Declaration of Authorship

I, Shikder Sujan, Student Number: 2115669, hereby declare that this research project titled "An analysis of the Role of Leadership Strategies in the Effective Management of Organisational Change in UK NHS" is my own research. I have completed this research under the supervision of my esteemed supervisor, "Gwyneth Jones".

I further confirm that:

- This research project was carried out mainly and entirely while studying for the MA Leadership degree at the University of Wales Trinity Saint Davies.
- If any part of this dissertation has been previously submitted for a degree or other qualification at this university or any other institution, it is clearly stated.
- I have acknowledged and duly cited all the sources used in this research project.

Signature : 

Date: 5th of May, 2026

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TITLE

An analysis of the Role of Leadership Strategies in the Effective Management of Organisational Change in the UK NHS

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Abstract

This study examines leadership approaches used in managing organisational change in the UK healthcare system through a special concentration on the National Health Service (NHS). The primary purpose of the study is to determine the effective leadership strategies, which are supposed to offer an effective change implementation in the face of systemic challenges, which are similar to the lack of resources, resistance of staff and policy changes. First of all, thanks to the quantitative method used by the researcher, it was possible to obtain the needed information on the basis of using structured questionnaires. This data has been received from 160 NHS workers occupying various positions. The second aspect emphasised in the analysis concerns the significance of transformational, participatory and distributive leadership approaches for determining whether the change initiative is going to be successful because such an approach creates an interaction between workers and reduces their resistance. Finally, one of the problems that the analysis has revealed consists in the fact that there still exist such issues as resource limitations, bureaucracy and cultural barriers in the medical field. The paper highlights the role of adaptive and inclusive leadership models, which involve communication, stakeholder participation, and continuous professional development. Change Management practices are also well understood by the combination of such theoretical models as the Transformational Leadership Theory and the Change Management Model developed by Kotter. The feasible suggestions that involves investing in the development of leadership, enhancing the interaction of all stakeholders, and simplifying the policies to promote the creation of resilient leadership that operates effectively within complex healthcare environments. Generally, the study makes contributions to both the scholarly literature and the health care practice through highlighting strategic and flexible leadership as a key instrument of sustainable organisational change within the UK healthcare system.

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Chapter 1: Introduction

1.1 Background of the study

Definitions

Leadership is a process of guiding and influencing a group of people to meet a common goal by creating vision, fostering collaboration, and a process of decision-making decisions to ensure the growth of the firm (Lion et al., 2025). On the other hand, organisational change is defined as a process where firms modify their processes, structure, culture and technology to adapt to internal as well as external factors (Hanelt et al., 2021). The combination of these variables leads to the success of each sector, especially healthcare. The healthcare system presents significant challenges to change as the environment is very complex, and to navigate the complex and interconnected systems, the leaders need to properly communicate, collaborate and adapt continuously according to the requirements of healthcare (Tsekouropoulos et al., 2025).

Importance of leadership in healthcare

The effective leadership strategies to manage organisational change within the UK-based healthcare system involve adaptive and dynamic leadership that understands the difficult system, communication and clear vision to establish urgency, strategic use and stakeholder engagement with the focus on the robust planning culture and implementation with the resources and clear goals (Barrow and Annamaraju, 2022). Effective leadership in the UK-based healthcare services has driven positive results such as a 100% clinician compliance rate within one emergency department change project, improved satisfaction of patients as 84% of eligible patients get earlier specialist care, reduced turnover of staff and highly sustainable improvement of the organisation (Harrison et al., 2021). Effective leadership is determined as essential for the growth of organisational change within the UK-based industry by offering a clear vision, improving engagement of staff, fostering trust and well-being, as well as ensuring patient care during the turbulent times (Darling and Venkitachalam, 2020). Stronger leaders motivate the staff, ensure the management of the challenges such as budget constraints and developing demand, and create a supportive and transparent culture (Jinga et al., 2024).

Current NHS pressure

The NHS has been facing constant restrictions, pressure to improve efficiency, and increasing demand for patients, outlining the need for leaders to guide the organisation to deal with these issues (Underwood, 2024). Further, effective leaders are significant to delivering safe patient care, higher quality and improvement of patient results, which is directly linked with strong leadership. Leadership plays an essential role in order to reduce staff burnout, making a supportive work environment and increasing engagement, which are essential for retaining and successfully changing experienced staff (Altus, Inc., 2024). Moreover, leaders motivate innovation and support to embed new techniques of working, ensuring and transforming services that improve, become important for patients as well as staff (Salhab, 2025). In addition to this, the effective leaders promote a transparent, open and conflict-free culture to voice concerns and take accountability collectively, which is critical for implementing change and reducing risks (Ghani et al., 2023).

1.2 Problem statement

Misalignment, limited resources, changing government policies and staff resistance are some of the factors that present the UK healthcare system with significant challenges in sustaining and implementing organisational change (Ramadhani, Khuzaini and Shaddiq, 2024). Even leadership support is rather inadequate, and it is not easy to deal with such problems under the pressure of the environment (Maniatopoulos et al., 2020; Unssc.org, 2024). Although leadership is a crucial aspect, empirical studies on the effectiveness of leadership strategies within the UK healthcare setting are lacking. The current literature does not consider the unique issues that NHS institutions are challenged with, including policy limitations and a lack of resources (Errida and Lotfi, 2021). This research seeks to fill this gap by identifying major leadership strategies that would successfully bring change in the organisation within the healthcare system, which in the end would improve the healthcare outcomes and service delivery.

1.3 Research aim and objectives

Research aim

The primary aim of this research is to critically examine the leadership strategies employed in managing organisational change within the UK NHS. The study seeks to evaluate the effectiveness

of different leadership approaches in facilitating successful change initiatives and to explore how these strategies influence staff engagement, organisational performance, and the overall implementation of change.

Research objectives

- To critically evaluate the relationship between leadership practices and organisational change within the UK NHS.
- To identify and analyse different leadership strategies used by the NHS for managing organisational change.
- To examine the key challenges faced by the NHS leaders while implementing organisational change initiatives.
- To identify the impact that leadership strategies have on the effectiveness of organisational change within the NHS.
- To provide evidence-based recommendations to the NHS and UK Healthcare System for enhancing leadership approaches to organisational change.

1.4 Research questions

- How do leadership strategies influence the management of organisational change within the UK healthcare settings?
- What leadership strategies are most commonly adopted within the healthcare system in the UK NHS to manage organisational change?
- What are the key challenges faced by the UK NHS Healthcare leaders while implementing organisational change initiatives?
- To what extent do leadership strategies impact the effectiveness and outcomes of organisational change?

1.5 Research rationale

The research will also be useful in the healthcare industry as it will offer leadership practices that can be used to facilitate effective organisational change within the NHS. It responds to the contemporary pressures and difficulties, such as those emerging due to the digital transformation, by formulating leadership approaches specific to the healthcare setting (Pereira et al., 2023). In

practice, the investigation will help the healthcare sector cope with the growing patient demand, reorganisation, and the implementation of new technologies in healthcare services (Claudiu George Bocean and Anca Antoaneta Vărzaru, 2025). In theory, the study would be an expansion of such theories of leadership as Transformational Leadership and the Change Model by Kotter, using them within the context of the NHS. It will also provide secondary findings to other researchers in the future to support them in their studies and broaden the academic literature (Gutterman, 2023). The study will also develop the academic and professional skills of the researcher and develop his or her ability to analyse, interpret and conduct research (G'aybullo o'g'li, 2026).

1.6 Research structure

This research will include the following structure:

Chapter 1: Introduction

This chapter presented a strong background of the study and helps the reader to understand the purpose of this entire research by including the research aim and objectives.

Chapter 2: Literature review

This chapter includes critical arguments of different authors on the respective findings, which increase the authenticity and credibility of the research outcomes.

Chapter 3: Methodology

This chapter highlighted the key methods used by the researcher to achieve the research objective of this study by using primary data that has been collected by analysing the experiences of the healthcare employees.

Chapter 4: Findings and analysis

This chapter provides the findings from the collected data and ensure an effective response to the research question via frequency distribution.

Chapter 5: Discussion

This chapter interprets the findings of the survey and relates it with the existing literature.

Chapter 6: Conclusion

This chapter summarised this entire study by highlighting the key points of the research.

Chapter 2: Literature Review

2.1 Introduction

The healthcare system in the UK operates in a complex and dynamic environment, which requires effective leadership to address changes within organisations (Underwood, 2024). As the healthcare industry has evolved, a large base of it has undergone technological advancements, policy reforms, and increasing patient demands; leadership strategies have become more effective in facilitating successful change management (Mwamba, 2023). The changes in the organisation of healthcare included the restructuring process, the adoption of innovative practices, and the fostering of a receptive culture (Clack, Smith and Charns, 2025). Leadership has been identified as a critical determinant of change success; however, its effectiveness varies across organisational contexts. The leadership helps in guiding the staff, managing resistance, and aligning resources to meet strategic goals (Sott and Bender, 2025). By understanding the effectiveness of a range of leadership approaches in relation to enhancing the delivery of service, improving patient outcomes, and stable resilience of the organisation (Khatri and Assefa, 2022). The review helps to describe the whole literature on the leadership strategies for adjusting to the changes in the healthcare system of the UK. The paper will examine the issues burdening the healthcare leaders and test the effectiveness of different leadership styles on organisational performance. Although Pereira et al. (2023) argue that it is crucial to build an innovation culture with the help of a transformational leadership style, Al-Habib (2020) claims that leadership should be flexible enough to respond to the organisation-specific complexities in healthcare organisations. Combining these points of view, one will see that transformational leadership can be used to spur innovation; however, they need to be flexible and context-sensitive to meet the peculiarities of the healthcare field.

The provided comparison refers to the fact that a balanced form of leadership is needed that will permit fostering innovation and flexibility. The significance of adaptive, transformational, and participative leadership styles has also been mentioned in the review to improve the sustainable changes that are leading to a healthier and more efficient healthcare system (Liden, Wang and Wang, 2025).

2.2 Concept

The concept of leadership strategies and organisational change within the UK healthcare system has been extensively examined by different scholars, showing its vital importance in improving healthcare delivery and adapting to the evolving challenges (Gelaidan, Al-Swidi and Mabkhot,

2022). According to the author Pereira et al (2023), effective healthcare leadership is very important, as it helps to foster a culture of innovation and continuous improvement, which are both essential for successful organisational change. Also, the transformational leadership acts as a key approach, which empowers the staff, promotes collaboration, and even drives systemic change (Nazir, Gautam and Zhu, 2025).

Simultaneously, the author Al-Habib (2020) stated that the leadership strategies should be a flexible and context-oriented approach that can respond to complexities that are found within the healthcare organisations. Their study indicates that leaders must be able to participate in participatory decision-making processes that involve the various stakeholders, in which they own and commit themselves to the change process to make the initiatives. Besides, according to the author, Barr and Dowding (2022) did not lose their focus on the relationship between the styles of leadership and organisational change outcomes, as they have observed that transactional leadership is not always effective in a dynamic healthcare environment. They detailed that the leaders, whose approach has been transformational, are better placed to motivate, in addition to the ability to maintain the change by aligning the key goals of the organisations with the values of their staff and patient-focused care (Restivo et al., 2022). This demonstrates that the approaches of the management in the UK healthcare sector must be both multifaceted and dynamic, with a focus on collaboration, empowerment, and shared vision in order to effectively address the organisational change. It is also through this synthesis that I will be able to provide a base on which the leadership can be afforded to traverse the intricacies of modern-day healthcare issues in the UK (Khan, 2024).

2.3 Theories

Transformational Leadership Theory

The Transformational Leadership Theory helps to emphasise that the inspiring and motivating employees to exceed expectations by developing a compelling vision, and also promoting an environment of trust and innovation (IMD, 2022). The Leaders, who are adopting this style, kept their focus on developing strong relationships with their teams, raising the level of creativity, and also empowering their staff to take ownership of change initiatives (Thomas, 2024). In healthcare, the transformational leaders also help in organisational change by aligning the values of staff with patient-centered goals, promoting collaboration, and raising a shared commitment to improvement.

With this leadership approach, it can be effective in dynamic and complex settings, like the UK healthcare system, where continuous adaptation and engagement are very critical to achieve long-term success (Raoush, 2023). As transformational leadership helps in driving systemic change, it inspires employees to embrace new ways of working and also sustains improvements over long periods (Vijai, 2025). Although Transformational Leadership Theory encourages innovation and motivation, its failure in the NHS setting is the fact that it was based on individual leaders, which would not have been effective in a large bureaucratic organisation (Ugochukwu, 2025). Moreover, it may not be in a position to cross organisational and cultural barriers that are fundamental.

Kotter's Change Management Model

Kotter's Change Management Model is structured as it is an eight-step process, which is developed to help organisations implement successful change (Sittrop and Crosthwaite, 2021). This model begins with creating a sense of urgency to show a high need for change, followed by building a guiding coalition of the influential leaders (Harrison et al, 2021). It describes that developing a clear vision and strategy to direct the change effort, by communicating the vision widely, and also empowering the employees by removing their barriers. The model also facilitates the achievement of short-term wins to create momentum, strengthen the gains, which helps to drive further change, and also anchors the new and modern approaches into the organisational culture for improved sustainability (Ahmadi, 2023). In healthcare, Kotter's model gives a practical framework to effectively manage the complex changes and also to ensure that leadership drives engagement, minimises resistance, and also it secures lasting improvements in care delivery (Carreno, 2024).

2.4 Theoretical framework

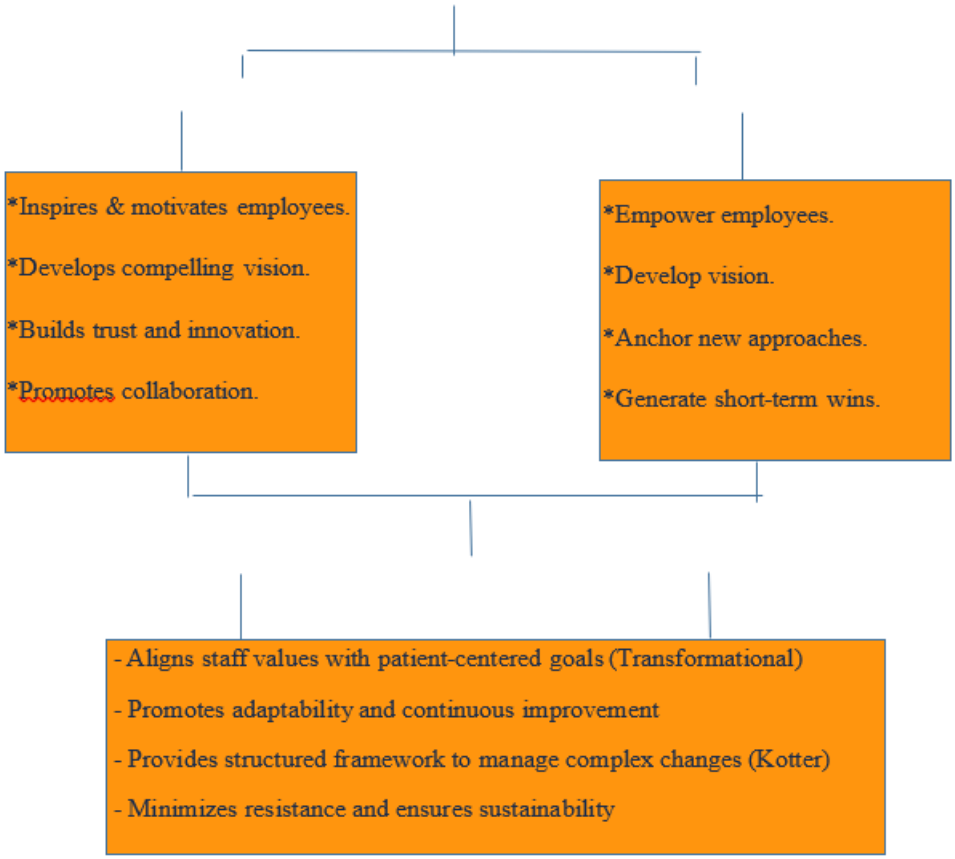


Figure 1Theoretical framework

Sourced: Self-Created

This paper is a critical integration of Transformational Leadership Theory and Kotter Change Management Model in discussing leadership in organisational change in the UK healthcare system (Kotter, 2025). Transformational Leadership is viable in fostering trust and aligning personnel with patient-centred objectives; however, it is a style that focuses on emotional involvement, potentially overlooking structural and procedural issues that are fundamental in the bureaucratic NHS setting (Prosci, 2024). On the other hand, the Model by Kotter gives a more precise, structured method of change management and resistance management, but the strict, step-wise process might not be as flexible as required in a fast-changing healthcare industry (Saif et al., 2025). The combination of these theories forms a hybrid solution, but the focus on emotional and procedural aspects may be a challenge in achieving the balance of innovation and a structured change.

2.5 Leadership and organisational change within the UK healthcare system

In line with Sims et al. (2021), leadership has been central to completing the change process within the organisation in the UK healthcare system, which is a setting that is not only complex but also experiences sudden policy changes and has limited resources. Since different researchers have discussed how, with the assistance of effective leadership, it is possible to make successful change initiatives, and others have also warned that an overestimation of the power generated by the leadership under the influence of systemic challenges should be avoided (Cairney and Toomey, 2025).

As stated by the author Wessel et al (2021), the impact of leadership upon the organisational change, as the transformational leadership is essential in the NHS, which helps to foster innovation and also improves the patient outcomes. They highlighted that the leaders who inspire and also empower their staff members can easily create a culture receptive to change, which is very critical, in continuous reforms in healthcare delivery. This shows that the leadership acts as a catalyst, which helps in aligning the staff values along with organisational goals, thus it ultimately enhances the adaptability (Øygarden, Olsen, and Mikkelsen, 2020).

Meanwhile, in the view of authors Evans and Britt (2022) have presented a more critical view. As they caution that despite the leadership efforts, the organisational change within the UK healthcare system can also sometimes advance the official inertia, as well as the structural constraints. The leadership capacity is frequently undermined by rigid hierarchies as well as conflicting policy directives, which may limit the ability of the leaders to effect meaningful change (Thomas, 2023). This shows that systemic barriers can also make a negative impact on leadership effectiveness.

However, in the view of Leach et al (2021) emphasise that the distributed leadership, where the responsibility is shared across different kinds of levels in the organisation, also allows a more effective change process within healthcare. Their research in the UK hospital trusts helps to reveal that this approach also promotes collaboration and shared ownership, which helps in changing a more sustainable and less dependent upon the individual leaders. With the help of effective leadership development programs, it can build the capacity at multiple organisational tiers. In addition, the authors Mabe, Swarts, and Mmako (2025) have provided evidence that leadership engagement can also directly correlate with the morale as well as the retention of staff members, which are very vital during periods of change. They note that the leaders who communicate transparently and also involve their staff members at the time of decision-making can help to

mitigate the resistance and also foster a commitment to new ways of working, as supported by Ogu (2024). This demonstrates that the leadership not only contributes to the creation of a change in an organisation, but it also designs the culture that promotes the change.

In the meantime, according to the author Lea El Hachem et al (2024), say that even the leadership cannot assist in overcoming the firmly established professional cultures or power relations within healthcare organisations. Their qualitative studies add to explaining the fact that the change initiatives tend to fail, not because of ineffective leadership, but because of the effect of resistance, which is developed in the organisational routines and professional identities (Nagem, 2022). One needs a wider perception of the change as a sociopolitical process that requires leadership, but not alone. Whereas the transformational, or the distributed leadership models are applauded to drive the engagement or adaptability, the structural and cultural barriers are also great hamstrings (Rosen, 2020). This implies that successful leadership should be supplemented by structural reforms, which contribute to the realisation of sustainable organisational change.

To sum up, although leadership, especially transformational and disseminated, is an essential factor that causes change in the NHS, it is usually ineffective due to the systemic obstacles, i.e., false hierarchies and cultural resistance. Organisational change should not only be supported by a strong leadership but also structural reforms to counter these challenges.

2.6 Analyse different leadership strategies used by the UK Healthcare system for managing organisational change

In line with Sayyed et al. (2024), the change process in the UK healthcare system is highly complicated, and it demands the adoption of effective leadership practices to ensure that the process of implementation and sustainability is successful. Since different scholars have discussed that, these methods of leadership bring out various opinions, which illustrate the multifactorial aspect of healthcare settings. However, according to Ata Mohajer-Bastami et al. (2025), transformational leadership is a strategic tool that is critical in managing the change. They state that good leaders in the healthcare sector must create an attractive vision, articulate it effectively, and also motivate their employees to take up new paths.

Besides, Harrison et al. (2021) explained that the eight-step model to bring change in management has also been highly used in the NHS to bring cultural change as well as to enhance patient care outcomes. This demonstrates the significance of motivation and also encourages teams to rely on

hierarchical authority. Nevertheless, the healthcare leaders in the UK are also experiencing various obstacles, especially in getting staff to accept change. The reasons why reluctance may occur are the long-term habit and job security, or the technological change. The effective communication, participation in decision-making and training allow addressing these problems effectively. The UK healthcare system employs leadership approaches such as transformational, distributed and situational leadership. Transformational leadership encourages change but is opposed to it, whereas distributed leadership enhances adaptability (Malek and Almarri, 2024). Situational leadership is approach-oriented to the needs of the team. Effectiveness is based on communication, flexibility, and goal balancing, but systemic barriers and resistance hinder success.

In contrast, as stated by the authors Patey and Soong (2023), the traditional top-down leadership models advocate for a better participation approach. As they highlight that in the settings of healthcare, involving the front-line staff within the decision-making also helps to promote better ownership and thus minimises the resistance to change. Also, they have suggested that distributed leadership, where the authority and responsibility are shared across various kinds of levels, can enhance adaptability and even responsiveness during organisational transitions. However in the opinion of Alsaqqa (2020) has provided a practical framework, which focuses on situational leadership, which also helps to tailor the leadership style as per the specific context of change. Also, the healthcare leaders of the UK should be flexible, shifting between directive and supportive behaviours, which is based on the readiness and also the needs of their teams (Razavi et al., 2022). At the same time, compassionate leadership in the healthcare transformation was discussed as it was described by the author Gotsis (2023). Since their study can help to narrate that the leaders who have shown empathy, support, and real concern with the well-being of the staff have done so, it assists in the establishment of trust and psychological safety. The environment also increases the innovation and openness to change, which is especially highly significant in the high-pressure environment such as the NHS, where the burnout of staff members and the morale may affect organisational success.

According to the author, Braganza et al (2022) have maintained their interest in the strategic leadership and the necessity to harmonise the change initiatives with the health policy at large. Since they are the leaders of the UK healthcare, they must be forced to balance the operational needs of the short term and the long-term strategic goal, which assists in aligning the organisational change with national goals such as sustainability and patient-centred care. This brings out the

challenges of sailing through political factors, economic, and even social factors during the leadership of change in the public health institutions.

