

Leadership Styles and Nurses' Resistance to Organisational Change in Private Hospitals: A Narrative Integrative Review

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Abstract

Background: Organisational change is a persistent feature of healthcare systems, particularly in private hospitals where efficiency, accreditation, and service expansion are prioritised. Nurses' resistance to change remains a critical barrier to successful implementation. Leadership styles play a pivotal role in shaping nurses' responses to such changes.

Objective: This review aimed to synthesise contemporary evidence on the relationship between leadership styles and nurses' resistance to organisational change in private hospital settings.

Methods: A narrative integrative review was conducted using the Population–Concept–Context (PCC) framework. Literature published between 2020 and 2025 was retrieved from Scopus, Web of Science, PubMed, CINAHL, and Google Scholar. Studies examining leadership styles and nurses' responses to organisational change were included. Data were extracted and analysed thematically.

Results: Transformational leadership was consistently associated with reduced resistance through enhanced trust, psychological readiness, and organisational justice. Transactional leadership demonstrated conditional compliance with limited long-term effectiveness. Passive-avoidant leadership increased resistance due to uncertainty and disengagement. Communication quality and leader support emerged as key mediating mechanisms.

Conclusion: Leadership styles significantly influence nurses' resistance to organisational change. Transformational leadership, supported by effective communication and managerial support, is essential in mitigating resistance in private healthcare settings.

Keywords: Leadership styles; Resistance to change; Nurses; Organisational change; Nursing management; Private hospitals

Introduction

Healthcare organisations are undergoing continuous transformation driven by technological advancements, regulatory requirements, and increasing service demands. In private hospital settings, these changes are intensified by the need to maintain financial sustainability and service quality (Cummings et al., 2021).

Nurses play a central role in implementing organisational change; however, resistance to change remains

a significant challenge. Resistance may manifest as emotional withdrawal, scepticism, or reduced engagement, which can negatively affect organisational outcomes (Oreg et al., 2018; Vakola, 2016).

Leadership has been identified as a key determinant influencing nurses' responses to change. Transformational leadership, characterised by inspirational motivation and individualised consideration, has been linked to improved job satisfaction, organisational commitment, and readiness for change (Boamah et al., 2021; Cummings et al., 2021). Conversely, transactional leadership may only ensure short-term compliance, while passive leadership is associated with increased resistance and disengagement (Einarsen et al., 2020; Skogstad et al., 2014).

Despite growing evidence, there is limited synthesis focusing on private hospital settings, particularly in Malaysia (Krishnamoorthy et al., 2020). This review aims to address this gap by integrating contemporary evidence. Leadership plays a significant role in shaping nurses' responses to organisational change, with transformational leadership consistently associated with positive outcomes such as job satisfaction and organisational commitment (Boamah et al., 2021; Cummings et al., 2021). Resistance to change remains a persistent issue affecting healthcare performance (Oreg et al., 2018).

This review provides a focused synthesis of leadership styles and resistance to change specifically within private hospital settings, an underexplored context. It identifies key mediating mechanisms, including communication and leader support, and offers practice-oriented insights for nursing management in Malaysia and similar healthcare systems.

Design

A narrative integrative review was conducted to synthesise empirical and theoretical literature (Whittemore & Knafl, 2005). This review was conducted in accordance with principles adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) to enhance transparency in study selection and reporting

Framework

The Population–Concept–Context (PCC) framework guided the review (JBI, 2020):

- Population: Nurses and nurse managers
- Concept: Leadership styles and resistance to change
- Context: Private hospitals

Search Strategy

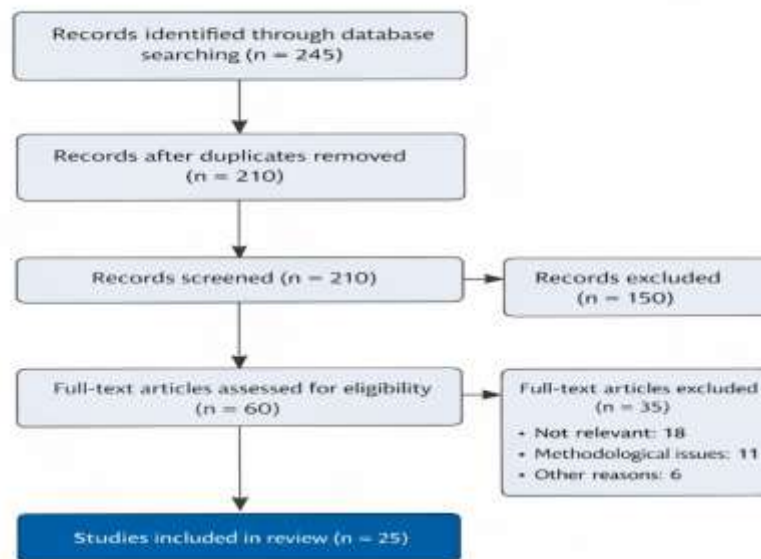
A systematic search was conducted across Scopus, Web of Science, PubMed, CINAHL, and Google Scholar using keywords such as “leadership styles,” “nurses,” and “resistance to change.”

