotional support, and guaranteeing the provision of essential resources (ResearchGate, 2025). All of them jointly demonstrate that servant leadership transcends conventional hierarchies by applying ethical stewardship, staff empowerment, and patient-centred values to organizational culture. Leaders who serve others effectively can foster environments where both caregivers and patients flourish, establishing a firm foundation for compassionate, high-quality healthcare.

2.8. Adaptive and Situational Leadership

Adaptive and situational leadership represents a dynamic, context-driven approach to leadership especially powerful in the pulsating, unpredictable environment of hospital care. Adaptive leadership, as framed by Heifetz and Linsky, is rooted in recognizing when traditional methods falter and engaging the collective intelligence of the team to tackle complex systemic challenges (Tulane Public Health Blog, 2024). Leaders brave enough to shift tactics in response to evolving contexts such as crises versus routine operations can guide organizations through uncertainty with resilience and agility.

Situational leadership builds on this flexibility by encouraging leaders to match their behavior to the maturity and needs of their team and the task at hand. The model proposes navigating between four strategies telling, selling, participating, or delegating based on indicators such as employees' confidence, skills, and the demands of the moment (Bantuas & Conales, 2024). In hospital settings, this calibration can have real impact: a 2022 NZ study found that during academic staff redeployments amid the COVID-19 crisis, situational leadership notably improved operational efficiency and reduced confusion (Nonaillada et al., 2022).

Beyond crisis response, evidence supports that adaptive leadership enhances organizational resilience. Leaders capable of shifting their style in response to shifting clinical challenges whether a public health emergency or technological transformation tend to preserve morale, engagement, and team cohesion (Fagerdal et al., 2022; Sott, 2025). Empirical findings also connect situational leadership to higher job satisfaction among healthcare staff: a study at a medical center in the Philippines found moderate positive correlations between flexible leadership and job satisfaction (Bantuas & Conales, 2024). Combined, these ideas demonstrate that adaptive and situational leadership is beyond theory it is a feasible working plan to lead hospitals through the maze of present-day healthcare challenges.

2.9. Distributed / Shared Leadership

Distributed circulated Leadership redefines the concept of hospital administration as a collective activity, with leadership being decentralised to multiple positions instead of concentrating on one individual. However, this model breaks down the hierarchical structures, which means that coordination within departments will be improved due to shared responsibility and communication (Spillane et al., 2006).

This collaborative framework boosts interdepartmental coordination in large healthcare institutions. Clinical specialty and administrative division teams can also operate in the name of common goals, expertise sharing, and the co-

foundation of solutions, further maintaining a sense of unity in both mission and practice (Salmon et al., 2020). The distributed strategy overcomes silo operations and promotes in-depth care.

This was demonstrated through real-world examples. For example, Foundry Integrated Youth Services demonstrated the role of distributed leadership in smoothing the delivery process and enhancing the intensity of interagency partnerships to expand care access (Salmon et al., 2020). Within organisations, researchers have discovered that distributed leadership has significant benefits related to job empowerment, engagement, job satisfaction, and commitment, which form the aspects of high-performing hospitals (Quek, 2021).

Leadership does not fit only a formal position, in practice-based environments the frontline staff (such as a general practitioner in charge of multidisciplinary teams) hypothesizes to exercise leadership across organizational boundaries all aimed at maximizing patient care (Braut et al., 2022). Such actions demonstrate the concept of leadership-as-practice, whereby influence diffuses across functional groups and not just among so-called leaders.

These observations combine to describe distributed leadership as a strong and effective alternative for hospitals pursuing cooperative stewardship. Through the decentralisation of formal power and the ability to access rooms widely throughout the organisation and pooling of domain expertise, hospitals enhance coordination and create a more resilient and inclusive leadership culture, which is vital in the current complex data environment of care

3. Conclusions

Hospital administration functions within very intricate, high-stakes settings, in which leadership has a direct influence on patient outcomes and performance, as well as on the morale of the workforce. It is important to note in this review that different styles of leadership will be inadequate to answer all the needs of a hospital. Rather, administrators need to learn various approaches and decide which one fits in a specific context.

The literature suggests that transformational and democratic styles have the maximum end outcomes in hospital performance. Transformational leadership is inspirational, motivational, and considerate (one-on-one), which helps innovate and substantially engage the staff. Democratic leadership promotes involvement and collaboration, which enhances communication and satisfaction among disciplinary teams. Their combination strengthens better cultures, boosts patient safety, and provides institutional resilience.

However, the review also states that autocratic leadership may be required in emergency situations, such as sudden outbreaks, mass casualties, or rapid action situations, where immediate coordinated action is needed. Nevertheless, in the long term, authoritarian methods often stifle imagination, demotivate staff, and damage workplace relationships.

Finally, multifaceted hospital leadership cannot be based on a single philosophy. It should be adaptable, climate-sensitive, and reliant on various models. In situations such as mines, administrators applied situational judgment; when crises were impending, they exercised more directive power, followed by alternating on participative or transformative models in cases when the situation calmed down. The combination enables hospitals to handle fast challenges at a time when long-term patient-centred excellence is the aim.

Recommendations

- **Multipolar leadership style**: One model does not suffice because strict strategies are not conducive to the success of hospital administrators. The leaders are advised to be composite and adjust various approaches to different circumstances, that is, use an autocratic style at the time of crisis and transformational or democratic style when dealing with everyday routines and long-term plans.
- **Strengthening leadership development programs;** Training on leadership ought to be transformational, democratic, and servant-leadership concepts. Such styles enhance the engagement of the staff and motivate them, which supports patient-centred and ethical values. Develop adaptive skills through real-world simulations, mentorship, and reflective practices.
- **Reduces autocratic decision-making**; These policies can encourage inclusive structures that include all staff, including clinical and administrative staff. Shared governance designs promote cross-departmental work, reduce hierarchies, and enhance satisfaction.. Multidisciplinary committees and joint planning forums in hospitals should be institutionalised for participative structures.
- **Extends empirical studies in the field of healthcare leadership**; additional research should be conducted to determine the results in various settings, particularly in developing nations, when resource constraints,

epidemical differences, and systematic forces are influential in the inter-relations of leadership. Strict research will provide evidence-based information on reforms and customised training.

- **Have leadership assessment systems**: Hospitals must develop an ordered system to evaluate, track, and enhance administrative competence on an ongoing basis. The framework can involve 360-degree feedback, competency tests, and patient/staff satisfaction surveys. The inculturation of evaluation promotes responsibility, creativity, and long-lasting development.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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