2.7 Key challenges faced by UK Healthcare leaders while implementing organisational change

Based on the view of Cheraghi et al. (2023), the UK healthcare leaders are also facing numerous challenges, particularly in overcoming staff resistance to change. The causes of reluctance may be due to the long-term habits and job security, or to technological change. These problems can be addressed effectively by means of effective communication, involvement in decision-making, and training. There are some challenges, such as changing healthcare professionals, accustomed to established routines, often perceive change as disruptive and threatening, which increases the resistance, which can hinder progress. Managing this resistance requires leading effective communication for the benefits of change and involving staff in the process of decision-making (Xue et al., 2024).

However, Singun (2025) explained that there are significant obstacles, such as limited funding, staffing shortages, and infrastructural deficiencies, which can force the involvement of new technologies. Leaders have to reduce the constraints when trying to give an introduction about the innovative practices, which is required for prioritisation and compromise. Additionally, there are a lot of hurdles in the NHS, such as the complex policies and lengthy process of approval, which can delay large change efforts.

As per the view of Hubbart (2023), the capacity of leadership and lack of skill are influential challenges. An effective change in management of the organisation requires strong transformational and strategic leadership abilities, including emotional intelligence, adaptability, and strategic vision. However, some of the leaders may be suffering from insufficient training or experience in leading change, which can also lead to low-level outcomes (Tenschert, Furtner and Peters, 2024). The communication and collaboration could be severely impacted by the structure of healthcare organisations, their complexity, and hierarchies. Such variables have a tendency to make the implementation of a new vision hard. To illustrate, the departmental boundaries, workflow, and silos among professionals may be counterproductive to the flow of information and ideas, and the leaders will not be able to spread out an overall approach toward the change (Nicola et al. 2020). On the other hand, Nordberg and Aflaki (2024) underlined that established procedures and practices can become the source of resistance to the emergence of new work patterns. By virtue of this, it

renders the process of establishing a culture of cooperation and openness to innovations long and laborious, especially in the larger and more bureaucratic medical setting like the NHS.

As stated by Buonocore et al. (2024), the changes of the initiatives are affected by a high number of external pressures, which include policy reforms, public expectations, and political influences. Leaders must be linked to the objectives of the organisation and the health concerns of the country that involve the minimisation of conflicts of interest and adherence to the regulations (Abbas, 2025). Furthermore, the regular update of technological changes requires the leaders to regularly adopt and insert new systems, which adds more complexity to the change process.

According to Senek et al. (2020), in an organisation, the cultural factors also hinder the changes. The new way of ingrained deep practices and resistance to adopting the new ideas of working to persist is responsible for this, despite the efforts of leadership. Leaders need to use a culture of innovation and regular improvement, which can be challenging for traditional healthcare settings. Overall, the healthcare leaders of the UK have to deal with multiple challenges to manage the changes in the organisation. The success depends on the ability to develop strategic approaches that target the resistance, optimise resources, enhance leadership skills, and boost the supportive culture in the midst of external pressures. With the help of recognising and overcoming these barriers is important to analyse the effective change implementation that boosts the improvements of sustainable healthcare delivery (Thapa, Pratikshya Gyawali and Dhirendra Kalauni, 2026).

2.8 Impact of leadership strategies on the effectiveness of organisational change within the UK Healthcare system

As per the opinion of Suryadi, Trisnawati and Al-Amin (2024), the strategies in leadership are boosting the success of organisational initiatives for changes in the healthcare system of the UK. Transformational leadership, which is also inspiring and motivating the staff to share goals, has created a better, more positive environment for change. To provide an example, the NHS leaders who have adopted the concept of transformational leadership have succeeded in matching organisational goals with staff values, which results in staff engagement and commitment, and thus have been capable of making changes more efficiently (Wessel et al., 2021). Apart from that, Blake et al. (2020) explained that with the help of these strategies, the leaders want to use innovation, become an initiator of collaboration, and build trust within groups. These are factors that are

required to go beyond the opposition to the change and ensure a smooth transition in the process of organisational change (Nadler, 2024). These kinds of leadership styles are also influencing the engagement of staff and commitment, and as a result, the move to effective implementation of change initiatives (Zuchowski et al., 2025).

Whereas Sahay and Goldthwaite (2023) outlined that the strategies of participative and democratic leadership have a big impact on organisational change by involving the staff at all levels in the process of decision-making. When the professionals in healthcare are engaged with planning and implementing the changes, they are more likely to target the initiatives as legitimate and necessary, which leads to enhancing the buy-in and reducing resistance. This approach helps to adopt several perspectives, which help to provide more detailed and sustainable solutions.

In the same way, Leach et al. (2021) signified that one of the NHS Trusts demonstrates that the implementation of new patient care guidelines made the frontline employees more satisfied and facilitated the adoption of change more easily when they took part in the decision-making procedure. On the other hand, Khairy, Baquero and Al-Romeedy (2023) stated that transactional leadership that is founded on compliance through reward and punishment might not be a practical approach to the formation of long-term change in the complex healthcare setting. Though it can ensure the short-term adherence to the new procedures, transactional leadership is unable to address the cultural shift that the change requires to be long-term. The case of the NHS, where the entity has been relying on transactional leadership during periods of budget cuts, has led to a short-term period of operational efficiency improvements but no more significant cultural changes to achieve the current healthcare reforms (Duncan, 2020).

Even though, Smith et al. (2021) outlined that the NHS leaders ought to balance between transactional strategies and transformational and participative strategies so as to implement more sustainable changes. The impact of the great leadership strategies is measured in the results of the organisational performance in the structures of patient safety, staff satisfaction, and operational efficiency. Strategic leaders in the NHS, who are concentrated on innovation and flexibility, are able to respond to the pressure and changes in technologies better, which leads to organisational resilience (Mishra et al., 2026). One case is that the leaders of the NHS who embraced a digital innovation during the COVID-19 pandemic were able to react quickly to remote consultations and increase access to care without putting patients at risk.

According to Specchia et al. (2021), emotional intelligence, strategic thinking, and change management training will help make the leaders more efficient in addressing the challenges. The implementation of the NHS Long-Term Plan has been linked to the greater success rate of introducing complex changes in NHS organisations through the use of Leadership training programs (Lea El Hachem et al., 2024). In addition, leadership development programs within the NHS are significant in enhancing the ability of leaders to manage change.

To sum up, the leadership strategies are important in evaluating the success of organisational change in the NHS. The right balance of transformational, participative, and strategic leadership approaches is the key to the provision of a favourable environment in the change process, the increase in staff engagement, and the increase in organisational results (Zuchowski et al., 2025). The practical examples in the NHS can teach us that leadership brings about change in the provision of healthcare services in the long-run.

2.9 Conceptual framework

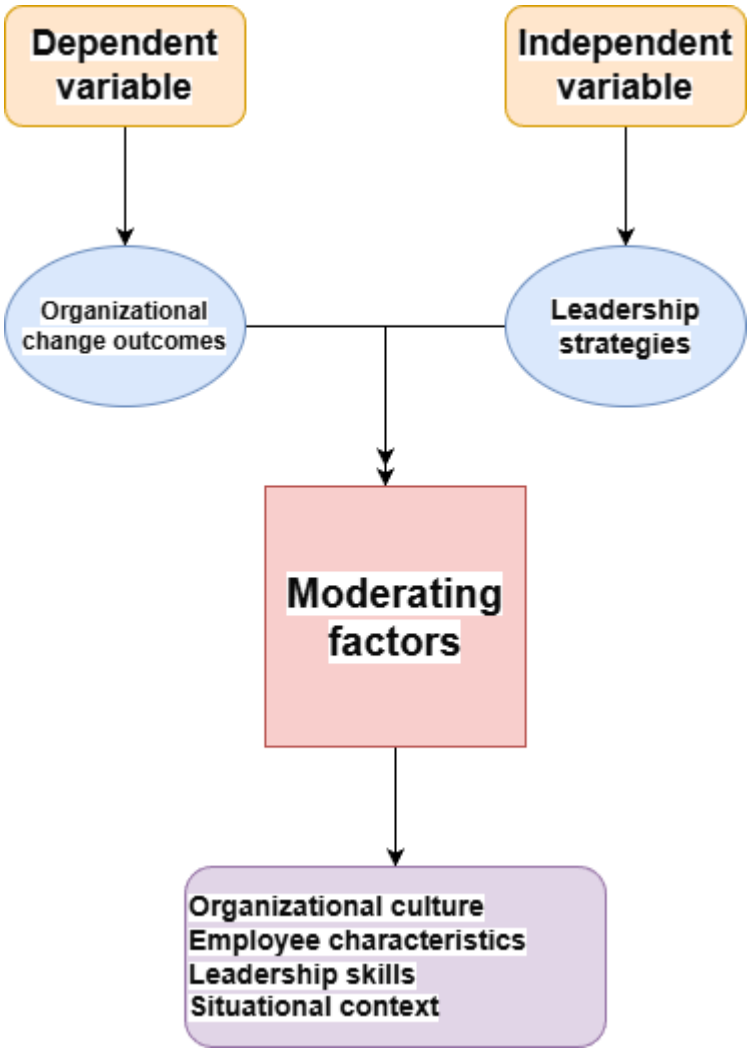


Figure 2 Conceptual Framework

(Sources: Self-Created)

This research takes the Transformational Leadership Theory and Kotter Change Management Model to break down how the two theories have been used in the UK healthcare system. The change strategies of Transformational Leadership and the Change Management Model by Kotter are the independent variables in this model, and the effectiveness of change in organisations is the dependent variable, which is measured by the success of the change initiatives and patient outcomes (Lewa, Mburu and Murigi, 2022). Also, organisational culture and availability of resources are the moderating variables that may affect change initiatives and success. Transformational Leadership is important because it inspires and encourages employees to accept change and builds a shared

vision, power, and personalised attention, which promotes innovation and dedication within the healthcare environment (Petersson et al., 2022). Kotter Change Management Model, on the other hand, is a step-by-step change management process, which is highly organised and mainly focuses on developing urgency, building coalitions, and implementing new practices into the organisational culture (Harrison et al., 2021). The theories, when taken together, form a multi-level approach to addressing healthcare change challenges, thereby changing leadership strategies according to the organisation's culture and resources to achieve sustainable change.

2.10 Literature Gap.

In fact, the entire study associated with leadership and organisational change contains many gaps that are related to the identification of those factors that might affect the leadership efficiency in the healthcare sector of the UK. The given studies focus on the generic leadership models without adequately addressing the different kinds of organisational culture, policy environment, and resource constraints that are faced by NHS institutions (Salhab, 2025). Moreover, there is little evidence on the comparative effectiveness of the several kinds of eldership strategies that help to manage detailed change in processes in this setting (Mousa et al., 2021). Many studies indicate the contribution of the external forces, such as political interests and financial constraints, to healthcare leadership. The political evolutions, like the change of government health policies, are likely to push the leaders to make sure that their strategies are aligned with the new demands, like cost-cutting or efficiency in services (Harrison et al., 2021). Such pressures are also coupled with the budget crunch, and healthcare executives have to choose from difficult issues, such as firing staff or delaying buying technology, which can weaken long-term goals (Smith et al., 2019). These are the exogenous forces, particularly in the NHS, that dictate the leadership execution and influence the achievement of a change process and organisational changes (Jones and Roberts, 2022). Additionally, the development in leadership is acknowledged as very crucial, and there is an insufficient exploration of how to train and build capacity initiatives who an impact on leadership interventions that reflect the specific challenges and opportunities in the healthcare systems of the UK, which ultimately improves the change management outcomes. By considering these contextual variables, the study provides important information regarding how leadership is used effectively to bring about organisational change in the UK healthcare system to help optimise long-term outcomes and strategic planning.

2.11 Summary.

Literature review has concentrated on successful leadership in coordination of organisational changes within the healthcare system of the UK. It is proof of the numerous pressures the healthcare leadership has to withstand, such as staff opposition, lack of resources, bureaucracy, and external stress. The major influence of the leadership strategies is a shift to participative strategies that remain critical in improving staff engagement, innovation, and performance within the organisation (Harrison et al., 2021). These types of leadership introduce an easier change process in undertaking change initiatives as well as instilling the culture of continuous improvement, resilience and flexibility in the healthcare organisations. Some of the most effective theories of leadership are Transformational Leadership and Kotter Change Management Model, which can be applied to shed a light on the role of strategic and motivational leadership in facilitating a sustainable change in the healthcare setting (Mouazen et al., 2023). The relevance of the vision, involvement of the workers and the gradual process of executing the change, as it was stated in these models, is aplicable (Rosen, 2020). The review, however, states that the research has certain gaps that can be bridged by carrying out more empirical research, especially in the context of the UK NHS.

With such divisions eliminated by leadership development programmes and change management practise, more enlightened healthcare systems can be developed, and they will be more efficient and healthy. One of the conditions for the successful change of healthcare organisations and the improvement of patient care rates in the UK is the empowerment of leadership capability. The extrapolation of findings of these leadership theories and the lack of research gaps will therefore play a critical role in enhancing healthcare leadership and in the assurance of patient care improvement.

Chapter 3: Methodology

3.1 Introduction

The present research is based on a primary quantitative research technique and investigates leadership strategies to be applied to manage organisational change in the UK healthcare system. The measurements of the key variables, such as leadership style, change communication effectiveness, employee engagement, resistance to change, and perceived organisational change outcomes, are taken on the basis of the empirical data obtained by the 160 NHS employees (Steležuk and Wolanin, 2023). The quantitative design should allow conducting a statistical analysis of the interrelations between the leadership methods and the outcomes of change management with references to the impact of the leadership practices on the functionality of change management in the NHS organisations (Babii, 2020). This design is in line with the objective of the research to conduct an objective analysis of the relationship between leadership behaviours and organisational change performance in a large healthcare setting.

3.2 Research Philosophy

This study adopted positivism as its research philosophy, which focused on objective measurement and application of empirical evidence using quantifiable data. The reason why positivism was selected was the possibility to analyse leadership strategies statistically and determine their quantifiable effect on the result of organisational change in the healthcare environment (Conradson et al., 2022). This method made it possible to find correlations between leadership behaviours and change management success, relying on numerical data gathered on employee perceptions (Smit et al., 2023). As much as positivism gave clear, structured results, it was observed that it could have failed to explain the intricacies of human behaviour. Interpretivism, on the other hand, is concerned with subjective experiences but was dismissed because it was less structured and did not fit the aim of the study to quantify the leadership influence on the effect of change. Findings were situational, and they were to exercise caution when extrapolating outside of similar NHS Trusts (Djafar, Yunus, and Pomalato, 2021).

3.3 Research Approach

The study was deductive, in which the available leadership and change management theories, including Transformational Leadership Theory and Change Management Model created by Kotter, were utilised within the NHS setting (Elhusseini et al., 2022). This method meant transforming

general theoretical statements into hypothesis-specific, measurable hypotheses that were evaluated using primary quantitative data (Firdaus, Zulfadilla, and Caniago, 2021). The hypotheses were as follows:

H1: Transformational leadership has a positive impact on the success of organisational change.

H2: Kotters Change Management Model has a positive impact on organisational change outcomes in the NHS.

H3: Leadership tactics have a great influence on the success of organisational change in the NHS.

This deductive approach made it easier to empirically test theoretical models and also assisted in determining the leadership practices that lead to successful change in NHS organisations.

3.4 Research Strategy

The strategy of the survey questionnaire is chosen because it allows gathering the data about a wide and varied NHS workforce, allows for testing the relationship statistically and is time-saving in the stressful healthcare environment (Hasan, 2024). Surveys were considered more suitable than interviews due to time constraints and the need for statistical analysis. Leadership behaviours, communication, engagement, resistance and change outcome are measured on structured five-point Likert scales, which directly correspond to research objectives (Ross and Call-Cummings, 2020). The qualitative techniques are not used because they are time-consuming and their generalisability is restricted.

3.5 Choice of Methods

This study applies a single-method quantitative research design by using structured questionnaires to gather primary data to achieve consistency and can statistically analyse the correlation between leadership strategies and organisational change outcomes (Hazari, 2023). The measurement of the success of change includes the perceived effectiveness of the change initiative, less resistance to change and satisfaction among employees towards the change processes. This should facilitate objective measurement of leadership performance in NHS organisations (Saliya, 2023). Nonetheless, mono-method designs can be characterised by a lack of the possibility to provide depth in the analysis because of the absence of qualitative insights, which is accepted as a methodological weakness (Willmott, 2020). In order to increase the reliability and validity of the study, the pilot study for the survey was conducted.

3.6 Time Horizon

The cross-sectional time horizon is taken, and the data is gathered at one point in time to explore the present leadership practices and organisational change experience within the NHS organisations (Schutt, 2019). This design is suitable because of the time, access, and resource limitations of studies in complex healthcare environments; longitudinal studies can be inconvenient (Henson et al., 2020). The method allows capturing the perceptions of employees in the most efficient way, regardless of their role or department, which indicates the leadership strategies in the process of change and during the process of current or recent change initiatives. The study offers a reflection of the influence of leadership in NHS settings by taking a one-time frame. The design has a positive effect since it considers both research objectives and practical restrictions, even though changes over time and causality cannot be investigated (Iovino and Tsitsianis, 2020).

3.7 Data Collection

Structured questionnaires given to the sample of 160 employees working in various healthcare organisations and departments constitute primary data, which is collected from one of the selected NHS employees (Skinner, 2020). The participants are the staff of clinical, administrative, and middle management. Professional networks and organisational permission are used to facilitate access by employing a non-probability convenience sampling strategy, which is suitable because of time and access limitations in NHS research, but the sample might not be representative of the full population of NHS employees (Klein and Müller, 2019). The questionnaire contains five-point Likert-scale questions based on validated leadership and change management tools to increase the reliability and validity (Noyes et al., 2020). Group comparisons can be made using demographic data. The surveys are sent via the internet and through the paper to ensure that the response rate is as high as possible (Mahuika and Mahuika, 2020).

3.8 Data Analysis

The analysis of quantitative data is done in SPSS. Demographic features are summarised using frequency distribution and descriptive statistics, and the results of leadership strategies and organisational change dominations are identified (Marra and Nielsen, 2025). The key variables, such as leadership effectiveness, change communication, employee engagement, resistance to change, and perceived change success, are analysed using the measures of central tendency (mean and median) and dispersion (standard deviation). Correlation analysis is used to investigate the relationship between leadership-related variables and change outcomes (Noyes et al., 2020);

however, it is not denied that correlation does not mean causation. The cross-tabulation analysis should be used to compare the responses with demographic variables, including job role, department, and length of service, to obtain objective and repeatable results in the evidence-based development of NHS leadership.

3.9 Ethical Considerations

The ethical integrity should be preserved with the help of informed consent, according to which participants should be provided in full with the purpose of the research, the right to free withdrawal, and the use of data (Ocaña-Fernández and Fuster-Guillén, 2021). The participation should be voluntary, and no personal identifiable information should be gathered; confidentiality and anonymity should be enforced (Kang and Hwang, 2023). The research adheres to the governance of NHS research studies and obtains all the required ethical permission (Skinner, 2020). The information processing is based on the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. The data are duly stored on the password-protected systems and stored in accordance with the institutional guidelines, and then destroyed permanently. Results are presented in the form of findings (Reddy, 2021).

Chapter 4: Findings and Analysis

4.1 Introduction

This chapter includes the results of the survey that investigated the issue of leadership and organisational change in the UK healthcare system. It is a report on the findings of reliability analysis, descriptive statistics, and cross-tabulations (Caci et al., 2025). Analysis is organised according to the research objectives that the study set and is then followed by the explanation of the results in connection to the already existing literature on the research topic leadership and change management in healthcare (Pearce, 2024).

The study targets to-

- Critically evaluate leadership and organisational change within the UK healthcare system.
- Identify and analyse leadership strategies used to manage organisational change.
- Examine the key challenges faced by healthcare leaders during change implementation.
- Assess the impact of leadership strategies on the effectiveness of organisational change.

4.2 Presentation of findings

4.2.1 Reliability

Table 1 Reliability (Case processing summary)

Case Processing Summary

		N	%
Cases	Valid	160	100.0
	Excluded[a]	0	.0
	Total	160	100.0

a. Listwise deletion based on all variables in the procedure.

Table 2 Reliability (Statistics)

Reliability Statistics

Cronbach's Alpha	N of Items
.809	10

Interpretation:

The Case Processing Summary shows that the 160 responses obtained are valid with no case exclusions (100%), which proves that the dataset is full and can be analysed in terms of reliability. According to the Reliability Statistics, the Cronbach's Alpha coefficient is 0.809 with 10 items, which is good internal consistency (Izah, Sylva and Hait, 2023). Since the values of over 0.70 are usually deemed as acceptable in social science research, the finding indicates that the survey instrument is a good measure of leadership strategies and change in organisations within the UK healthcare system. On the whole, the results show that the measurement scale has internal consistency and can be used in further statistical analysis. According to the Case Processing Summary, 160 responses were valid, and all the cases were not rejected (100 percent), which proves that the dataset was complete and could be analysed in terms of reliability. The Reliability Statistics indicate a Cronbach alpha coefficient of 0.809 using 10 items, and it is a good sign of internal consistency (Izah, Sylva and Hait, 2023). Since values higher than 0.70 are normally assumed to be acceptable when conducting research in the social sciences, this finding implies that the survey tool is a reliable indicator of leadership strategies and organisational change in the UK healthcare system. All in all, the results indicate that the measurement scale is internally consistent and can be used in further statistical analysis.

4.2.2 Frequencies

Table 3 Frequencies

Statistics

	Years of experience working in the UK Healthcare system	Type of UK Healthcare organisation	Overall quality of leadership in the organisation	Frequency of significant organisational change	Most common leadership style demonstrated during change initiatives	Approach to stakeholder engagement during organisational change	Most significant barrier to successful organisational change implementation	Extent to which resource constraints hinder change management	Success of recent organisational change initiatives	Degree of leadership strategies contribution to positive change outcomes	Most effective intervention to improve leadership in managing change	Importance of continuous professional development in change management
N Valid	160	160	160	160	160	160	160	160	160	160	160	160
Missing	0	0	0	0	0	0	0	0	0	0	0	0
Mean	2.9813	2.9813	3.7313	3.4750	3.0688	3.0938	3.0750	3.4313	3.7563	3.8125	3.2000	3.7750
Median	3.0000	3.0000	4.0000	4.0000	3.0000	3.0000	3.0000	4.0000	4.0000	4.0000	3.0000	4.0000
Mode	4.00	4.00	4.00	4.00	4.00	3.00	4.00	4.00	4.00	4.00	4.00	4.00
Std. Deviation	1.22074	1.28108	.88823	.99653	1.33234	1.17520	1.31537	1.01326	.93665	.88444	1.26292	1.02761

Interpretation:

The table indicates the frequency distribution and the descriptive statistics of the key variables. The completeness of the data set was adequate, and all 160 of the responses were valid. The average scores were between 2.98 and 3.81, which implies an overall positive and moderate outlook on the topic of leadership and organisational change in the UK healthcare system. As an illustration, the quality of leadership had a mean of 3.73 and change initiative success had a mean of 3.76 (see Table 3). The fact that the median of most variables is 4 is also an indicator that most respondents had a positive view towards leadership and change-related practices. The values of the standard deviation. The degree of respondent variability is moderate. This variability is significant with reference to the aims of the study since such variability will indicate that although the general attitudes towards leadership and change are favourable, the experiences might vary among the departments and positions. This variation can be due to the difference in leadership approaches or the success of change execution in the context of healthcare facilities, which is directly linked to the purpose of the study, to analyse the leadership strategies and their influence on the effectiveness of organisational change.