Eligibility Criteria

Studies published between 2020 and 2025, in English, and focused on nursing leadership and organisational change were included.

Study Selection Process

Figure 1: PRISMA Flow Diagram



Data Analysis

Data were analysed using thematic synthesis to identify patterns across studies.

Results

Theme 1: Transformational Leadership Reduces Resistance

Transformational leadership fosters trust, empowerment, and psychological readiness, reducing resistance to organisational change (Boamah et al., 2021; Perez-Gonzalez et al., 2024). Nurses under transformational leaders are more likely to perceive change positively.

Theme 2: Transactional Leadership Leads to Conditional Compliance

Transactional leadership promotes compliance through rewards and monitoring but does not sustain long-term behavioural change (García-Morales et al., 2012; Nordin, 2012).

Theme 3: Passive Leadership Increases Resistance

Passive-avoidant leadership is associated with uncertainty, reduced trust, and increased resistance (Einarsen et al., 2020; Skogstad et al., 2014).

Theme 4: Communication and Support as Mediators

Effective communication and perceived leader support significantly reduce resistance and enhance readiness for change (Cheraghi et al., 2023; Perez-Gonzalez et al., 2024).

Theme 5: Contextual Factors Influence Resistance

Workload, staffing, and individual characteristics influence how nurses respond to leadership and change (Cummings et al., 2021).

Discussion

This review demonstrates that leadership styles are critical determinants of nurses' responses to organisational change. Transformational leadership is particularly effective as it addresses both emotional and cognitive aspects of resistance (Boamah et al., 2021).

Transactional leadership, while useful for maintaining order, lacks the capacity to sustain engagement (García-Morales et al., 2012). Passive leadership, on the other hand, exacerbates resistance due to lack of direction (Einarsen et al., 2020).

These findings align with organisational readiness theory, which emphasises the role of leadership in fostering commitment and capability for change (Weiner, 2009).

Implications for Nursing Practice

- Adoption of transformational leadership behaviours
- Strengthening communication strategies
- Enhancing organisational support systems
- Addressing structural constraints such as workload

Limitations

The review is limited by language restrictions and variability in study designs.

Conclusion

Transformational leadership plays a critical role in reducing nurses' resistance to organisational change. Effective leadership, combined with strong communication and organisational support, is essential for successful change implementation in private hospitals.

References

1. Boamah, S. A., Spence Laschinger, H. K., Wong, C., & Clarke, S. (2021). Effect of transformational leadership on job satisfaction and patient safety outcomes. *Journal of Advanced Nursing*, 77(4), 1803–1813.
2. Cheraghi, M. A., et al. (2023). Nurses' resistance to change in healthcare organisations. *BMC Nursing*, 22(1), 1–10.
3. Cummings, G. G., Tate, K., Lee, S., et al. (2021). Leadership styles and outcome patterns for the nursing workforce. *International Journal of Nursing Studies*, 115, 103896.
4. Einarsen, S., Skogstad, A., Aasland, M. S., & Løseth, A. M. S. (2020). Destructive leadership behaviour. *Leadership Quarterly*, 31(4), 101–123.
5. García-Morales, V. J., Jiménez-Barrionuevo, M. M., & Gutiérrez-Gutiérrez, L. (2012). Transformational leadership influence. *Journal of Business Research*, 65(7), 1040–1050.
6. Joanna Briggs Institute (JBI). (2020). *JBI manual for evidence synthesis*.
7. Krishnamoorthy, Y., et al. (2020). Leadership in Malaysian healthcare. *Malaysian Journal of Medicine*, 75(2), 120–125.
8. Nordin, N. (2012). Leadership styles and organisational change. *International Journal of Business and Management*, 7(13), 120–130.
9. Oreg, S., Vakola, M., & Armenakis, A. (2018). Change recipients' reactions to organisational change. *Journal of Applied Behavioral Science*, 54(2), 123–156.

10. Perez-Gonzalez, D., et al. (2024). Leadership and organisational readiness for change. *Journal of Nursing Management*, 32(1), 45–55.
11. Skogstad, A., Hetland, J., Glasø, L., & Einarsen, S. (2014). Passive leadership behaviours. *Journal of Occupational Health Psychology*, 19(4), 438–452.
12. Vakola, M. (2016). The reasons behind change resistance. *Employee Relations*, 38(3), 320–336.
13. Weiner, B. J. (2009). A theory of organisational readiness for change. *Implementation Science*, 4(1), 67.
14. Whittemore, R., & Knafl, K. (2005). The integrative review methodology. *Journal of Advanced Nursing*, 52(5), 546–553.