4.2.3 Frequency Table

Table 4 Years of experience working in the UK Healthcare systems

Years of experience working in the UK Healthcare system

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 2 years	25	15.6	15.6	15.6
	2-5 years	31	19.4	19.4	35.0
	6-10 years	40	25.0	25.0	60.0
	11-15 years	50	31.3	31.3	91.3
	More than 15 years	14	8.8	8.8	100.0
	Total	160	100.0	100.0	

Interpretation: According to the table, the respondent population is mainly constituted by mid-career professionals, with the majority having between 6-15 years of experience in the UK healthcare system. This implies that the results were informed by people who have a huge exposure to organisational structures and change processes. The existence of both newcomers in the profession as well as the extreme professionals also adds to the variety of the points of view represented within the dataset. This is quite a variation, and leadership perceptions tend to vary, most of the time, based on professional tenure. More seasoned respondents could judge the effectiveness of leadership by the length of time the organisation has been exposed to change programs, and less seasoned employees might respond based on newer reforms and new practices. This distribution increases the validity of the results, given that it represents an equal cross-section of professional experience in the healthcare system.

Table 5 Type of UK Healthcare organisation

Type of UK Healthcare organisation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NHS Hospital/Acute Trust	27	16.9	16.9	16.9
	Primary Care/GP Practice	32	20.0	20.0	36.9
	Mental Health Trust	37	23.1	23.1	60.0
	Community Health Services	45	28.1	28.1	88.1
	Private Healthcare Provider	19	11.9	11.9	100.0
	Total	160	100.0	100.0	

Interpretation: The statistics indicate a wide coverage of various kinds of healthcare organisations. The largest proportion (28.1%) of the respondents are employed in Community Health Services, which suggests that such organisations have a considerable influence on organisational change management. Mental Health Trusts (23.1%) and Primary Care/GP practises (20) are the next closest with only a slight difference, indicating that leadership approaches in these fields are essential to comprehend the issues in the healthcare system at large. NHS Hospitals/Acute Trusts contribute 16.9% compared to 11.9% of the Private Healthcare Providers. This dissemination indicates that the research encompasses a high diversity of organisational environments, which gives the opportunity to have a broad overview of leadership styles and the diverse challenges and difficulties encountered in different healthcare environments (Singh et al., 2024).

Table 6 Overall quality of leadership in the organisation

Overall quality of leadership in the organisation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very poor	4	2.5	2.5	2.5
	Poor	4	2.5	2.5	5.0
	Satisfactory	54	33.8	33.8	38.8
	Good	67	41.9	41.9	80.6
	Excellent	31	19.4	19.4	100.0
	Total	160	100.0	100.0	

Interpretation:.

The table shows that the quality of perception on leadership in the UK healthcare organisations is mainly positive. There was an easy majority of respondents who rated leadership as good or excellent, which means that confidence in leadership effectiveness was rather high in the organisations that were surveyed. Nevertheless, the percentage of respondents who defined leadership as Satisfactory is significant, indicating that, as much as the leadership has a positive image in general, the aspect of leadership still needs to be improved and the practice more consistent. The extremely low percentage of negative reviews shows that huge dissatisfaction is not as high as it is not completely absent. The findings indicate that leadership in the UK healthcare system can be generally viewed as effective, especially in organisational change. However, the difference in answers underlines the possible lack of consistency in the quality of leadership in

different departments or environments. This provides a case in support of the ongoing leadership development and adaptive leadership practices in order to maintain the effectiveness over the years in times of organisational change (Musaigwa, 2023).

Table 7 Frequency of significant organisational change

Frequency of significant organisational change

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rarely (once every 2-3 years)	8	5.0	5.0	5.0
	Occasionally (once a year)	14	8.8	8.8	13.8
	Regularly (2-3 times a year)	53	33.1	33.1	46.9
	Frequently (4-5 times a year)	64	40.0	40.0	86.9
	Constantly (ongoing continuous change)	21	13.1	13.1	100.0
	Total	160	100.0	100.0	

Interpretation:

The table suggests that the process of organisational change is a recurrent phenomenon in the UK healthcare system. A large proportion of the respondents indicated that they underwent considerable change either often or often, which indicates that change is not an exceptional occurrence, but it exists within the operations of the organisations. This rapid rate of change confirms the thesis that healthcare organisations indeed work in dynamic environments that are affected by policy changes, financial strain, and changing patient needs (Khan, 2023). It is also evidenced by the fact that there were respondents who identified change as an ever-present and ever-lasting phenomenon, which serves to advance the idea that adaptability is one of the requirements of healthcare leadership. One of the key implications of this result is that the leadership in the UK healthcare system should be continuous and dynamic as opposed to discontinuous. Although the literature often agrees on the importance of transformational leadership as a key approach to handling complex change, the ongoing nature of change as described in this case may be an indication that structured, resilient and process-oriented approaches to leadership are also important. This underscores the importance of analysing the alignment of leadership strategies that are currently being implemented in healthcare organisations to the consistency and systemic nature of organisational change.

Table 8 Most common leadership style demonstrated during change initiatives

Most common leadership style demonstrated during change initiatives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Transformational leadership (visionary, inspirational)	23	14.4	14.4	14.4
	Transactional leadership (reward-based, structured)	39	24.4	24.4	38.8
	Servant leadership (supportive, staff-focused)	30	18.8	18.8	57.5
	Distributed leadership (shared responsibilities)	40	25.0	25.0	82.5
	Autocratic leadership (directive, top-down)	28	17.5	17.5	100.0
	Total	160	100.0	100.0	

Interpretation: The leadership styles are distributed with the predominance of the transactional leadership (24.4%), then distributed leadership (25%). These styles imply that the healthcare leaders are preoccupied with the clear structures and collective responsibilities in change efforts. Transactional leadership, which is based on rewards and structure, signifies a practical view of change management, which ensures targets are achieved. In a healthcare environment, responsibilities are shared, and this is known as distributed leadership, where collaboration is essential in every team to achieve change. Servant leadership (18.8%) also has its influence, which is based on the attention paid to staff welfare and assistance in the period of change. The results mean that the change in organisations is common in the UK healthcare system and that the quality of leadership is mostly viewed in a positive way. The fact that transactional and distributed styles of leadership prevail and little transformational leadership is manifest leads to the assumption of a preference of structured and cooperative leadership approaches. Such styles, according to Suryadi et al. (2024), tend to be prevalent in a highly regulated setting, and stability and coordination play a significant role in maintaining effective change management.

Table 9 Approach to stakeholder engagement during organisational change

Approach to stakeholder engagement during organisational change

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Minimal engagement, decisions made at top level only	17	10.6	10.6	10.6
	Limited consultation with selected senior staff	32	20.0	20.0	30.6
	Moderate engagement through departmental representatives	50	31.3	31.3	61.9
	Extensive consultation across multiple staff levels	41	25.6	25.6	87.5
	Comprehensive co-creation and collaborative approach with all stakeholders	20	12.5	12.5	100.0
	Total	160	100.0	100.0	

Interpretation: The statistics show that the most prevalent method of stakeholder engagement during organisational change is moderate engagement with the aid of the departmental representatives (31.3%). This implies a tradeoff between the involvement of key stakeholders and retaining leadership control over the process. The high rate of consultation at various staff levels (25.6% also suggests that some organisations do indeed have an extensive involvement of the staff in making a decision, yet it does not imply overall collaboration. Minimal involvement with senior staff (20%), and lowest involvement at the top level (10.6%) emphasise the fact that there are more centralised healthcare organisations and only a few contribute their voices on the final decisions. But a less prevalent group (12.5%) engages in comprehensive co-creation, a process that incorporates all the stakeholders. This is to imply that although the more inclusive approach is appreciated in most organisations, there are those organisations that may be constrained by time or resources, thus resulting in a more hierarchical structure of engagement (Korkmaz et al., 2022).

Table 10 Most significant barrier to successful organisational change implementation

Most significant barrier to successful organisational change implementation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Staff resistance and lack of buy-in	29	18.1	18.1	18.1
	Insufficient financial resources	24	15.0	15.0	33.1
	Inadequate communication from leadership	34	21.3	21.3	54.4
	Limited time and competing priorities	52	32.5	32.5	86.9
	Lack of necessary skills and training	21	13.1	13.1	100.0
	Total	160	100.0	100.0	

Interpretation: Limited time and competing priorities (32.5%) are the greatest hindrance to change implementation in the healthcare industry. Healthcare organisations usually have to deal with numerous urgent needs that can interfere, and it is hard to prioritise and introduce efficient change. Poor leadership communication (21.3%) is next, which means that ineffective communication regarding the vision and aims of change initiatives could become a hindrance. Other factors that are also important include staff resistance and lack of buy-in (18.1%), and this aspect indicates that the unwillingness by staff to accept change can slow down the effectiveness of new strategies. Resource constraints, such as insufficient financial resources (15%), and the inability to use the required skills and training (13.1%), are noted as an issue that affects the possible planning and implementation of change. Such obstacles demonstrate that leadership strategies play a significant role, and such practical problems as resource availability, communication, and employee engagement should be considered to achieve effective organisational change (Mansor et al., 2023).

Table 11 Extent to which resource constraints hinder change management

Extent to which resource constraints hinder change management

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	10	6.3	6.3	6.3
	To a small extent	13	8.1	8.1	14.4
	To a moderate extent	54	33.8	33.8	48.1
	To a large extent	64	40.0	40.0	88.1
	To a very large extent	19	11.9	11.9	100.0
	Total	160	100.0	100.0	

Interpretation: Most of the respondents (40%) said that the constraint of resources is a major hindrance to change management, with the considerable effect of limited financial resources, staffing, and technological resources being influential in the successful implementation of the change. Responses to a moderate (33.8%) and a very large extent (11.9%) also emphasise the issues experienced by healthcare organisations. The low percentage (6.3%) of the participants who believed that the resource constraints did not affect the change at all implies that the organisations that are better in terms of resource allocation and support systems might have fewer obstacles. Nevertheless, the overall trend suggests that the scarcity of resources, especially in such spheres as funding and staffing, is one of the most important issues in change management in the healthcare industry (Wleh and Nkoane, 2025). These results highlight the significance of dealing with resource constraints in designing leadership in change efforts, in that they are significant determinants of organisational change efforts.

Table 12 Success of recent organisational change initiatives

Success of recent organisational change initiatives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very unsuccessful	6	3.8	3.8	3.8
	Unsuccessful	4	2.5	2.5	6.3
	Partially successful	46	28.8	28.8	35.0
	Successful	71	44.4	44.4	79.4
	Very successful	33	20.6	20.6	100.0
	Total	160	100.0	100.0	

Interpretation: According to the survey data, most of the participants consider the recent organisational change efforts as successful (44.4%) or very successful (20.6%), and this indicates that the change initiatives in the UK healthcare organisations have provided positive results to most of the respondents. Nevertheless, 28.8% of the interviewees rated such initiatives as partially successful, meaning that not all the goals were achieved, though some of them might have encountered issues. A smaller percentage (3.8%) thought the changes were very unsuccessful, and 2.5% said they were unsuccessful, and it is evident that there are still healthcare organisations where the changes were not implemented as effectively. Such results mean that although leadership strategies may result in success, the different success rates mean that improvement can be made in future change management, including the use of resistance or resource limitation that can affect the overall effectiveness of the initiatives (Jinga et al., 2024).

Table 13 Degree of leadership strategies contribution to positive change outcomes

Degree of leadership strategies contribution to positive change outcomes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No contribution	3	1.9	1.9	1.9
	Minimal contribution	5	3.1	3.1	5.0
	Moderate contribution	47	29.4	29.4	34.4
	Significant contribution	69	43.1	43.1	77.5
	Exceptional contribution	36	22.5	22.5	100.0
	Total	160	100.0	100.0	

Interpretation: The findings reveal that the leadership strategies are perceived to play a very important role in ensuring organisational change is successful. Only a considerable proportion of 43.1% of respondents find that leadership strategies have contributed immensely whereas 22.5% of respondents consider that they have contributed immensely to positive outcomes. This reflects that leadership is very important in leading to successful change initiatives. Nevertheless, only 29.4% believed that the leadership strategies contributed moderately, and a very small percentage (1.9%) believed that leadership contributed nothing. These findings put a very strong emphasis on the role of strong leadership in change management, yet they also indicate that leadership development and further refinement of strategies are required to achieve the greatest possible effects in all healthcare organisations, including those where the lack of influence of leadership might be deemed as a problem (Bornman and Louw, 2023).

Table 14 Most effective intervention to improve leadership in managing change

Most effective intervention to improve leadership in managing change

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Comprehensive leadership development and training programmes	21	13.1	13.1	13.1
	Implementation of structured change management frameworks	26	16.3	16.3	29.4
	Enhanced communication and engagement strategies	38	23.8	23.8	53.1
	Increased resource allocation for change initiatives	50	31.3	31.3	84.4
	Development of supportive organisational culture and values	25	15.6	15.6	100.0
	Total	160	100.0	100.0	

Interpretation: The most frequently mentioned intervention in enhancing leadership during change management is allocating more resources to change initiatives (31.3%), which seems to indicate that respondents believe that additional funding and staffing would allow more effective leadership and easier implementation of change. Improved communication and engagement strategies (23.8%) also became one of the key interventions, which reveals the need to have clear, open communication between the leaders and staff when they are undergoing change processes. Structured change management frameworks (16.3%) and comprehensive leadership development

programmes (13.1%), are also other significant interventions. Although the supportive organisational culture and values have also been identified as significant (15.6%), the findings have made it quite clear that effective change leadership is mostly influenced by the resource allocation, communication and planning (Abawari, Debela and Abegaz, 2024). These results indicate that a holistic approach, which considers human and material components of change, is required to achieve successful leadership in healthcare.

Table 15 Importance of continuous professional development in change management

Importance of continuous professional development in change management

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not important at all	7	4.4	4.4	4.4
	Slightly important	9	5.6	5.6	10.0
	Moderately important	37	23.1	23.1	33.1
	Very important	67	41.9	41.9	75.0
	Extremely important	40	25.0	25.0	100.0
	Total	160	100.0	100.0	

Interpretation: The significance of the continuous professional development (CPD) in change management is very much stressed, as 41.9% of the respondents affirmed that it is very important, and 25% of the respondents said that it is extremely important. This is indicative of a general understanding that continuous training and development is essential in ensuring that leaders can deal with the intricacy of organisational change in the healthcare industry. Fewer percentages (23.1%) labelled CPD moderately, with a small number (10%), labelling it as slightly or not important at all. These results support the importance of lifelong learning and development of healthcare leaders to develop their skills and adapt to the changing healthcare setting as well as be more adaptive to change (Mitchell et al., 2023). The findings also indicate that organisations that emphasise on CPD are more inclined to accomplish change initiatives, where leadership skills are essential in helping staff to go through the changes.

4.2.4 Correlations

Table 16 Correlation

		Overall quality of leadership in the organisation	Success of recent organisational change initiatives	Most significant barrier to successful organisational change implementation	Approach to stakeholder engagement during organisational change
Overall quality of leadership in the organisation	Pearson Correlation	1	.321**	.157*	.277**
	Sig. (2-tailed)		.000	.047	.000
	N	160	160	160	160
Success of recent organisational change initiatives	Pearson Correlation	.321**	1	.260**	.369**
	Sig. (2-tailed)	.000		.001	.000
	N	160	160	160	160
Most significant barrier to successful organisational change implementation	Pearson Correlation	.157*	.260**	1	.345**
	Sig. (2-tailed)	.047	.001		.000
	N	160	160	160	160
Approach to stakeholder engagement during organisational change	Pearson Correlation	.277**	.369**	.345**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	160	160	160	160

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Interpretation:

The correlation analysis that tests the relations between the quality of leadership, stakeholder engagement, perceived barriers, and change success at the organisational level in the UK healthcare system is provided in Table 16. The overall leadership quality was found to have a medium positive relationship with the success of recent organisational change initiatives ($r = 0.321$, $p < 0.01$). This implies that there is a significant, but not a strong, relationship, which implies that an increase in the perceived leadership quality is positively related to increased successful change outcomes. This result goes directly to the aim of the study to evaluate the role of leadership strategies in the effectiveness of organisational change. Likewise, the quality of leadership showed a positive relationship with stakeholder engagement strategies ($r = 0.277$, $p < 0.01$), which implies that strong leadership is related to greater stakeholder involvement in the change processes. Since stakeholder engagement is known to be especially significant in the context of change management, this result justifies the purpose behind the search for leadership strategies employed to address the issue of organisational change.

The highest correlation was found between stakeholder engagement and the success of the change initiative ($r = 0.369$, $p < 0.01$), which is a moderate relationship. This indicates that effective, well-

designed, and inclusive practices of stakeholder engagement are expedient in practice towards improving the chance of successful change in an organisation.

Although these correlations have proved that there are statistically significant relationships between them, it should be noted that correlation does not imply causation (Quarterdeck.co.uk, 2025). The results suggest the relationship between variables but fail to prove that leadership quality or stakeholder engagement has a direct impact on better change outcomes. However, the findings point to the potential practical significance of leadership efficacy and stakeholder engagement in healthcare change settings.

4.2.5 Cross tabs

Table 17 Cross tabs (Case processing summary)

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Years of experience working in the UK Healthcare system * Approach to stakeholder engagement during organisational change	160	100.0%	0	0.0%	160	100.0%
Type of UK Healthcare organisation * Approach to stakeholder engagement during organisational change	160	100.0%	0	0.0%	160	100.0%
Overall quality of leadership in the organisation * Approach to stakeholder engagement during organisational change	160	100.0%	0	0.0%	160	100.0%

Interpretation: According to the Case Processing Summary, all 160 cases of each of the cross-tabulation analyses are valid, and there is no missing data. This implies that the data is entire and is fit for analysis, as well as results are based on a fully populated dataset (Carpenter and Smuk, 2021). The analysis involves three major comparisons: years of experience working in the UK healthcare system and approach to stakeholder engagement during organisational change, type of UK healthcare organisation and approach to stakeholder engagement, and overall quality of leadership in the organisation and approach to stakeholder engagement. All 160 respondents were used in each of the comparisons, and this ensures the results are exhaustive and reflect on the entire population under study.

Table 18 Crosstabs (Years of experience working in the UK Healthcare system)

Years of experience working in the UK Healthcare system * Approach to stakeholder engagement during organisational change Crosstabulation

Count

		Approach to stakeholder engagement during organisational change					Total
		Minimal engagement, decisions made at top level only	Limited consultation with selected senior staff	Moderate engagement through departmental representatives	Extensive consultation across multiple staff levels	Comprehensive co-creation and collaborative approach with all stakeholders	
Years of experience working in the UK Healthcare system	Less than 2 years	7	3	8	4	3	25
	2-5 years	3	7	12	7	2	31
	6-10 years	2	9	13	9	7	40
	11-15 years	4	11	11	20	4	50
	More than 15 years	1	2	6	1	4	14
Total		17	32	50	41	20	160

Interpretation: The cross-tabulation of the years of experience and approach to stakeholder engagement shows the trends of how stakeholder engagement differs among the years of experience. Employees with less than 2 years of experience seem to prefer minimal engagement, as 7 out of the 100 respondents have selected this type of engagement, and 8 out of the 100 respondents have selected moderate engagement. The experience of the respondents with 2-5 years of experience demonstrated a more balanced pattern, whereby 7 reported having limited consultations and 12 selected moderate engagement. In the case of 6-10 years and 11-15 years, for the moderate engagement and a wide scope of consultation, 40 respondents were in the 6-10 years bracket, and 50 respondents in the 11-15 years bracket. Interestingly, the level of engagement was lower in more experienced professionals (15+ years) who only 1 respondent tending to engage on a minimal level, and 6 ones tended to engage on a moderate level. These results indicate that more experienced professionals may be more inclined to involve stakeholders in more formal and participative manners, and the more the experience, the more the stakeholders are involved in the organisational change efforts (Saka-Helmhout et al., 2024).

Table 19 Crosstabs Type of UK healthcare organisation

Type of UK Healthcare organisation * Approach to stakeholder engagement during organisational change Crosstabulation

Count

		Approach to stakeholder engagement during organisational change					Total
		Minimal engagement, decisions made at top level only	Limited consultation with selected senior staff	Moderate engagement through departmental representatives	Extensive consultation across multiple staff levels	Comprehensive co-creation and collaborative approach with all stakeholders	
Type of UK Healthcare organisation	NHS Hospital/Acute Trust	8	5	8	3	3	27
	Primary Care/GP Practice	2	6	9	13	2	32
	Mental Health Trust	3	9	14	7	4	37
	Community Health Services	4	5	16	14	6	45
	Private Healthcare Provider	0	7	3	4	5	19
Total		17	32	50	41	20	160

Interpretation: The cross-tabulation of type of healthcare organisation and approach to stakeholder engagement indicates that there is a fluctuation in the approaches to stakeholder engagement depending on the type of organisation. The participants of NHS Hospital/Acute Trusts indicated a comparatively balanced representation; 8 of them expressed minimal and 8 moderate engagements, which suggests that the latter environment possibly prioritises the top-down nature of decision-making, yet enables the inclusion of representation of departments. The preference towards more intensive consultation was found to be higher in Primary Care/GP Practises, which had 13 responses in this category, indicating that a more inclusive method is used in these smaller, often community-based organisations. There was also a predilection to moderate engagement (14 and 16, respectively) and extensive consultation (14 and 22, respectively) in Mental Health Trusts and Community Health Services, which also demonstrates a broader consultation orientation amongst the multiple staff levels. The lowest number of responses was made by Private Healthcare Providers (7 responses), with most of them opting to work with limited consultation, so they might have had more centralised decision-making processes. Such findings indicate that healthcare organisations that have a broader scope (e.g., NHS and Community Health Services) are more likely to use an inclusive and multi-level engagement strategy than smaller or privately operated providers (Khatri et al., 2024).

Table 20 Crosstabs (Overall quality of leadership in the organisation)

Overall quality of leadership in the organisation * Approach to stakeholder engagement during organisational change Crosstabulation

Count

		Approach to stakeholder engagement during organisational change					Total
		Minimal engagement, decisions made at top level only	Limited consultation with selected senior staff	Moderate engagement through departmental representatives	Extensive consultation across multiple staff levels	Comprehensive co-creation and collaborative approach with all stakeholders	
Overall quality of leadership in the organisation	Very poor	4	0	0	0	0	4
	Poor	0	3	0	0	1	4
	Satisfactory	6	11	22	10	5	54
	Good	4	12	23	22	6	67
	Excellent	3	6	5	9	8	31
Total		17	32	50	41	20	160

Interpretation: The cross-tabulation of overall leadership quality and approach to stakeholder engagement gives a very useful insight into the impact of leadership on the engagement practises. Minimal engagement as a possible lack of connection between leadership and staff was significant among respondents who rated the quality of leadership as very poor (4 responses). On the same note, a poor leadership rating (4 responses) also favoured restricted consultation. Among participants who rated leadership to be satisfactory (54 responses), moderate engagement by departmental representatives (22 responses) was the most frequent engagement strategy, implying that in organisations that have moderate leadership quality, a more structured, even with slightly limited, engagement strategy is typically applied. The good and excellent leadership groups (67 and 31 responses, respectively) were more willing to use extensive consultation (22 and 9 responses, respectively), and the excellent leadership respondents further use holistic co-creation (8 responses). These results reveal that stakeholder engagement is closely linked with the quality of leadership, with more inclusive and collaborative responses to change in those cases when the leadership is of higher quality (Ezeh et al., 2024). This strengthens the need for leadership to make an environment that allows successful and broad participation in change initiatives.

4.3 Discussion

This analysis offers a critical interpretation of the study's insights on leadership and change in the UK NHS by examining what happened and why. It focuses on four major themes: leadership effectiveness and stakeholder buy-in, the disconnect between theoretical and practical approaches to leadership, organisational and resource gaps, and professional development. This analysis draws on and compares transformational leadership theory, Kotter's change model and Lewin's change theory; it incorporates critical reflection, alternative interpretations and practical lessons for enhancing leadership in complex healthcare settings.

4.3.1 Theme 1: Leadership Quality and Stakeholder Engagement as Conditional Drivers of Change Success

The results show a moderately strong positive association between leadership effectiveness, stakeholder management and organisational change success ($r = 0.321$; $r = 0.369$), implying that while leadership is crucial, it is not the only predictor of change success. This finding confirms previous studies that show leadership quality improves team performance and outcomes (Leach et al., 2021). The findings also align with Kotter's Change Model, which highlights the importance of stakeholder engagement for successful change resistance (Harrison et al., 2021).

But the moderate association highlights an interest in other factors influencing change outcomes. The NHS's decision-making processes are constrained by its organisational culture, policy and funding. This resonates against literature suggesting leadership is the key factor in change, as it suggests that leadership quality and effectiveness are more conditional and constrained by organisational phenomena (Jinga et al., 2024).

4.3.2 Theme 2: Mismatch between Transformational Leadership Theory and NHS Practice

The results indicate that transactional (24.4%) and distributed (25%) leadership types are more common, whereas transformational leadership is not a widespread practice, although it is actively promoted as an engine of change and innovations (Pereira et al., 2023). This is contrary to the extant literature that places transformational leadership as a key element to healthcare reform.

It is possible that the divergence can be attributed to the bureaucratic and overly controlled environment of the NHS, which emphasises coordination, compliance, and risk mitigation at the expense of visionary change (Fragouli and Tourlaki, 2020). Structured leadership approaches can be more practical and feasible in this manner (Al-Habib, 2020). It means that the application of

transformational leadership is limited by the organisational realities. More importantly, this distance is an indication that the theories of leadership could be overemphasising ideal conditions without considering systemic forces. As such, leadership performance in the NHS is associated with striking a balance between innovation and operational stability amidst complicated institutional frameworks.

4.3.3 Theme 3: Structural and Resource Constraints as Dominant Barriers to Change

The results show that time pressures and resource constraints are the most significant obstacles to organisational change, and a fair portion of the participants note these changes as the most important challenges. This can reinforce Evans and Britt (2022), who note the predominance of systemic constraints in healthcare settings. Purely theoretically, the change theory formulated by Lewin posits that inadequate resources inhibit the flow between the unfreezing and change phases, hence impeding transformation.

This illustrates a structural weakness of leadership-oriented theories in that, regardless of the viable leadership, the institution may still lack in certain areas in the NHS. The moderate connection between leadership quality and change success also suggests that leadership impact is not independent but depends on the organisation's capacity. More importantly, this questions the expectation that change is led by leadership, implying that structural constraints are more preeminent. Another theory is that perceived leadership ineffectiveness is systemic inefficiencies as opposed to leadership failures. Potential response bias, however, arises from the use of self-reported data. In general, sustainable change demands combined structural reform and the growth of leadership.

4.3.4 Theme 4: Continuous Professional Development as a Strategic Enabler of Leadership Effectiveness

The results demonstrate that professional development (CPD) is a significant element of leadership in improving performance in the NHS, given the growing complexity of organisational change. It agrees with Lea El Hachem et al. (2024), who state that leadership competencies should be constantly developed. In theory, the transformational leadership theory focuses on continual learning to create adaptive leaders. But the results indicate that CPD will not be enough to ensure efficient change results. Its influence is conditional upon such alignment to real organisational challenges and constraints in the system. This underscores the fact that CPD is a conditional enabling factor, which needs to be strategically involved in organisational change processes and not applied individually.

4.3.5 Strategic Implications of Leadership Approaches

The results indicate that the balance between stakeholder engagement, operational efficiency, and long-term innovation is essential to leadership in the NHS. The literature available indicates that the presence of structured stakeholder participation positively impacts the result of change, especially when the leaders shift past consultative methods to co-creation (Al-Thani, 2025). Nevertheless, even though transactional and distributed leadership styles facilitate coordination and stability, excessive use thereof can hinder the ability to innovate, which further substantiates the necessity to build transformational ones (Belrhiti et al., 2024). Additionally, structural restraints, including time and resource constraints, imply that the effectiveness of leadership is closely interconnected with organisational support structures, workforce planning and resource allocation. Professional development is also a crucial driving force, where leadership competencies can and should adapt to complex change situations, especially in stakeholder negotiation and adaptive decision-making (Zamiri and Esmaeili, 2024).

4.4 Summary

The chapter introduced and discussed the results of the research on leadership strategies and organisational change in the UK healthcare system. The findings show a positive relationship between the quality of leadership and stakeholder engagement and change success, which implies the significance of inclusive and adaptive leadership styles. Among other critical barriers to successful change implementation highlighted in the findings are resource limitations and employee resistance to change, which implies that leadership effectiveness has wider structural constraints (Tsapnidou et al., 2024). The results are however, to be taken with caution. The study was done on self-reported data, which is subject to bias in answers, and the study sample is a limitation in the generalisation of the results to the entire healthcare sector in the UK. Though there are these limitations, the results can be helpful data about the leadership practice in modern medical institutions. The following chapter presents these results with a critical review of its implications compared to the existing literature and recommendations to the practice and future research.

Chapter 5: Conclusion and Recommendations

5.1 Introduction to the Chapter

This chapter concludes the main results of the research based on the research questions and objectives. It gives the key conclusions, recommendations, limitations of the studies and future research directions. The chapter highlights the relevance of adaptive and inclusive leadership in enabling sustainable organisational change in the UK NHS. Combining the empirical findings with the existing literature, the chapter brings into focus the topicality of effective leadership, the stakeholders' participation and management of resources in the successful development of change initiatives. In addition, the study gives practical recommendations on how the leadership practises can be enhanced to overcome all the identified barriers that are resistance, resource constraints, and systemic challenges. The chapter has mentioned some of the limitations, which are encountered during the period of research process, which proposes improved methods for future research in future. Lastly, this part will highlight why adaptive, inclusive and strategic leadership is required to implement sustainable changes in healthcare delivery in the UK NHS.

5.2 Conclusion of the Study

The research aimed at critically discussing the impact of leadership strategies on effective management of organisational change in the UK NHS. The results indicate that leadership matters, though its impact is not definite but contingent. The quality of leadership, its stakeholder engagement, and the success of change had a significant but moderate relationship. This implies that leadership is a contributor to change outcomes but not an exhaustive determinant. Rather, effectiveness in leadership is influenced by organisational culture, availability of resources, bureaucratic procedures, and readiness of employees to embrace change.

Regarding the initial research question, the paper shows that organisational change results in the combination of the leadership strategies and proper communication, collective ownership, and trust. The findings indicate that participation is best achieved when leaders allow room to take part as opposed to top-down leadership. This study proves the argument that change is more effectively implemented when the employees feel included and know the aim of the change (Bornman and Louw, 2023). Simultaneously, the results also reveal that leadership per se is not sufficient to deal with structural weakness. It is significant, as it questions a simplistic interpretation of leadership, which presupposes that effective leaders inevitably generate effective change.

The other research question involved the most predominantly used leadership styles during NHS change initiatives. The results show that transactional as well as distributed leadership had more practitioners compared to transformational leadership. This is critical since a major part of the literature establishes transformational leadership as a desirable model of innovation and reform. But the NHS scenario seems to lean towards the practices that favour coordination, accountability and operational stability. Leaders may still make practical choices to sustain services and deal with change in a highly controlled and time-constrained setting. This finding is correlated with the thesis that leadership practice is determined by the context rather than only by the theory.

The third research question was concerned with the obstacles that NHS leaders encounter when leading organisational change. The data indicate that the most noticeable obstacles were resource shortage and employee opposition. The lack of finances, workforce strain, and time constraints decreased the capacity of leaders to change positively, and concerns of job security and unknown technologies led to more opposition. Bureaucratic red tape also complicated the process of implementation and decision-making. These results show that leadership exists in the context of conflicting pressures, and even strong leaders may fail when the organisational situation is poor. The research thus affirms that to create sustainable changes, both structure and leadership have to be considered.

The fourth research question was whether leadership would have an effect on change outcomes. The findings reveal that leadership effectiveness and successful organisational change are positively connected, although the linkage was moderate. It implies that leadership will enhance more effective engagement, communication, and other positive results, but it represents just one of a broader change process. The results further demonstrate that the ability of managers to avoid complex change situations can be enhanced by leadership development processes and lifelong learning. The available evidence thus reinforces the notion that leadership is most important when it is complemented by the development of competencies, organisational resources, and an enabling participation culture.

The main and primary findings of the study, however, validate that the leadership strategies are a vital determinant in change success in the NHS, although they also demonstrate that leadership operates within, and not outside, the limits of the system. This study is a significant offering since it questions the belief that the role of leadership is the most crucial change impetus. Rather, the results indicate a more moderate explanation that change is best effected when leadership, engagement and

structure concur. In this regard, the research adds to a more realistic view of change management in government healthcare.

5.3 Practical Recommendations

Based on the findings, the following practical recommendations are proposed to enhance the leadership effectiveness in effectively managing the organisational change within the healthcare system of the UK NSH:

Short-Term Actions (Immediate Implementation)

Enhance stakeholder engagement through structured co-creation mechanisms: In accordance with the results, several conclusive suggestions can be offered to enhance leadership efficiency in organisational change management in the UK health care system.

Prioritise employee well-being and communication during change: Employee health must also be prioritised as a key element of change management. The results indicate that morale, workload, and job security influence employee reaction to change. Leaders ought to then look at the impact of transformation not only on people but also on processes. By supporting employees, there are better chances of their positive involvement and contribution to successful implementation (Carreno, 2024).

Enhance stakeholder engagement through structured co-creation mechanisms: NHS organisations ought to enhance stakeholder participation through systematic co-creation procedures. Leaders are not supposed to consult staff only after making decisions, but it is wise to engage them in planning, implementation, and monitoring. Shared ownership of change can be generated through regular forums, cross-functional meetings and feedback systems that would ensure that resistance is minimised. This recommendation is particularly crucial as the study concluded that stakeholder engagement was strongly related to successful change.

Medium-Term Reforms (Organisational Improvements)

Invest in context-specific leadership development programmes: Healthcare organisations are to invest in the formal leadership development programmes orientated towards communication, stakeholder engagement, and change management skills. Such programmes must not be generic; they must capture the realities of practice in the NHS, such as resource constraints, policy pressure and perplexity of staff. Training on leadership must thus be a blend of technical and interpersonal

skills that would assist leaders in building trust and dealing with resistance (Brende and Sternfels, 2022).

Improve strategic resource allocation and workforce planning: Organisations are advised to allocate resources in a more strategic manner. One of the most robust obstacles that were found in the study was resource shortages, which imply that change programmes must have secured funding sources, attainable schedules, and sufficient manpower. Change initiatives that are under-resourced can hardly bring about sustained improvement (Homauni et al., 2023). More effective resource planning would also relieve managers and enable them to work on implementation instead of working on crisis management.

Long-Term Strategic Changes (System-Level Transformation)

Foster an innovative and adaptive organisational culture: NHS leaders ought to create a more innovative and flexible organisational culture. The results indicate that change is more likely to be successful as long as staff are willing to embrace new ideas and are adaptable to change. Leaders can facilitate such changes through acknowledging innovation, fostering learning and enhancing the resilience within teams. The value of an improvement culture can decrease the fear levels and make change less intimidating (Huang et al., 2022).

Streamline bureaucratic and policy processes: The delays in bureaucracy and policies must be reduced where possible. According to the study, the lengthy approval processes slow down implementation and undermine momentum. Senior managers and policymakers ought to simplify the decision paths; duty clarification and unfavourable administrative obstacles ought to be eliminated. A more systematic framework of change, e.g., Kotter's Eight-Step model, may assist in keeping track and keeping motivation (Scholarworks and Sims, 2025).

5.4 Limitations of the Study

While this research offers valuable insights into leadership strategies, which help in organisational change within the UK healthcare system, there are several limitations, which should be acknowledged:

Sample Size and Representation: As this study relies upon the data, which was collected from the 160 NHS employees through a non-probability convenience sampling strategy. Although it is diverse, this sample may not fully represent the entire spectrum of healthcare professionals across the UK, which potentially limits the generalisability of findings. Convenience sampling could have

led to selection bias in that those who had a strong opinion about the effectiveness of leadership were more likely to attend the study. The study also has a cross-sectional design, which limits the ability to observe the changes that occur over time or establish causal relationships between the leadership strategies and change outcomes (Ravaghi et al., 2023).

Self-Reported Data: Having reliance on self-reported questionnaires may also introduce biases such as social desirability or respondent bias, which will affect the accuracy of the data, regarding leadership effectiveness and change perceptions (Nikolopoulou, 2022). Although it provides measurable insights, the exclusive use of quantitative methods also restricts the understanding of nuanced, contextual factors that influence leadership and change processes. The qualitative data could have enriched the analysis, by exploring the deeper motivations and even the barriers.

Contextual Constraints: The research is also restricted to NHS organisations, and it might not necessarily reflect the experience of a private healthcare provider or other environments in the UK. Moreover, the responses would be affected by the external factors such as political or economic changes that are accomplished at the time data collection is undertaken (Ominyi and Alabi, 2025). The parties who had strong views concerning leadership or change initiatives could have been more willing to respond, which would bias the outcomes.

Limited Scope of Variables: The research continues to concentrate primarily on leadership styles and stakeholder involvement, which, perhaps, does not consider the other forces, which are similarly organisational culture, policy environment, or technological infrastructure (Davies et al., 2025).

5.5 Suggestion for Future Research

Future research has to expand this study in a series of ways. A longitudinal study would be helpful since it would show the impact of leadership strategies on organisational change in the long term and whether initial gains are retained. Such an arrangement would also help to explain the direction of the impact of leadership and outcomes (Raelin, 2019). The future work should also adopt qualitative research methods, such as interviews or case studies, to derive the experiences of managers and employees. This would help in explaining why certain leadership styles thrive in specific circumstances more than others.

Comparative research of the NHS and private healthcare organisations would be effective as well. It would allow academics to study how the degree of resources, human organisation of authority, and

organisational culture influence leadership performance differently within each setting (Woodrow and Guest, 2019). Also, the impact of digital transformation on organisational change is a topic that ought to be studied in the future, namely, the dynamics of technology adoption and the degree to which the related changes have on employees and executive challenges. The creation of the leadership programmes is also non-secretive, particularly to see whether the focused training leads to the enhancement of the long-term change capacity (Al-Moaid and Almarhdi, 2024).

5.6 Study Implication

5.6.1 Implications for Practice

The research suggests that professions in healthcare should shift towards flexible, inclusive, and strategic leadership styles. Change management requires the use of communication, participation, and learning. When leaders create trust and promote cooperation, they are more likely to facilitate lasting change (Brende and Sternfels, 2022).

5.6.2 Implications for Policy

To policymakers, the research implies that organisational change will be more successful when less structure impedes change. There needs to be more effective resource allocation in favour of policies, reduced approval cycles, and freedom of leadership where suitable. A leader-empowering and accountable system will have higher chances of keeping up with evolving healthcare demands (Dwivedi et al., 2021).

5.6.3 Implications for Theory

The research confirms the applicability of the Transformational Leadership Theory and Change Management Model by Kotter, but it also demonstrates that neither of these models is applicable across the board within the NHS. These results indicate that in more intricate and resource-limited environments, a hybrid approach, such as a distributed leadership method and context-specific alteration, is more likely (Gulati, Hallo and Nguyen, 2025).

5.7 Summary of the Research

This study demonstrates that leadership approaches are an important factor in organisational change; however, the influence is subject to structure, resource limitation and employee involvement. The study thus emphasises the need to have a harmonised model of change that integrates leadership development with stakeholder involvement and organisational backing (Ibn-

Mohammed et al., 2024). Sustainable transformation in the NHS is best bound to succeed in the case of adaptive leaders, staff engagement, and institutions giving change the resources and culture it requires. Findings are added to a more realistic conception of the possibility of obtaining organisational change in complex public healthcare settings. To further on, it is important to keep improving leadership models to suit the specifics of the healthcare industry and provide improved staff engagement, resource distribution, and patient outcomes in a constantly-changing environment (Ominyi and Alabi, 2025).

REFERENCES

Books and Journal

Abawari, A.M., Debela, K.L. and Abegaz, M.B. (2024). The effects of organizational culture on change management in Oromia public sectors: the mediating role of leadership styles. *Cogent business & management*, *11*(1), p.2375623. Available at: https://doi.org/10.1080/23311975.2024.2375623 (Accessed: 9 October 2025).

Abbas, A.A. (2025). Transformational Leadership and Regulatory Compliance: Strategies for Safer Healthcare Delivery. *Journal of Global Health and Social Medicine*, pp.1–8. Available at: https://doi.org/10.61440/jghsm.2025.v1.06 (Accessed: 10 October 2025).

Ahmadi, H. (2023). *Facilitating Change Management with Kotter's 8-step Model*. [online] ITSM.tools. Available at: https://itsm.tools/kotter-change-management/ (Accessed: 7 October 2025).

Al-Habib, N.M.I. (2020). Leadership and organizational performance: Is it essential in healthcare systems improvement? A review of literature. *Saudi journal of anaesthesia*, *14*(1), pp.69-76. Available at: https://doi.org/10.4103/sja.sja_288_19 (Accessed: 11 October 2025).

Al-Moaid, N.A.A. and Almarhdi, S.G. (2024). Developing dynamic capabilities for successful digital transformation projects: the mediating role of change management. *Journal of Innovation and Entrepreneurship*, *13*(1), pp.1–26. Available at: https://doi.org/10.1186/s13731-024-00446-9 (Accessed: 23 October 2025).

Alsaqqa, H.H. (2020). The Situational Leaderschip for the Three Realities at Healthcare Organizations. *Journal of Health Systems and Policies, 2*(2), pp.230–247. Available at: https://dergipark.org.tr/en/pub/jhesp/issue/54975/735151 (Accessed: 28 November 2025).

Al-Thani, G. (2025). Beyond Consultation: Rethinking Stakeholder Engagement in Qatar's Public Education Policymaking. *Education Sciences*, *15*(6), p.769. Available at: https://doi.org/10.3390/educsci15060769 (Accessed: 17 October 2025).

Altus, Inc. (2024). Biggest Challenges to Implementing Change in Healthcare and Hospitals. Available at: https://www.altus-inc.com/insight/blog/biggest-challenges-to-implementing-change-in-healthcare-and-hospitals (Accessed: 28 November 2025).

Ambon, J., Bity Salwana Alias, Aan Komariah and Azlin Norhaini Mansor (2024). The impact of continuous professional development on teaching quality: a systematic review. *International Journal of Evaluation and Research in Education (IJERE)*, *13*(6), pp.3838–3847. Available at: https://doi.org/10.11591/ijere.v13i6.30427 (Accessed: 19 October 2025).

Ata Mohajer-Bastami, Moin, S., Ahmed, A.R., Patel, B., Sjaak Pouwels, Ahmed, S., Prager, G., Head, M., Lala, A., Bowman, C., Shikora, S., Yang, W., Khalil, M., Rawaf, D., Khalid, A.W., Ameer Khamise, Aristomenis Exadaktylos and Ahmad, S.J.S. (2025). A Critical Analysis of Transformational Leadership and How it Can Improve Culture and Service Outcomes Within the Health Care. *Journal of Patient Safety,* pp.10-1097. Available at: https://doi.org/10.1097/pts.0000000000001414 (Accessed: 18 October 2025).

Babii, A. (2020). Important aspects of the experimental research methodology. *Scientific journal of the Ternopil national technical university, 97*(1), pp.77–87. Available at: https://doi.org/10.33108/visnyk_tntu2020.01.077 (Accessed: 19 October 2025).

Barr, J. and Dowding, L. (2022). Leadership in Health Care. 5th ed. USA: SAGE.

Barrow, J.M. and Annamaraju, P. (2022). Change management in health care. [online] National Library of Medicine. Available at: https://www.ncbi.nlm.nih.gov/books/NBK459380/ (Accessed: 30 November 2025).

Belrhiti, Z., Bigdeli, M., Lakhal, A., Dib, K., Zbiri, S. and Belabbes, S. (2024). Unravelling collaborative governance dynamics within healthcare networks: a scoping review. *Health Policy and Planning*, *39*(4). Available at: https://doi.org/10.1093/heapol/czae005 (Accessed: 20 October 2025).

Blake, H., Bermingham, F., Johnson, G. and Tabner, A. (2020). Mitigating the psychological impact of COVID-19 on healthcare workers: a digital learning package. *International journal of environmental research and public health, 17*(9), p.2997 (Accessed: 21 October 2025).

Bornman, J. and Louw, B. (2023). Leadership development strategies in interprofessional healthcare collaboration: A rapid review. *Journal of Healthcare Leadership*, *15*(15), pp.175–192. Available at: https://doi.org/10.2147/JHL.S405983 (Accessed: 22 October 2025).

Braganza, M.Z., Pearson, E., Avila, C.J., Zlowe, D., Øvretveit, J., and Kilbourne, A.M. (2022). Aligning quality improvement efforts and policy goals in a national integrated health system. *Health Services Research, 57*(S1). Available at: https://doi.org/10.1111/1475-6773.13944 (Accessed: 17 October 2025).

Brende, B. and Sternfels, B. (2022). *Resilience for Sustainable, Inclusive Growth*. [online] McKinsey & Company. Available at: https://www.mckinsey.com/capabilities/risk-and-resilience/our-insights/resilience-for-sustainable-inclusive-growth (Accessed: 1 December 2025).

Buonocore, F., Annosi, M.C., Gennaro, D. de and Riemma, F. (2024). Digital transformation and social change: Leadership strategies for responsible innovation. *Journal of Engineering and Technology Management*, *74*(101843), pp.101843–101843. Available at: https://doi.org/10.1016/j.jengtecman.2024.101843 (Accessed: 27 October 2025).

Caci, L., Nyantakyi, E., Blum, K., Sonpar, A., Schultes, M.-T., Albers, B. and Clack, L. (2025). Organizational readiness for change: A systematic review of the healthcare literature. *Implementation Research and Practice*, *6*. Available at: https://doi.org/10.1177/26334895251334536 (Accessed: 22 October 2025).

Cairney, P. and Toomey, C. (2025). Systems Leadership: a qualitative systematic review of advice for policymakers. *Open Research Europe*, *5*(1), p.6. Available at: https://doi.org/10.12688/openreseurope.18982.1 (Accessed: 23 October 2025).

Carpenter, J.R. and Smuk, M. (2021). Missing data: A statistical framework for practice. *Biometrical Journal, 63*(5). Available at: https://doi.org/10.1002/bimj.202000196.

Carreno, A.M. (2024). *An Analytical Review of John Kotter's Change Leadership Framework: A Modern Approach to Sustainable Organizational Transformation*. Ssrn.com. Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=5044428 (Accessed: 1 December 2025).

Carreno, A.M. (2024). Building a Continuous Feedback Loop for Real-Time Change Adaptation: Best Practices and Tools. *Zenodo*, *1*(1). Available at: http://dx.doi.org/10.5281/zenodo.14051466 (Accessed: 27 October 2025).

Cheraghi, R., Ebrahimi, H., Kheibar, N. and Sahebihagh, M.H. (2023). Reasons for resistance to change in nursing: An integrative review. *BMC Nursing*, *22*(1), pp.1–9. Available at: https://doi.org/10.1186/s12912-023-01460-0 (Accessed: 27 October 2025).

Clack, L., Smith, J. and Charns, M. (2025). Defining and Measuring Organizational Transformation in Health Care: A Systematic Literature Review. *Medical Care Research and Review*. Available at: https://doi.org/10.1177/10775587251356130 (Accessed: 71 November 2025).

Claudiu George Bocean and Anca Antoaneta Vărzaru (2025). Health status in the era of digital transformation and sustainable economic development. *BMC Health Services Research*, *25*(1). Available at: https://doi.org/10.1186/s12913-025-12498-y (Accessed: 2 November 2025).

Conradson, H.E., Hayden, K.A., Russell-Mayhew, S., Raffin Bouchal, S. and King-Shier, K. (2022). Positive psychological well-being in women with obesity: A scoping review of qualitative and quantitative primary research. *Obesity Science & Practice*, *8*(6), pp.691-714. Available at: https://doi.org/10.1002/osp4.605 (Accessed: 17 November 2025).

Darling, C. and Venkitachalam, K. (2020). Framework on strategic competence performance – a case study of a UK NHS organization. *Journal of Strategy and Management*, *14*(1), pp.107–125. Available at: https://doi.org/10.1108/jsma-08-2019-0156 (Accessed: 9 November 2025).

Davies, M.J., Agarwal, S., Bodicoat, D.H., Brennan, A., Dixon, S., Eborall, H., Glab, A., Gray, L.J., Hadjiconstantinou, M., Huddlestone, L., Hudson, N., Anju Keetharuth, Kamlesh Khunti, Kristunas, C., Martin, G., Northern, A., Patterson, M., Pollard, D., Pritchard, R. and Schreder, S. (2025). *Limitations*. Nih.gov. Available at: https://www.ncbi.nlm.nih.gov/books/NBK612487/ (Accessed: 7 December 2025).

Djafar, H., Yunus, R., DJ Pomalato, S.W. and Rasid, R. (2021). Qualitative and Quantitative Paradigm Constellation In Educational Research Methodology. *International Journal of Educational Research & Social Sciences, 2*(2), pp.339–345. Available at: https://doi.org/10.51601/ijersc.v2i2.70 (Accessed: 2 December 2025).

Duncan, D.L. (2020). What the COVID-19 pandemic tells us about the need to develop resilience in the nursing workforce. *Nursing Management, 27*(3).

Dwivedi, Y.K., Ismagilova, E., Hughes, D.L. and Carlson, J. (2021). Setting the future of digital and social media marketing research: Perspectives and research propositions. *International Journal of Information Management*, *59*(1), pp.1–37. Available at: https://doi.org/10.1016/j.ijinfomgt.2020.102168 (Accessed: 30 October 2025).

Elhusseini, S.A., Tischner, C.M., Aspiranti, K.B., and Fedewa, A.L. (2022). A quantitative review of the effects of self-regulation interventions on primary and secondary student academic achievement. *Metacognition and Learning, 17*(3). Available at: https://doi.org/10.1007/s11409-022-09311-0 (Accessed: 26 November 2025).

Errida, A. and Lotfi, B. (2021). The Determinants of Organizational Change Management success: Literature Review and Case Study. *International Journal of Engineering Business Management*, *13*(1), pp.1–15. Available at: https://doi.org/10.1177/18479790211016273 (Accessed: 29 October 2025).

Evans, M.I. and Britt, D.W. (2022). Resistance to Change. *Reproductive Sciences*, *30*(3), pp.835–853. Available at: https://doi.org/10.1007/s43032-022-01015-9 (Accessed: 12 December 2025).

Ezeh, M.O., Ogbu, A.D., Ikevuje, A.H. and George, E.P.E. (2024). Stakeholder engagement and influence: Strategies for successful energy projects. *International Journal of Management & Entrepreneurship Research*, *6*(7), pp.2375-2395. Available at: https://www.researchgate.net/publication/382514218_Stakeholder_engagement_and_influence_Strategies_for_successful_energy_projects (Accessed: 12 December 2025).

Firdaus, F., Zulfadilla, Z. and Caniago, F. (2021). Research methodology: Types in the new perspective. *Manazhim*, *3*(1), pp.1-16. Available at: https://doi.org/10.36088/manazhim.v3i1.903 (Accessed: 22 December 2025).

Fragouli, E. and Tourlaki, T. (2020). Leading change and crisis: How transformational changes can be successful nowadays. *Global Research in Higher Education*, *3*(3), p.22. Available at: https://www.researchgate.net/publication/344093878_Leading_Change_and_Crisis_How_Transformational_Changes_Can_Be_Successful_Nowadays (Accessed: 17 February 2026).

G'aybullo o'g'li, J.M. (2026). THE ROLE OF RESEARCH METHODS AND SKILLS IN ENHANCING ACADEMIC AND PROFESSIONAL COMPETENCIES. *AMERICAN JOURNAL OF MULTIDISCIPLINARY BULLETIN*, *4*(1), pp.136–140. Available at: https://advancedscienti.com/index.php/AJMB/article/view/3685 (Accessed 22 April 2026).

Gelaidan, H.M., Al-Swidi, A. and Mabkhot, H.A. (2022). Leadership behavior for successful change management. In *Global Encyclopedia of Public Administration, Public Policy, and Governance* (pp. 7401-7405). Cham: Springer International Publishing. Available at: https://doi.org/10.1007/978-3-030-66252-3_3138 (Accessed: 8 February 2026).

Ghani, B., Hyder, S.I., Yoo, S. and Han, H. (2023). Does employee engagement promote innovation? The Facilitators of innovative workplace behavior via mediation and moderation. *Heliyon*, *9*(11). Available at: https://doi.org/10.1016/j.heliyon.2023.e21817 (Accessed: 27 January 2026).

Gotsis, G. (2023). Leading with compassion: how compassion can enrich healthcare leadership in a post-COVID-19 world. In *Leadership and Virtues* (pp. 144-160). Routledge.

Gulati, R., Hallo, L. and Nguyen, T. (2025). Navigating Organizational Change in Crisis: Developing a Bespoke Holistic Change Management Framework. *Systems Research and Behavioral Science*. Available at: https://doi.org/10.1002/sres.3197 (Accessed: 20 January 2026).

Gunawardana, K.D. (2025). AN IMPACT OF CHATGPT ON THE SATISFACTION OF ACCOUNTANTS AND AUDITORS'PROFESSION: AN IMPACT OF CHATGPT ON THE SATISFACTION OF ACCOUNTANTS AND AUDITORS. *Ecoforum Journal*, *14*(3).

Gutterman, A.S. (2023). Definitions and Conceptions of Leadership. Available at: https://www.researchgate.net/publication/371169414_Definitions_and_Conceptions_of_Leadership (Accessed: 30 November 2025).

Hanelt, A., Bohnsack, R., Marz, D. and Antunes, C. (2021). A Systematic Review of the Literature on Digital transformation: Insights and Implications for Strategy and Organizational Change. *Journal of Management Studies*, *58*(5), pp.1159–1197. p.1159–1197. Available at: https://doi.org/10.1111/joms.12639 (Accessed: 30 January 2026).

Harrison, R., Fischer, S., Walpola, R.L., Chauhan, A., Babalola, T., Mears, S. and Le-Dao, H. (2021). Where Do Models for Change management, Improvement and Implementation meet? a Systematic Review of the Applications of Change Management Models in Healthcare. *Journal of Healthcare Leadership*, *13*(2), pp.85–108. Available at: https://doi.org/10.2147/JHL.S289176 (Accessed: 27 March 2026).

Hasan, K.M. (2024). Quantitative methods in social science research: Systematic review of content analysis, survey and experiment methodologies. *Survey and Experiment Methodologies (January 17, 2024)*. Available at: https://doi.org/10.2139/ssrn.4698175 (Accessed: 13 January 2026).

Hazari, A. (2023). *Introduction to Research Methodology.* In: Research Methodology for Allied Health Professionals. Singapore: Springer. Available at: https://doi.org/10.1007/978-981-99-8925-6_1 (Accessed: 12 March 2026).

Henson, R., Stewart, G., and Bedford, L. (2020). Key Challenges and Some Guidance on Using Strong Quantitative Methodology in Education Research. *Journal of Urban Mathematics Education, 13*(2), pp.42–5942–59. Available at: https://doi.org/10.21423/jume-v13i2a382 (Accessed: 29 March 2026).

Homauni, A., Moghaddam, N.M., Mosadeghkhah, A., Noori, M. and Abbasiyan, K. (2023). Budgeting in Healthcare Systems and organizations: a Systematic Review. *Iranian Journal of Public Health*, *52*(9), pp.1889–1901. Available at: https://doi.org/10.18502/ijph.v52i9.13571 (Accessed: 6 March 2026).

Huang, Z., Sindakis, S., Aggarwal, S. and Thomas, L. (2022). The Role of Leadership in Collective Creativity and innovation: Examining Academic Research and Development Environments. *Frontiers in Psychology*, *13*(13), pp.1–18. Available at: https://doi.org/10.3389/fpsyg.2022.1060412 (Accessed: 14 January 2026).

Hubbart, J.A. (2023). Organizational change: The challenge of change aversion. *Administrative Sciences*, *13*(7), pp.162–162. Available at: https://doi.org/10.3390/admsci13070162 (Accessed: 24 February 2026).

Ibn-Mohammed, T., Herath, S., Swallow, N., Gower, C., Montes, A.P., Brooks, D., Garcia, A.P. and Morrison-Saunders, A. (2024). Overcoming the Challenges Faced by Leaders of Purpose-Led Medium-Sized Businesses: The Role of Corporate Communication and its Interplay with Corporate Reputation and Organisational Identity. *Corporate reputation review*. Available at: https://doi.org/10.1057/s41299-024-00181-7 (Accessed: 19 January 2026).

IMD (2022). *Everything you need to know about transformational leadership*. [online] www.imd.org. Available at: https://www.imd.org/blog/leadership/transformational-leadership/ (Accessed: 3 December 2025).

Iovino, F. and Tsitsianis, N. (2020). The Methodology of the Research. Changes in European Energy Markets, pp.79–95. Available at::https://doi.org/10.1108/978-1-83909-107-020201004 (Accessed: 11 February 2026).

Izah, S.C., Sylva, L. and Hait, M. (2023). Cronbach's alpha: A cornerstone in ensuring reliability and validity in environmental health assessment. *ES Energy and Environment*, *23*, p.1057. Available at: https://www.espublisher.com/journals/articledetails/1057 (Accessed: 20 November 2025).

Jinga, A.A., Hussen, J.O., Negash, H.G. and Estifanos, A.B. (2024). Leadership Behavior and Organizational Change Management in Selected Public Universities of Ethiopia: Exploring the Impact of Leadership Influences and Change Processes. *Heliyon*, *10*(19). Available at: https://doi.org/10.1016/j.heliyon.2024.e37149 (Accessed: 29 January 2026).

Jones and Roberts (2022) stated that “support from leadership and implementation resources are critical for successful technology adoption” (p. 99, as cited in Ecoforum Journal, 2025). Available at: https://ecoforumjournal.ro/index.php/eco/article/download/2941/3941/4444 (Accessed: 22 November 2025)

Kang, E. and Hwang, H.-J. (2023). The importance of anonymity and confidentiality for conducting survey research. *Journal of Research and Publication Ethics*, *4*(1), pp.1–7. Available at: https://doi.org/10.15722/jrpe.4.1.202303.1 (Accessed: 4 March 2026).

Khairy, H.A., Baquero, A. and Al-Romeedy, B.S. (2023). The Effect of Transactional Leadership on Organizational Agility in Tourism and Hospitality Businesses: The Mediating Roles of Organizational Trust and Ambidexterity. *Sustainability*, *15*(19), p.14337. Available at: https://doi.org/10.3390/su151914337 (Accessed: 13 April 2026).

Khan, M.A. (2025). Examining the influence of organizational structure and leadership on innovation in hybrid work settings: the mediating role of organizational culture in enhancing team collaboration and innovation outcomes. *Journal of Intercultural Management*, *17*(1), pp.31-70. Available at: https://doi.org/10.21203/rs.3.rs-5472336/v1 (Accessed: 23 March 2026).

Khan, Z. (2023). The Emerging Challenges and Strengths of the National Health Services: A Physician Perspective. Cureus, *15*(5). Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC10240167/ (Accessed: 25 February 2025).

Khatri, R.B. and Assefa, Y. (2022). Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. *BMC public health, 22*(1), p.880.

Khatri, R.B., Endalamaw, A., Erku, D., Wolka, E., Nigatu, F., Zewdie, A. and Assefa, Y. (2024). Enablers and barriers of community health programs for improved equity and universal coverage of primary health care services: A scoping review. *BMC Primary Care, 25*(1). Available at: https://doi.org/10.1186/s12875-024-02629-5 (Accessed: 30 March 2026).

Klein, G. and Müller, R. (2019). Quantitative Research Submissions to Project Management Journal®. *Project Management Journal, 50*(3), pp.263–265. Available at: https://doi.org/10.1177/8756972819840141 (Accessed: 9 February 2026).

Korkmaz, A.V., van Engen, M.L., Knappert, L. and Schalk, R. (2022). About and beyond Leading Uniqueness and belongingness: a Systematic Review of Inclusive Leadership Research. *Human Resource Management Review, 32*(4), p.100894. Available at: https://doi.org/10.1016/j.hrmr.2022.100894 (Accessed: 24 January 2026).

Kotter, J. (2025). *The 8 Steps for Leading Change*. Kotter. Available at: https://www.kotterinc.com/methodology/8-steps/ (Accessed: 30 November 2025).

Lea El Hachem, M. Nathalia Garcia, Brady, M., Cain, L. and Lopez-Fuentes, A.N. (2024). Uncover your inner power: Breaking leadership biases in global healthcare. *Journal of dental education, 88*(S1), pp.727–732. Available at: https://doi.org/10.1002/jdd.13555 (Accessed: 21 February 2026).

Leach, L., Hastings, B., Schwarz, G., Watson, B., Bouckenooghe, D., Seoane, L., and Hewett, D. (2021). Distributed leadership in healthcare: leadership dyads and the promise of improved hospital outcomes. *Leadership in Health Services, 34*(4), pp.353–374. Available at: https://doi.org/10.1108/lhs-03-2021-0011 (Accessed: 27 January 2026).

Lewa, P.M., Mburu, M.M. and Murigi, R.M.M. (2022). Transformational leadership and change management in dynamic contexts. *Future of Business and Finance*, *1*(1), pp.47–65. Available at: https://doi.org/10.1007/978-3-030-95652-3_4 (Accessed: 11 January 2026).

Liden, R.C., Wang, X. and Wang, Y. (2025). The evolution of leadership: Past insights, present trends, and future directions. *Journal of Business Research, 186*(115036), pp.1–18. Available at: https://doi.org/10.1016/j.jbusres.2024.115036 (Accessed: 27 March 2026).

Lion, C., New, R., City, Y., Akpan, E., Ebenezer and Fcicn (2025). DECISION MAKING SKILL AS A KEY COMPONENT OF GOOD LEADERSHIP. *7*(1), pp.2774–7471. Available at: https://www.globalacademicstar.com/download/article/decision-making-skill-as-a-key-component-of-good-leadership.pdf (Accessed: 28 December 2025).

Mabe, L., Swarts, I., and Mmako, M.M. (2025). Relationship between employee engagement and staff morale: Case of public nursing staff. *Africa's Public Service Delivery & Performance Review, 13*(1). Available at: https://doi.org/10.4102/apsdpr.v13i1.916 (Accessed: 30 November 2025).

Mahuika, N. and Mahuika, R. (2020). Wānanga as a research methodology. AlterNative: An International Journal of Indigenous Peoples, *16*(4), p.117718012096858. Available at: https://doi.org/10.1177/1177180120968580 (Accessed: 6 January 2026).

Malek, M.A. and Almarri, K. (2024). The Role of Adaptive and Transformational Leadership in the Successful Adoption and Implementation of New Technologies and Innovations in Organizations. *Lecture notes in business information processing (Print)*, pp.120–132. Available at: https://doi.org/10.1007/978-3-031-56481-9_9 (Accessed: 5 January 2026).

Maniatopoulos, G., Hunter, D.J., Erskine, J. and Hudson, B. (2020). Large-scale Health System Transformation in the United Kingdom. *Journal of Health Organization and Management*, *34*(3), pp.325–344. Available at: https://doi.org/10.1108/jhom-05-2019-0144 (Accessed: 6 March 2026).

Mansor, F.A., Jusoh, Y.H.M., Hashim, M.Z., Muhammad, N. and Omar, S.N.Z. (2023). Employee engagement and organizational performance. *International Journal of Accounting, Finance and Business*, *8*(50), pp.69-80. Available at: https://www.researchgate.net/publication/374327540_Employee_engagement_and_organizational_performance (Accessed: 8 January 2026).

Marra, M. and Nielsen, B.B. (2025). Research methodology: best practices for rigorous, credible, and impactful research. *Journal of International Business Studies, 56*(2). Available at: https://doi.org/10.1057/s41267-025-00774-2 (Accessed: 2 March 2026).

Mishra, S., Sharma, A., Shivhare, A. and Srivastava, M. (2026). Key drivers of organizational resilience in healthcare: a dynamic capabilities perspective. *Journal of Health Organization and Management*, pp.1–14. Available at: https://doi.org/10.1108/jhom-06-2025-0354 (Accessed: 18 January 2026).

Mitchell, S., Phaneuf, J.-C., Silvia Matilda Astefanei, Guttormsen, S., Wolf, A., Esther de Groot and Sehlbach, C. (2023). A Changing Landscape for Lifelong Learning in Health Globally. *Journal of CME, 12*(1). Available at: https://doi.org/10.1080/21614083.2022.2154423 (Accessed: 3 January 2026).

Mouazen, A.M., Hernández-Lara, A.B., Abdallah, F., Ramadan, M., Chahine, J., Baydoun, H. and Bou Zakhem, N. (2023). Transformational and transactional leaders and their role in implementing the kotter change management model ensuring sustainable change: An empirical study. *Sustainability*, *16*(1), p.16.

Mousa, M., Boyle, J., Skouteris, H., Mullins, A.K., Currie, G., Riach, K. and Teede, H.J (2021). Advancing women in healthcare leadership: a systematic review and meta-synthesis of multi-sector evidence on organisational interventions. *EClinicalMedicine,* 39.

Musaigwa, M. (2023). The role of leadership in managing change. *International review of management and marketing*, *13*(6), p.1. Available at: https://www.researchgate.net/publication/375562628_The_Role_of_Leadership_in_Managing_Change. (Accessed : 3 December, 2025).

Mwamba, J. (2023). Effective Leadership in Change Management: Ensuring Success in Organizational Transformation. *Journal of Policy Options*, *6*(1), pp.28–38. Available at: http://resdojournals.com/index.php/jpo/article/view/280 (Accessed : 5 December, 2025).

Nadler, D.A. (2024). The Effective Management of Organizational Change. *Revitalizing Manufacturing*, *1*(2), pp.185–200. Available at: https://doi.org/10.4324/9781003571872-17 (Accessed: 5 February 2026).

Nagem, A. (2022). Necessary Skills for Leadership in Healthcare. *Annals of Medical and Health Sciences Research*. Available at: https://www.amhsr.org/articles/necessary-skills-for-leadership-in-healthcare-11192.html (Accessed: 8 December, 2025).

Nazir, M.A., Gautam, S. and Zhu, X. (2025). Transforming Care in the United Kingdom: How Leadership and Culture Drive Healthcare Professionals' Engagement and Performance in the NHS. *Transforming Care in the United Kingdom: How Leadership and Culture Drive Healthcare Professionals' Engagement and Performance in the NHS*. Available at: https://doi.org/10.22541/au.174230708.80344925/v1 (Accessed: 9 January 2026).

Nicola, M., Sohrabi, C., Mathew, G., Kerwan, A., Al-Jabir, A., Griffin, M., Agha, M., and Agha, R. (2020). Health policy and leadership models during the COVID-19 pandemic: A review. *International journal of surgery*, *81,* pp.122-129.

Nikolopoulou, K. (2022). What is social desirability bias?| Definition & examples. *Scribbr. Accessed January*, *31*, p.2023. Available at: https://www.scribbr.com/research-bias/social-desirability-bias/ (Accessed: 8 December, 2025).

Nordberg, K. and Aflaki, I. N. (2024) 'Public sector readiness for value co-creation: the diffusion of a governance innovation', *Public Money & Management*, 45(5), pp. 435–446. Available at: https://doi.org/10.1080/09540962.2024.2397050 (Accessed: 25 January 2026).

Noyes, J., Booth, A., Moore, G., Flemming, K., Tunçalp, Ö. and Shakibazadeh, E. (2020). Synthesising quantitative and qualitative evidence to inform guidelines on complex interventions: Clarifying the purposes, designs, and outlining some methods. *BMJ Global Health, 4*(1). Available at: https://doi.org/10.1136/bmjgh-2018-000893 (Accessed: 7 November 2025).

Ocaña-Fernández, Y. and Fuster-Guillén, D. (2021). The bibliographical review as a research methodology. *Revista Tempos e Espaços em Educação, 14*(33), p.e15614. Available at: https://doi.org/10.20952/revtee.v14i33.15614 (Accessed: 2 January 2026).

Ogu, S.J. (2024). Employee participation in decision-making and organizational commitment: A study of modern organizations. *Journal of Commerce Management and Tourism Studies*, *3*(1), pp.55–64. Available at: https://doi.org/10.58881/jcmts.v3i1.208 (Accessed: 11 January 2026).

Ominyi, J. and Alabi, A. (2025). Bridging Barriers to Evidence-Based Practice and Knowledge Utilisation: Leadership Strategies in Acute Care Nursing. *Hospitals*, *2*(1), pp.1–22. Available at: https://doi.org/10.3390/hospitals2010004 (Accessed: 18 January 2026).

Øygarden, O., Olsen, E., and Mikkelsen, A. (2020). Changing to improve? Organizational change and change-oriented leadership in hospitals. *Journal of Health Organization and Management, 34*(6), pp.687–706. Available at: https://doi.org/10.1108/jhom-09-2019-0280 (Accessed: 30 November 2025).

Patey, A.M. and Soong, C. (2023). Top-down and bottom-up approaches to low-value care. *BMJ Quality & Safety*, *32*(2), pp.65-68 (Accessed: 25 November 2025).

Pearce, N. (2024). LibGuides: SPSS: Correlation analysis. latrobe.libguides.com. Available at: https://latrobe.libguides.com/ibmspss/correlation (Accessed: 29 November 2025).

Pereira, S.A.F., Ferreira, J.J., Rammal, H.G. and Peris-Ortiz, M. (2023). Strategic change in the health sector: a literature review and future challenges. *Journal of Organizational Change Management*, *36*(2). Available at: https://doi.org/10.1108/jocm-05-2022-0144 (Accessed: 17 February 2026).

Petersson, L., Larsson, I., Nygren, J.M., Nilsen, P., Neher, M., Reed, J.E., Tyskbo, D. and Svedberg, P. (2022). Challenges to implementing artificial intelligence in healthcare: a qualitative interview study with healthcare leaders in Sweden. *BMC health services research, 22*(1), p.850.

Prosci (2024). Kotter's Change Management Theory Explanation and Applications. *Prosci*. Available at: https://www.prosci.com/es/blog/recursos-humanos-clave-implementar-gestion-cambio-empresa (Accessed: 28 November 2025).

Quarterdeck.co.uk. (2025). Why Leadership is Important in Healthcare: The Critical Factor. Available at: https://quarterdeck.co.uk/articles/why-leadership-is-important-in-healthcare (Accessed: 10 December, 2025).

Raelin, J.A. (2019). Toward a methodology for studying leadership-as-practice. *Leadership*, *16*(4), p.174271501988283. Available at: https://doi.org/10.1177/1742715019882831 (Accessed: 26 October 2025).

Ramadhani, W., Khuzaini, K. and Shaddiq, S. (2024). Resistance to change: Human resources issues in the implementation of Industry 4.0 technology. *Proceeding: Islamic University of Kalimantan*. Available at: https://doi.org/10.31602/piuk.v0i0.15802 (Accessed: 6 March 2026).

Raoush, A. (2023). Transformational leadership impact on innovative behaviour as perceived by healthcare workers in private hospitals in Jordan. *Cogent Business & Management*, *10*(3). Available at: https://doi.org/10.1080/23311975.2023.2265606 (Accessed: 3 March 2026).

Ravaghi, H., Guisset, A.-L., Elfeky, S., Nasir, N., Khani, S., Ahmadnezhad, E. and Abdi, Z. (2023). A scoping review of community health needs and assets assessment: Concepts, rationale, tools and uses. *BMC Health Services Research*, *23*(1), pp.1–20. Available at: https://doi.org/10.1186/s12913-022-08983-3 (Accessed: 5 January 2026).

Razavi, N.S., Jalili, M., Sandars, J. and Gandomkar, R. (2022). Leadership Behaviors in Health Care Action Teams: A Systematized Review. *Medical Journal of The Islamic Republic of Iran (MJIRI)*, *36*(1), pp.65–77. Available at: https://doi.org/10.47176/mjiri.36.8 (Accessed: 27 December 2025).

Reddy, C. (2021). Teaching Research Methodology: Everything's a Case. *Electronic Journal of Business Research Methods, 18*(2), pp.pp178-188. Available at: https://doi.org/10.34190/jbrm.18.2.009 (Accessed: 12 February 2026).

Restivo, V., Minutolo, G., Battaglini, A., Carli, A., Capraro, M., Gaeta, M., Odone, A., Trucchi, C., Favaretti, C., Vitale, F. and Casuccio, A. (2022). Leadership Effectiveness in Healthcare Settings: a Systematic Review and Meta-Analysis of Cross-Sectional and Before–After Studies. *International Journal of Environmental Research and Public Health*, *19*(17), pp.1–13. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC9518077/ (Accessed: 15 December, 2025).

Rosen, M.A. (2020). Teamwork in healthcare: Key Discoveries Enabling safer, high-quality care. *American Psychologist*, *73*(4), pp.433–450. Available at: https://doi.org/10.1037/amp0000298 (Accessed: 26 January 2026).

Ross, K. and Call-Cummings, M. (2020). Reflections on failure: teaching research methodology. *International Journal of Research & Method in Education,* pp.1–14. Available at: https://doi.org/10.1080/1743727x.2020.1719060 (Accessed: 13 January 2026).

Sahay, S. and Goldthwaite, C. (2023). Participatory Practices During Organizational Change: Rethinking Participation and Resistance. *Management Communication Quarterly*, *38*(2). Available at: https://doi.org/10.1177/08933189231187883 (Accessed: 2 November 2026).

Saif, N., Ali, S., Shaheen, I., Goh, G.G.G. and Khan, S.U. (2025). Revolutionizing healthcare leadership the critical role of digital citizenship in knowledge sharing. *Scientific Reports*, *15*(1). Available at: https://doi.org/10.1038/s41598-025-93117-y (Accessed: 15 December 2026).

Saka-Helmhout, A., Álamos-Concha, P., López, M.M., Hagan, J., Murray, G., Edwards, T., Kern, P., Martin, I. and Ling Eleanor Zhang (2024). Stakeholder engagement strategies for impactful corporate social innovation initiatives by multinational enterprises. *Journal of international management, 30*(4), pp.101159–101159. Available at: https://doi.org/10.1016/j.intman.2024.101159 (Accessed: 5 Febryary 2026).

Salhab, M.A. (2025). Fostering leadership and innovation in UK healthcare: insights from the NHS clinical entrepreneur programme and application of clinical leadership models–a systematic review and reflective analysis. *Leadership in Health Services*, *38*(4), pp.574-596. Available at: https://doi.org/10.1108/lhs-02-2025-0020 (Accessed: 17 January 2026).

Saliya, C.A. (2023). Integrated-Flexible Research Methodology: An Alternative Approach. Social Research Methodology and Publishing Results: A Guide to Non-Native English Speakers. Available at: https://www.igi-global.com/chapter/integrated-flexible-research-methodology/320206 (Accessed: 9 December, 2025).

Sayyed, A., Sahu, S., Kanyal, D. and Sable, S. (2024). Effective leadership strategies in healthcare: A narrative review. *Multidisciplinary Reviews*, *8*(3), pp.2025090–2025090. Available at: https://doi.org/10.31893/multirev.2025090 (Accessed: 19 November 2025).

Scholarworks, S. and Sims, W. (2025). *Improving Employee Engagement Through Effective Change Improving Employee Engagement Through Effective Change Management Management*. Available at: https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=19737&context=dissertations (Accessed: 17 December, 2025).

Schutt, R.K. (2019). Quantitative Methods. The Wiley Blackwell Companion to Sociology, pp.39–56. Available at: https://doi.org/10.1002/9781119429333.ch3 (Accessed: 6 January 2026).

Senek, M., Robertson, S., Ryan, T., King, R., Wood, E., Taylor, B., and Tod, A. (2020). Determinants of nurse job dissatisfaction-findings from a cross-sectional survey analysis in the UK. *BMC nursing, 19(*1), p.88.

Sims, S., Fletcher, S., Brearley, S., Ross, F., Manthorpe, J. and Harris, R. (2021). What does Success Look Like for Leaders of Integrated Health and Social Care Systems? a Realist Review. *International Journal of Integrated Care*, *21*(4). Available at: https://doi.org/10.5334/ijic.5936 (Accessed: 2 November 2025).

Singh, P., Singh, S., Kumari, V. and Tiwari, M. (2024). Navigating healthcare leadership: Theories, challenges, and practical insights for the future. *Journal of Postgraduate Medicine, 70*(4), pp.232–241. Available at: https://doi.org/10.4103/jpgm.jpgm_533_24 (Accessed: 26 October 2026).

Singun, A. (2025). Unveiling the barriers to digital transformation in higher education institutions: a systematic literature review. *Discover Education*, *4*(1). Available at: https://doi.org/10.1007/s44217-025-00430-9 (Accessed: 28 January 2026).

Sittrop, D. and Crosthwaite, C. (2021). Minimising Risk—The Application of Kotter's Change Management Model on Customer Relationship Management Systems: A Case Study. *Journal of Risk and Financial Management*, *14*(10), p.496. Available at: https://doi.org/10.3390/jrfm14100496 (Accessed: 23 February 2026).

Skinner, C.J. (2020). Quantitative Research. Routledge eBooks, pp.215–224. Available at: https://doi.org/10.4324/9781003070993-21 (Accessed: 4 January 2026).

Smit, R., Hess, K., Taras, A., Bachmann, P., and Dober, H. (2023). The role of interactive dialogue in students' learning of mathematical reasoning: A quantitative multi-method analysis of feedback episodes. *Learning and Instruction, 86,* p.101777. Available at: https://doi.org/10.1016/j.learninstruc.2023.101777 (Accessed: 10 March 2026).

Smith, T., Fowler Davis, S., Nancarrow, S., Ariss, S. and Enderby, P. (2019). Towards a theoretical framework for Integrated Team Leadership (IgTL). *Journal of Interprofessional Care*, *34*(6), pp.1–11. Available at: https://doi.org/10.1080/13561820.2019.1676209 (Accessed: 9 December 2025).

Sott, M.K. and Bender, M.S. (2025). The Role of Adaptive Leadership in Times of Crisis: A Systematic Review and Conceptual Framework. *Merits*, *5*(1), p.2. Available at: https://doi.org/10.3390/merits5010002 (Accessed: 5 January 2026).

Specchia, M.L., Cozzolino, M.R., Carini, E., Di Pilla, A., Galletti, C., Ricciardi, W. and Damiani, G. (2021). Leadership styles and nurses' job satisfaction. Results of a systematic review. *International journal of environmental research and public health, 18*(4), p.1552.

Steleżuk, A. and Wolanin, M., (2023). Primary research using quantitative methods in social sciences. *Zeszyty Naukowe Wyższej Szkoły Technicznej w Katowicach*, *16*. Available at: https://doi.org/10.54264/0069 (Accessed: 23 October 2026).

Suryadi, Y., Trisnawati, T. and Al-Amin, A.-A. (2024). The Impact Of Transformational Leadership On Organizational Performance And Employee Motivation. *Transforma Jurnal Manajemen, 2*(2), pp.65–76. Available at: https://doi.org/10.56457/tjm.v2i2.129 (Accessed: 27 February 2026).

Suter, L.E., Smith, E. and Denman, B.D. (2019). Methods and practice in comparative education research: Models, ontologies and epistemologies. *Comparative Studies in Education*.

Tenschert, J., Furtner, M. and Peters, M. (2025). The effects of self-leadership and mindfulness training on leadership development: a systematic review. *Management Review Quarterly*, *75*(4), pp.2811-2862. Available at: https://doi.org/10.1007/s11301-024-00448-7 (Accessed: 3 January 2026).

Thapa, A., Pratikshya Gyawali and Dhirendra Kalauni (2026). Leadership strategies to foster innovation in healthcare organizations of the UK: a systematic review. *BMC Health Services Research*. Available at: https://doi.org/10.1186/s12913-026-14017-z (Accessed: 19 January 2026).

Thomas, G. (2023). *THE EFFECTS OF ORGANIZATIONAL HIERARCHIES ON ADAPTIVE LEADERSHIP*. [online] Available at: https://uniselinus.education/sites/default/files/2024-03/Garrick%20Thomas.pdf (Accessed: 22 December 2025).

Thomas, V. (2024). The Importance of Transformational Leadership. *British Journal of Healthcare Assistants, 18*(2), pp.66–71. Available at: https://doi.org/10.12968/bjha.2024.18.2.66 (Accessed: 14 December 2025).

Tsapnidou, E., Kelesi, M., Rovithis, M., Katharakis, G., Gerogianni, G., Dafogianni, C., Toylia, G., Fasoi, G. and Stavropoulou, A. (2024). Transformational leadership—quality achievements and benefits for the healthcare organizations: A scoping review. *Hospitals*, *1*(1), pp.87–103. Available at: https://www.mdpi.com/2813-4524/1/1/8 (Accessed: 25 December 2025).

Tsekouropoulos, G., Vasileiou, A., Hoxha, G., Theocharis, D., Theodoridou, E. and Grigoriadis, T. (2025). Leadership 4.0: Navigating the Challenges of the Digital Transformation in Healthcare and Beyond. *Administrative Sciences*, *15*(6), p.194. Available at: https://doi.org/10.3390/admsci15060194.

Ugochukwu, C. (2025). *Transformational Leadership Style: How to Inspire and Motivate*. Simply Psychology. Available at: https://www.simplypsychology.org/what-is-transformational-leadership.html (Accessed: 29 December 2025).

Underwood, S. (2024). Redefining leadership within the NHS' complex adaptive system. Future Healthcare Journal, *11*(1), pp.1–3. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC11025063/ (Accessed: 1 January 2026).

Unssc.org. (2024). Challenges of change management and change management practitioners | UNSSC | United Nations System Staff College. Available at: https://www.unssc.org/scm-report/findings/challenges (Accessed: 2 January 2026).

Vijai, C. (2025). The Relationship between Emotional Intelligence, Transformational Leadership, and Organizational Culture. *Emotional Intelligence in the Digital Era*, pp.212–237. Available at: doi:https://doi.org/10.1201/9781032715377-14 (Accessed: 2 January 2026).

Wessel, L., Baiyere, A., Ologeanu-Taddei, R., Cha, J., and Blegind Jensen, T. (2021). Unpacking the Difference Between Digital Transformation and IT-Enabled Organizational Transformation. *Journal of the Association for Information Systems, 22*(1), pp.102–129. Available at: https://doi.org/10.17705/1jais.00655 (Accessed: 3 January 2026).

Willmott, H. (2020). On Research Methodology. The Journal of Organization and Discourse, 1(1), pp.1–4. Available at: https://doi.org/10.36605/jscos.1.1_1 (Accessed: 3 March 2026).

Wleh, C.J. and Nkoane, N.L. (2025). Assessing the Impact of Human Resource Shortages on Patient Care: Perspectives of Registered Nurses in a Gauteng Public Hospital, South Africa. *Nursing Forum, 2025*(1). Available at: https://doi.org/10.1155/nuf/9939848 (Accessed: 4 March 2026).

Woodrow, C. and Guest, D.E. (2019). Pathways through organizational socialization: A longitudinal qualitative study based on the psychological contract. *Journal of Occupational and Organizational Psychology*, *93*(1). Available at: https://doi.org/10.1111/joop.12285 (Accessed: 8 February 2026).

Xue, Z., Nasir, M., Cheng, Y., Wu, W. and Cao, Y. (2024). OVERCOMING RESISTANCE TO INNOVATION: STRATEGIES AND CHANGE MANAGEMENT. *Journal of Business Innovation*, *9*(1), p.32. Available at: https://www.unimel.edu.my/journal/index.php/JBI/article/view/1789 (Accessed: 7 January 2026).

Zamiri, M. and Esmaeili, A. (2024). Strategies, methods, and supports for developing skills within learning communities: A systematic review of the literature. *Administrative Sciences*, *14*(9), pp.1–33 (Accessed: 10 January 2026).

Zuchowski, M.L., Henzler, D., Alscher, M.D. and Nagel, E. (2025). The impact of C-level positions on hospital performance: A scoping review of top management team outcomes. *Health Policy*, *157,* p.105346. Available at: https://doi.org/10.1016/j.healthpol.2025.105346 (Accessed: 21 January 2026).

APPENDIX A

1. How many years of experience do you have working in the UK Healthcare system?

a) Less than 2 years

b) 2-5 years

c) 6-10 years

d) 11-15 years

e) More than 15 years

2. Which type of UK Healthcare organisation do you currently work for?

a) NHS Hospital/Acute Trust

b) Primary Care/GP Practice

c) Mental Health Trust

d) Community Health Services

e) Private Healthcare Provider

3. How would you rate the overall quality of leadership in your organisation?

a) Very poor

b) Poor

c) Satisfactory

d) Good

e) Excellent

4. How frequently does your organisation experience significant organisational change?

a) Rarely (once every 2-3 years)

b) Occasionally (once a year)

c) Regularly (2-3 times a year)

d) Frequently (4-5 times a year)

e) Constantly (ongoing, continuous change)

5. Which leadership style is most commonly demonstrated by leaders in your organisation during change initiatives?

a) Transformational leadership (visionary, inspirational)

b) Transactional leadership (reward-based, structured)

c) Servant leadership (supportive, staff-focused)

d) Distributed leadership (shared responsibilities)

e) Autocratic leadership (directive, top-down)

6. How does leadership in your organisation typically approach stakeholder engagement during organisational change?

a) Minimal engagement, decisions made at top level only

b) Limited consultation with selected senior staff

c) Moderate engagement through departmental representatives

d) Extensive consultation across multiple staff levels

e) Comprehensive co-creation and collaborative approach with all stakeholders

7. What is the most significant barrier to successful organisational change implementation in your organisation?

a) Staff resistance and lack of buy-in

b) Insufficient financial resources

c) Inadequate communication from leadership

d) Limited time and competing priorities

e) Lack of necessary skills and training

8. To what extent do resource constraints (financial, staffing, technological) hinder effective change management in your organisation?

a) Not at all

b) To a small extent

c) To a moderate extent

d) To a large extent

e) To a very large extent

9. How successful have recent organisational change initiatives been in your organisation?

a) Very unsuccessful

b) Unsuccessful

c) Partially successful

d) Successful

e) Very successful

10. To what degree do leadership strategies employed in your organisation contribute to positive change outcomes?

a) No contribution

b) Minimal contribution

c) Moderate contribution

d) Significant contribution

e) Exceptional contribution

11. Which intervention would most improve leadership effectiveness in managing change in your organisation?

a) Comprehensive leadership development and training programmes

b) Implementation of structured change management frameworks

c) Enhanced communication and engagement strategies

d) Increased resource allocation for change initiatives

e) Development of supportive organisational culture and values

12. How important is continuous professional development in change management for healthcare leaders?

a) Not important at all

b) Slightly important

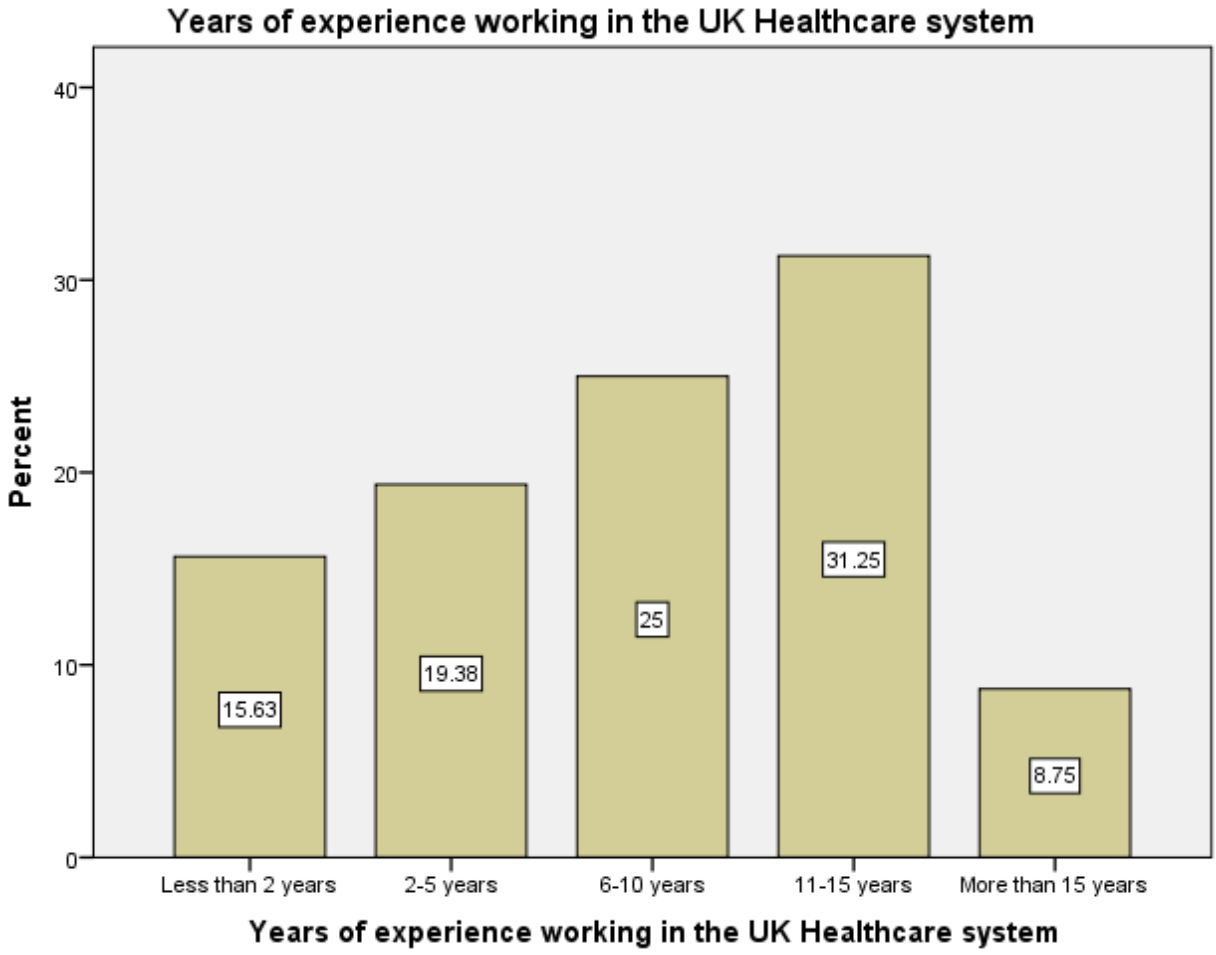
c) Moderately important

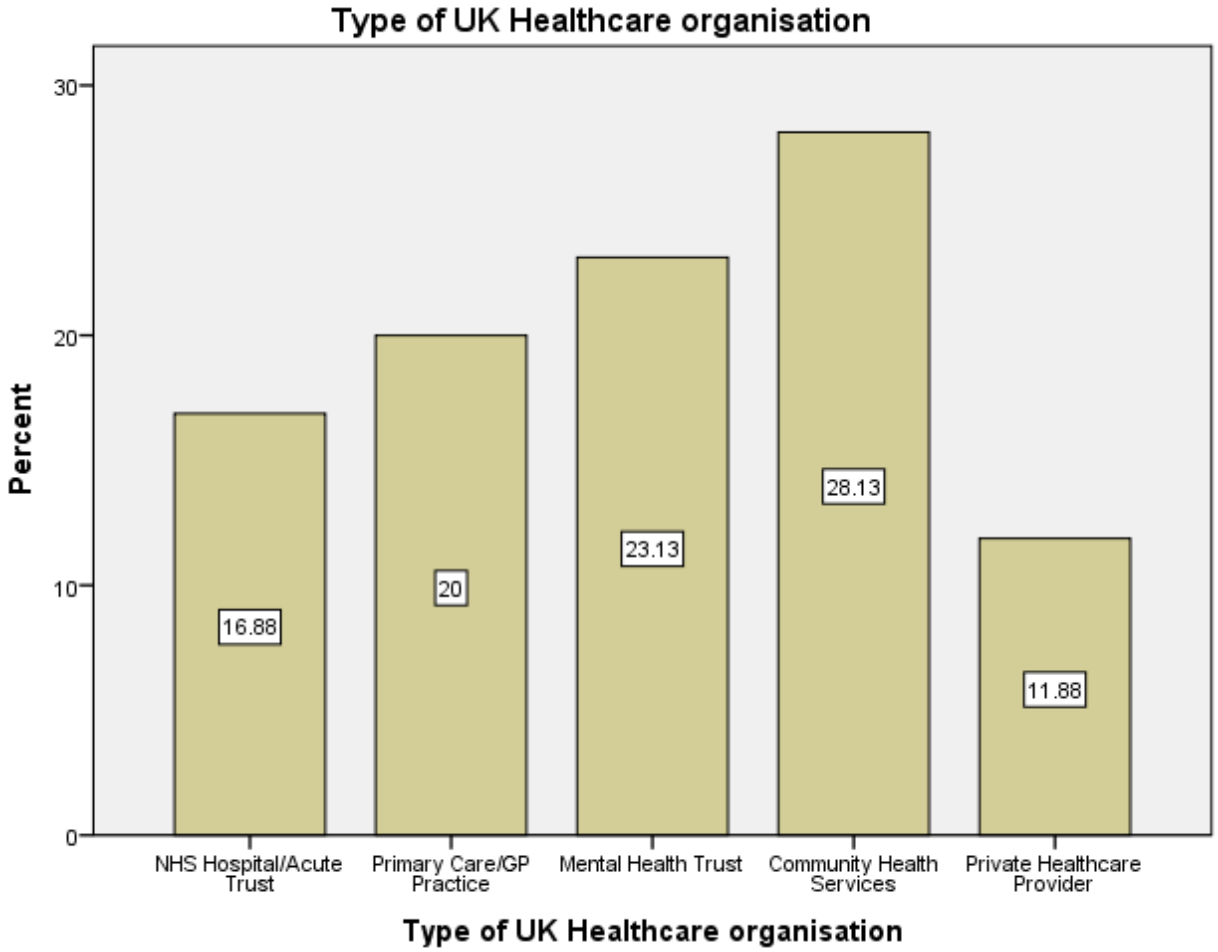
d) Very important

e) Extremely important

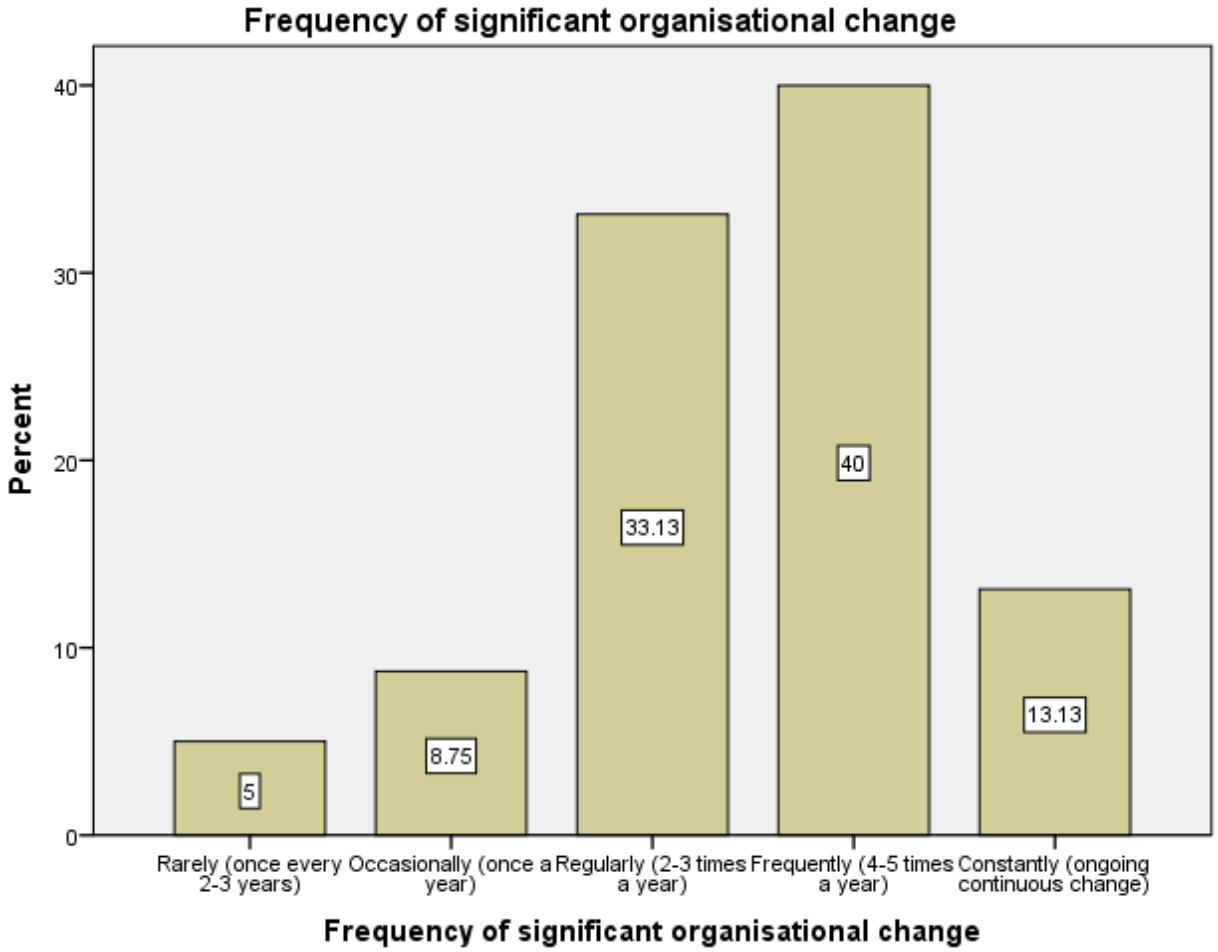
APPENDIX B

Charts



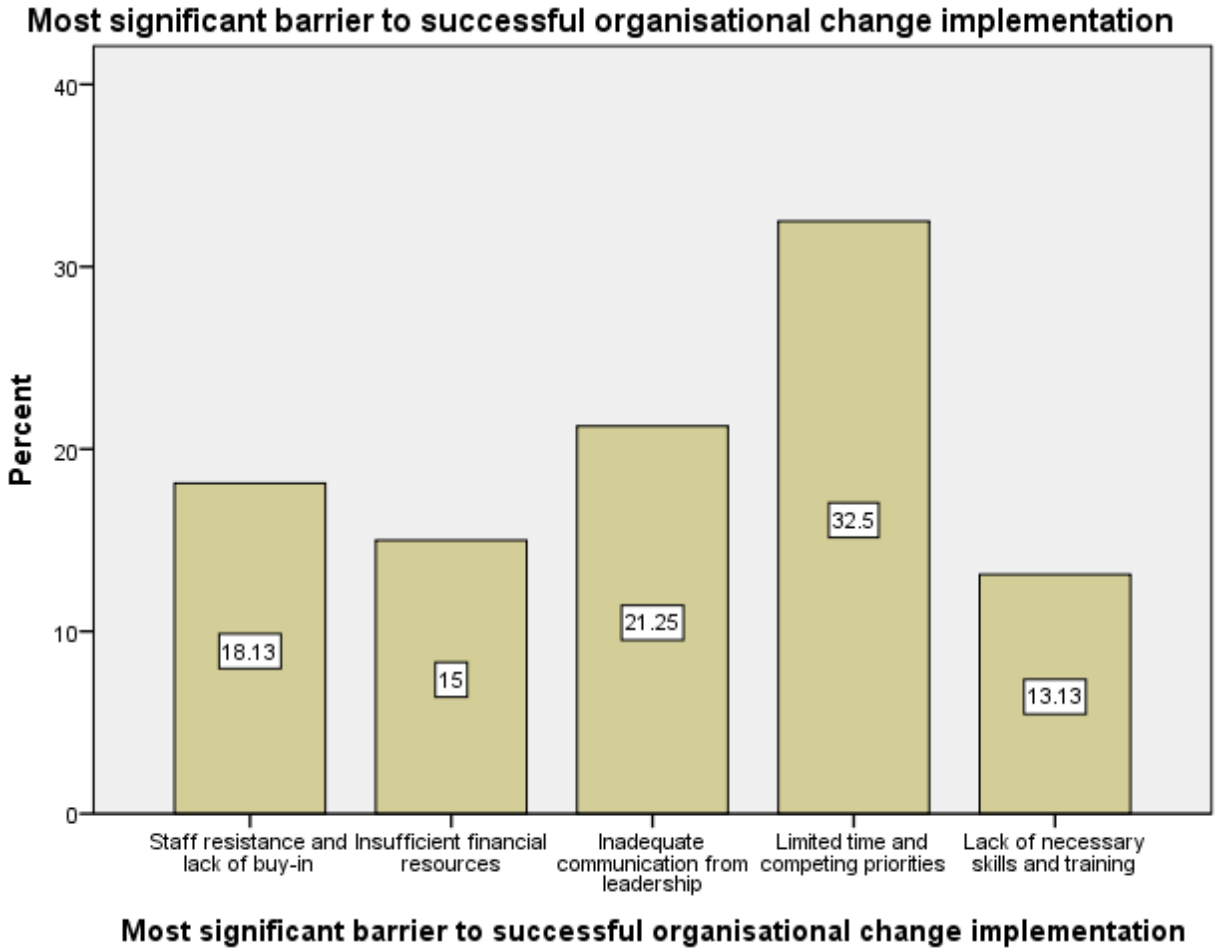

Type of UK Healthcare organisation
Percent
30
20
10
0
16.88
20
23.13
28.13
11.88
NHS Hospital/Acute Trust
Primary Care/GP Practice
Mental Health Trust
Community Health Services
Private Healthcare Provider
Type of UK Healthcare organisation

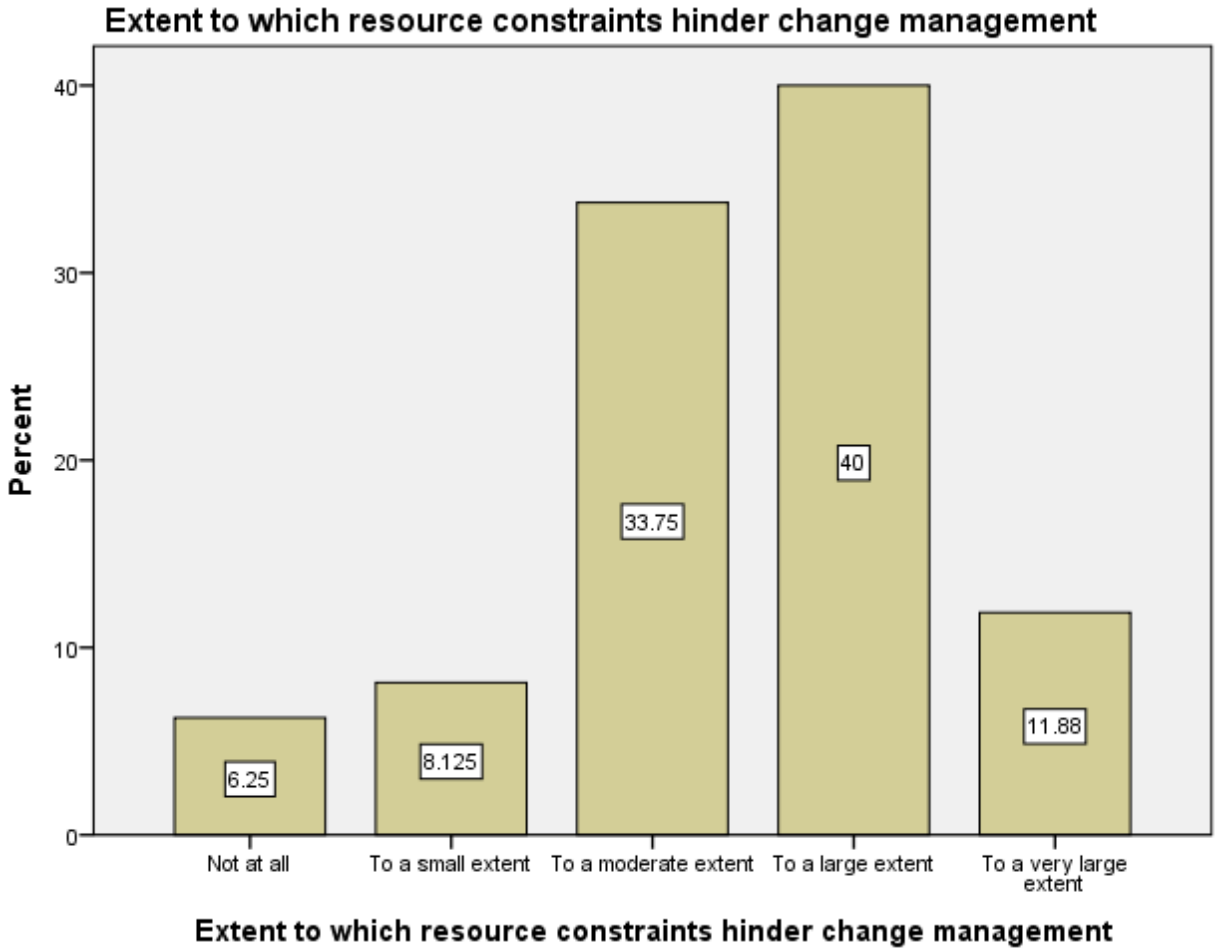

Overall quality of leadership in the organisation
Percent
50
40
30
20
10
0
2.5
2.5
33.75
41.88
19.38
Very poor
Poor
Satisfactory
Good
Excellent
Overall quality of leadership in the organisation

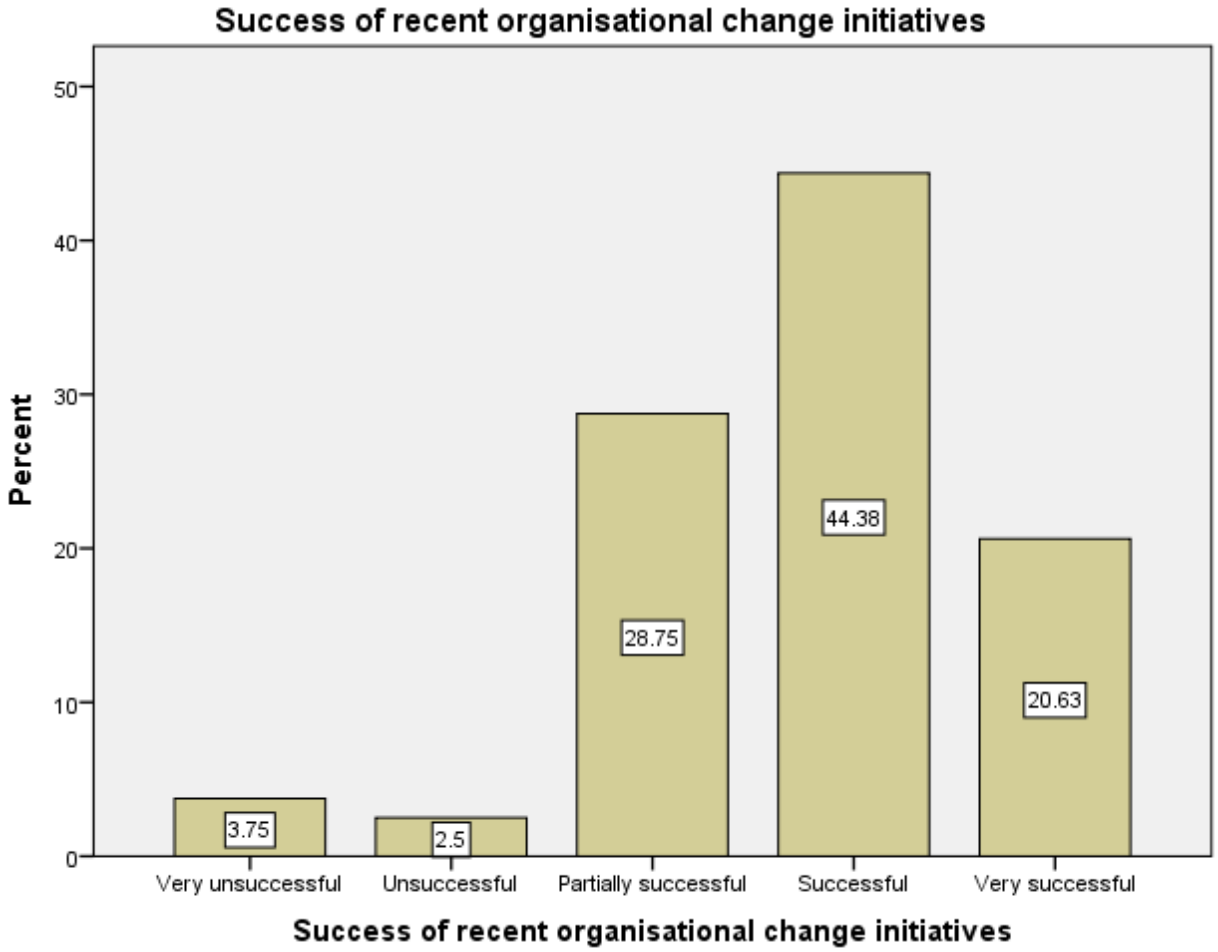

Frequency of significant organisational change
Percent
40
30
20
10
0
5
8.75
33.13
40
13.13
Rarely (once every 2-3 years)
Occasionally (once a year)
Regularly (2-3 times a year)
Frequently (4-5 times a year)
Constantly (ongoing continuous change)
Frequency of significant organisational change

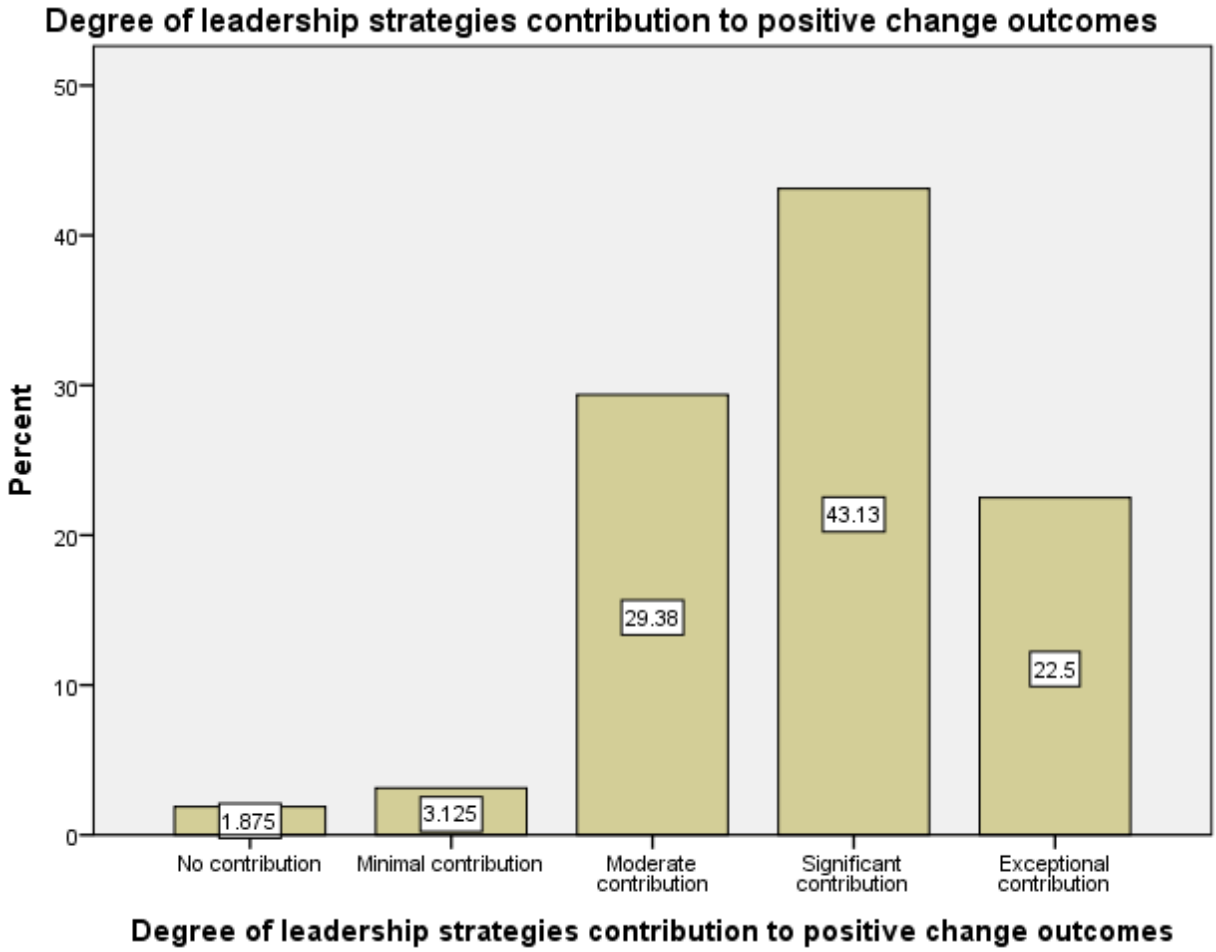

Most common leadership style demonstrated during change initiatives
Percent
25
20
15
10
5
0
14.38
24.38
18.75
25
17.5
Transformational leadership (visionary, inspirational)
Transactional leadership (reward-based, structured)
Servant leadership (supportive, staff-focused)
Distributed leadership (shared responsibilities)
Autocratic leadership (directive, top-down)
Most common leadership style demonstrated during change initiatives

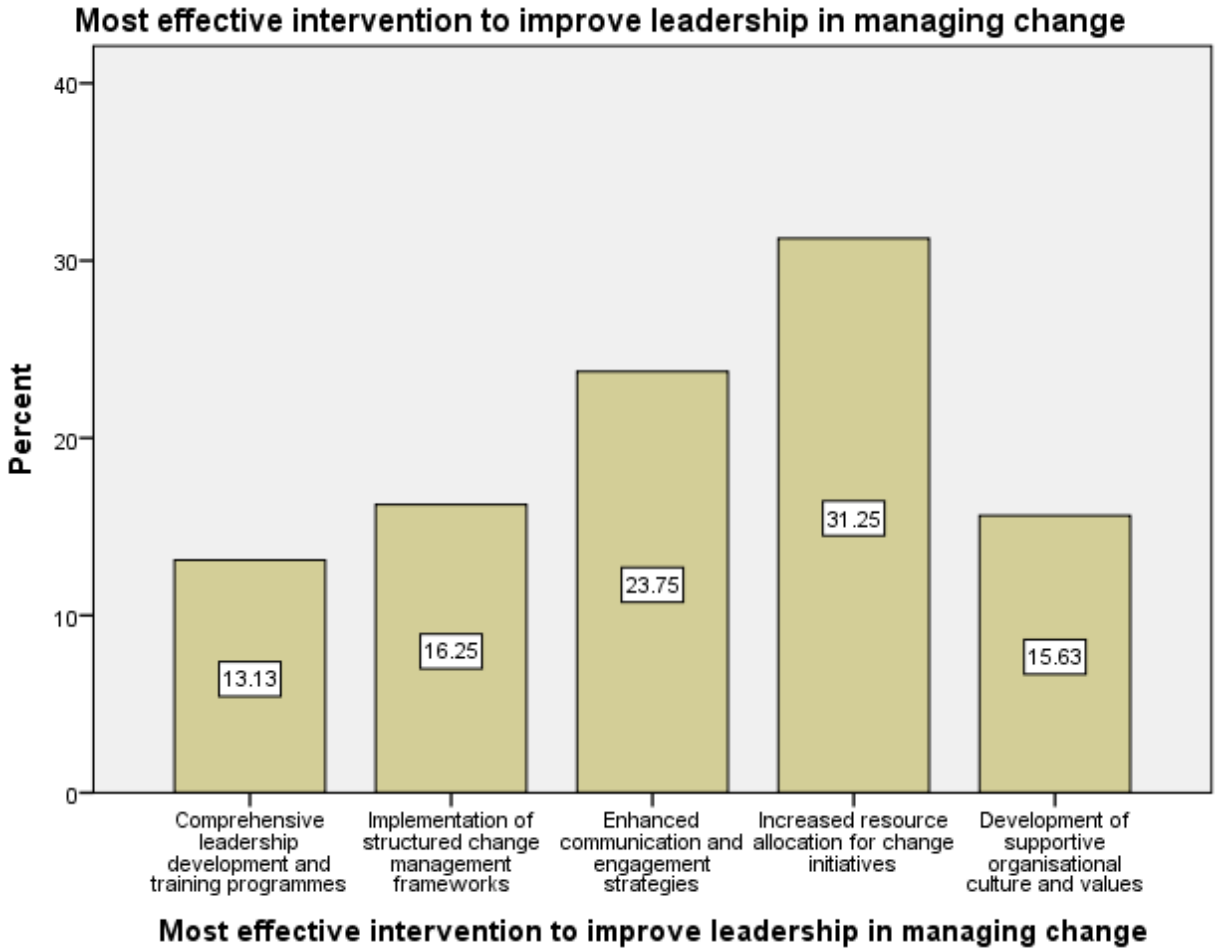

Approach to stakeholder engagement during organisational change
Percent
40
30
20
10
0
10.63
20
31.25
25.63
12.5
Minimal engagement, decisions made at top level only
Limited consultation with selected senior staff
Moderate engagement through departmental representatives
Extensive consultation across multiple staff levels
Comprehensive co-creation and collaborative approach with all stakeholders
Approach to stakeholder engagement during organisational change

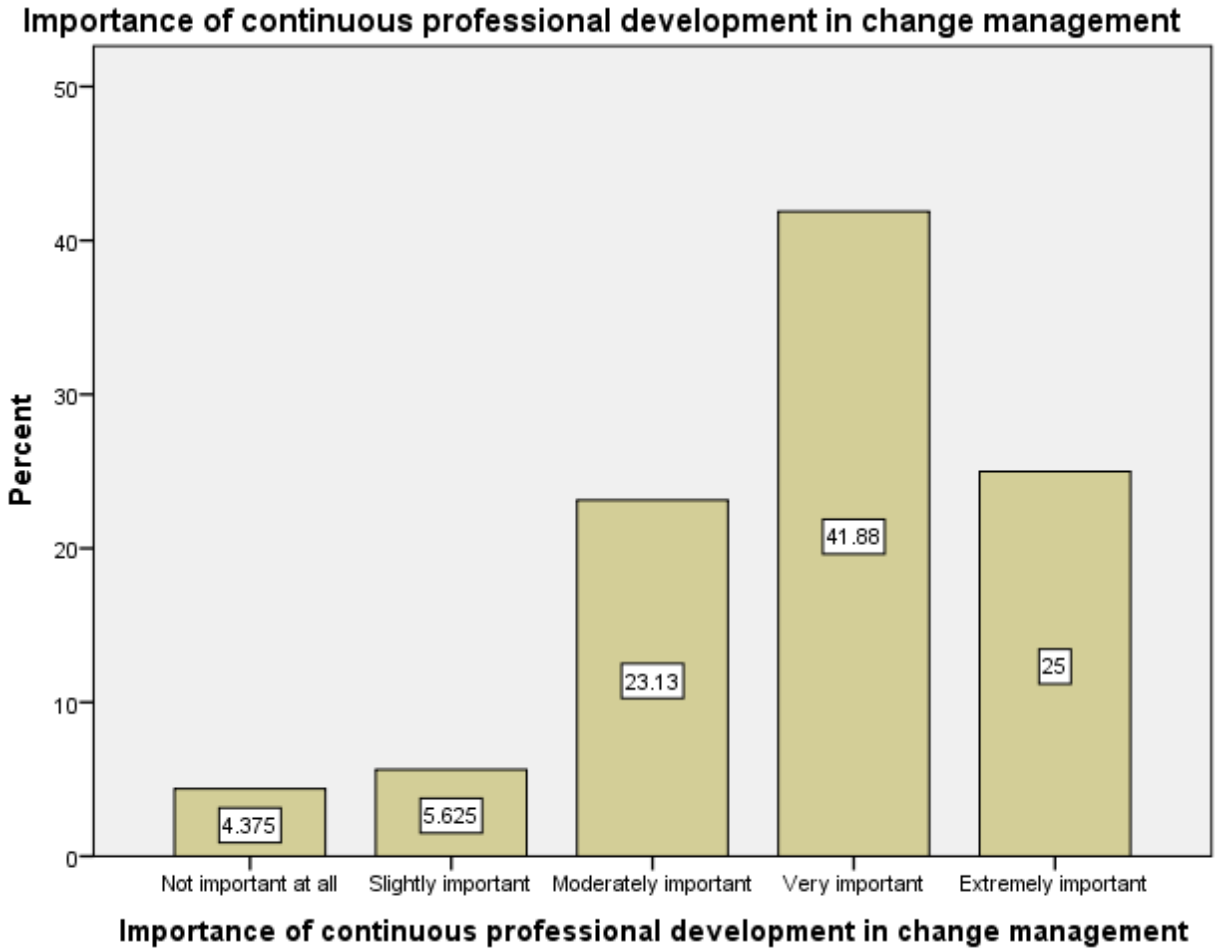

Most significant barrier to successful organisational change implementation
Percent
40
30
20
10
0
18.13
15
21.25
32.5
13.13
Staff resistance and lack of buy-in
Insufficient financial resources
Inadequate communication from leadership
Limited time and competing priorities
Lack of necessary skills and training
Most significant barrier to successful organisational change implementation


Extent to which resource constraints hinder change management
Percent
40
30
20
10
0
6.25
8.125
33.75
40
11.88
Not at all
To a small extent
To a moderate extent
To a large extent
To a very large extent
Extent to which resource constraints hinder change management


Success of recent organisational change initiatives
Percent
50
40
30
20
10
0
3.75
2.5
28.75
44.38
20.63
Very unsuccessful
Unsuccessful
Partially successful
Successful
Very successful
Success of recent organisational change initiatives


Degree of leadership strategies contribution to positive change outcomes
Percent
50
40
30
20
10
0
1.875
3.125
29.38
43.13
22.5
No contribution
Minimal contribution
Moderate contribution
Significant contribution
Exceptional contribution
Degree of leadership strategies contribution to positive change outcomes


Most effective intervention to improve leadership in managing change
Percent
40
30
20
10
0
13.13
16.25
23.75
31.25
15.63
Comprehensive leadership development and training programmes
Implementation of structured change management frameworks
Enhanced communication and engagement strategies
Increased resource allocation for change initiatives
Development of supportive organisational culture and values
Most effective intervention to improve leadership in managing change


Importance of continuous professional development in change management
Percent
50
40
30
20
10
0
4.375
5.625
23.13
41.88
25
Not important at all
Slightly important
Moderately important
Very important
Extremely important
Importance of continuous professional development in change management

APPLICATION FOR ETHICAL APPROVAL

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

This form must be completed and approved prior to undertaking any research activity.

SECTION A: About You (Principal Researcher)

1	Full Name:	**Shikder Mohammad Showkat Ali Sujan**
2	Student Number:	**2115669**
3	Email address:	2115669@student.uwtsd.ac.uk
4	Programme of Study:	**MA Master of Arts (MA Leadership)**
5	Supervisor:	**Gwyneth Jones**

SECTION B: Internal and External Ethical Guidance Materials

	Please list the core ethical guidance documents that have been referred to during the cor of this form (including any discipline-specific codes of research ethics, location-specific of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these code guidelines. You may add rows to this table if needed.	
1	**UWTSD Research Ethics & Integrity Code of Practice**	☒
2	**UWTSD Research Data Management Policy**	☒

SECTION C: Details of Research Activity

1	Indicative title:	**An analysis of the Role of Leadership Strategies in the Effective Management of Organisational Change in the UK NHS.**		
2	Proposed start date:	**1st of October, 2025**	Proposed end date:	**20th of April, 2026**
	Introduction to the Research (maximum 300 words in each section) **Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the three points below:** • *Purpose of Research Activity* • *Proposed Research Question* • *Aims of Research Activity* • *Objectives of Research Activity* Demonstrate, briefly, how **<u>Existing Research</u>** has informed the proposed activity and explain • *What the research activity will add to the body of knowledge*			
3	**Purpose of Research Activity** This study aims to critically examine leadership strategies employed within the UK healthcare sector, with a particular focus on the National Health Service (NHS), in the context of managing organisational change. The research seeks to identify and evaluate the effectiveness of different leadership approaches in facilitating successful change initiatives. Specifically, the study will explore how leadership strategies influence staff engagement, address resistance to change, and respond to organisational challenges. By analysing the relationship between leadership styles and change outcomes, the research aims to generate a deeper understanding of how leadership practices can be optimised to support effective change implementation. The findings are intended to contribute to both academic knowledge and practical application by offering insights into how leadership within healthcare organisations can be enhanced to improve organisational performance and adaptability in an increasingly complex and evolving healthcare environment			

4	**Research Question** • How do leadership strategies influence the management of organisational change within the UK healthcare settings? • What leadership strategies are most commonly adopted within the UK healthcare system to manage organisational change? • What are the key challenges faced by the UK Healthcare leaders while implementing organisational change initiatives? • To what extent do leadership strategies impact the effectiveness and outcomes of organisational change? (this box should expand as you type)
5	**Aims of Research Activity** The primary aim of this research is to critically examine the leadership strategies employed in managing organisational change within the UK NHS. The study seeks to evaluate the effectiveness of different leadership approaches in facilitating successful change initiatives and to explore how these strategies influence staff engagement, organisational performance, and the overall implementation of change. (this box should expand as you type)
6	**Objectives of Research Activity** • To critically evaluate the relationship between leadership practices and organisational change within the UK NHS. • To identify and analyse different leadership strategies used by the UK Healthcare system for managing organisational change. • To examine the key challenges faced by the UK Healthcare leaders while implementing organisational change initiatives. • To identify the impact that leadership strategies have on the effectiveness of organisational change within the UK Healthcare system. • To provide evidence-based recommendations to the UK Healthcare System for enhancing leadership approaches to organisational change. (this box should expand as you type)

	Proposed data collection methods (maximum 600 words) Provide a brief summary of all the methods that **may** be used in the research activity to collect data, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed. You do not need to justify the methods here, but should instead describe how you intend to collect the data necessary for you
7	In this study, information will be obtained primarily through a structured survey questionnaire administered to a sample of 160 NHS workers across all positions, including clinical, administrative, and middle-management roles. The survey will be designed to collect quantitative data on leadership strategies, staff engagement, resistance to change, and the success of organisational change initiatives. The questionnaire will be conducted both online and offline through a combination of online and paper methods in order to cover the largest number of participants. Questions in the survey will be Likert-scaled questions where the respondents will provide a rating of their experiences and their perceptions of the effectiveness of leadership and the challenges of change management in their organisations. Demographical data like job description, department and years of experience will also be obtained in order to make further analysis of the data. A non-probability sampling approach will be used. The process will be voluntary, and they will be informed to give consent before the data collection process. The gathered information will be anonymised, and the respondents will be able to withdraw at any time. Statistical analysis will be performed with the help of statistical programs (SPSS). The patterns and relationships between the organisational change and the leadership strategies will be identified using descriptive statistics, frequency distribution and the correlation analysis. The approach enables one to gain a clear picture of the role of leadership in managing change and gives quantifiable details on the performance of various leadership styles in the NHS. Such an approach will guarantee having a sound method of comprehending the role of leadership in organisational change without violating the ethics or data protection regulations.

SECTION D: Scope of Research Activity

	Will the research activity include:	**YES**	**NO**
1	Use of a questionnaire or similar research instrument?	☒	☐
2	Use of interviews?	☐	☒
3	Use of focus groups?	☐	☒
4	Use of participant diaries?	☐	☒
5	Use of video or audio recording?	☐	☒
6	Use of computer-generated log files?	☐	☒
7	Participant observation with their knowledge?	☐	☒
8	Participant observation without their knowledge?	☐	☒
9	Access to personal or confidential information without the participants' specific consent?	☐	☒
10	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒
11	Performance of any acts which may cause embarrassment or affect self-	☐	☒
12	Investigation of participants involved in illegal activities?	☐	☒
13	Use of procedures that involve deception?	☐	☒
14	Administration of any substance, agent or placebo?	☐	☒
15	Working with live vertebrate animals?	☐	☒
16	Procedures that may have a negative impact on the environment?	☐	☒
17	Other primary data collection methods. Please indicate the type of data collection method(s) below.		
	Details of any other primary data collection method: (this box should expand as you type)	☐	☒

If you have ticked NO to every question then the research activity is (ethically) low risk and you may skip section E and continue to section F.

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION E: Intended Participants

	Who are the intended participants:	**YES**	**NO**
1	Students or staff at the University?	☐	☒
2	Adults (over the age of 18 and competent to give consent)?	☒	☐
3	Vulnerable adults?	☐	☒
4	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒
5	Prisoners?	☐	☒
6	Young offenders?	☐	☒
7	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☒
8	People engaged in illegal activities?	☐	☒
9	Others. Please indicate the participants below, and specifically any group who may be unable to give consent.		
	Details of any other participant groups: (this box should expand as you type)	☐	☒

	Participant numbers and source Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?	
10	How many participants are expected?	Approximate 160 NHS employees. *(this box should expand as you type)*
11	Who will the participants be?	NHS employees *(this box should expand as you type)*

12	How will you identify the participants?	The sample will be acquired through networking and institutional status. *(this box should expand as you type)*

	Information for participants:	**YES**	**NO**	**N/A**
13	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☒	☐	☐
14	Will you tell participants that their participation is voluntary?	☒	☐	☐
15	Will you obtain written consent for participation?	☒	☐	☐
16	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☒	☐	☐
17	If the research is observational, will you ask participants for their consent to being observed?	☐	☐	☒
18	Will you tell participants that they may withdraw from the research at any time and for any reason?	☒	☐	☐
19	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☒	☐	☐
20	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☒	☐	☐
21	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☒	☐	☐
22	If NO to any of above questions, please give an explanation			
	(this box should expand as you type)			

	Information for participants:	**YES**	**NO**	**N/A**
24	Will participants be paid?	☐	☒	☐
25	Is specialist electrical or other equipment to be used with	☐	☒	☐

26	Are there any financial or other interests to the investigator or University arising from this study?	☐	☒	☐
27	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☒	☐
28	If YES to any question, please provide full details			
	(this box should expand as you type)			

SECTION F: Anticipated Risks

	Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them.	
1	**Risks to participants** For example: sector-specific health & safety, emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information. If you have identified in section D that there are no participants then enter N/A and go skip to	
	Risk to participants: Reflecting on the organisational changes or leadership practices may create some discomfort among the participants. *(this box should expand as you type)*	*How you will mitigate the risk to participants:* To counter this, the study will make sure that the participation will be voluntary and that privacy will be maintained. The participants are allowed to withdraw without repercussions.
2	If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the	
	N/A *(this box should expand as you type)*	

3	**Risks to the investigator** For example: personal health & safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest	
	Risk to the investigator: Minor risk of stress due to project management pressures. The professional conduct and ethical guidelines will be adhered to. *(this box should expand as you type)*	*How you will mitigate the risk to the investigator:* The professional conduct and ethical guidelines will be adhered to. *(this box should expand as you type)*
4	**University/institutional risks** For example: adverse publicity, financial loss, data protection	
	Risk to the University: Low. Potential risk of a data breach if survey data is not handled correctly, leading to reputational damage. *(this box should expand as you type)*	*How you will mitigate the risk to the University:* The study will be conducted in ethics and data protection. Strict adherence to university data policies. All data will be anonymised, stored on password-protected university systems, and not shared with third parties *(this box should expand as you type)*
5	**Environmental risks** For example: accidental spillage of pollutants, damage to local ecosystems	
	Risk to the environment: N/A *(this box should expand as you type)*	*How you will mitigate the risk to environment:* *(this box should expand as you type)*

SECTION G: Feedback, Consent and Confidentiality

If you have identified in section D that there are no participants then enter skip this section and continue to section H.

1	**Feedback** What de-briefing and feedback will be provided to participants, how will this be done
	Participants will be debriefed on the final page of the online survey, which will thank them for their time and provide a summary of the study's purpose. They will be given the researcher's contact email if they wish to receive a summary of the overall findings once the project is completed. *(this box should expand as you type)*
2	**Informed consent** Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data
	Before participating in the research, the participants will be able to give his/her consent via the online consent form. An online information sheet and consent form will be presented on the first page of the survey. It will outline the research purpose, procedures, confidentiality measures, and rights of the participant. Consent will be obtained via a mandatory tick-box option stating "By ticking this box and clicking 'Next', I confirm I am over 18, have read the information above, and voluntarily agree to participate in this research." Participants cannot proceed to the survey questions without providing
3	**Confidentiality / Anonymity** Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.
	All information will be anonymised, and personal identifiers will be kept in a separate place. Full anonymity will be ensured. No personally identifiable information (PII) such as names or email addresses will be collected within the survey data. IP addresses will not be recorded. Data will be aggregated for analysis, and no individual responses will be identifiable in any outputs. Participants will be assigned a unique respondent ID number for data management purposes.

SECTION H: Data Protection and Storage

	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 "GDPR" and the Data Protection Act 2018 "DPA")?	**YES**	**NO**
1	***"Personal data"*** *means any information relating to an identified or identifiable natural person ('data subject'). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. Any video or audio recordings of participants is considered*	☐	☒
	If YES, provide a description of the data and explain why this data needs to be collected:		
2	*(this box should expand as you type)*		
	Does it involve special category data (as defined by the GDPR)?	**YES**	**NO**
3	***"Special category data"*** *means sensitive personal data consisting of information as to the data subjects' –* *(a) racial or ethnic origin,* *(b) political opinions,* *(c) religious beliefs or other beliefs of a similar nature,* *(d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992),* *(e) physical or mental health or condition,* *(f) sexual life,* *(g) genetics,*	☐	☒
	If YES, provide a description of the special category data and explain why this data needs to be collected:		
4	*(this box should expand as you type)*		

	Will data from the research activity (collected data, drafts of the thesi materials for publication) be stored in any of the following ways?	**YES**	**NO**
5	Manual files (i.e. in paper form)?	☐	☒
6	University computers?	☒	☐
7	Private company computers?	☐	☒
8	Home or other personal computers?	☐	☒
9	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☒	☐
10	"Cloud" storage or websites?	☒	☐
11	Other – specify:	☐	☐
12	For all stored data, explain the measures in place to ensure the security of the data collecte confidentiality, including details of backup procedures, password protection, encryption, anonymisation and pseudonymisation:		
	All data will be kept in password protected cloud storage on the University Office 365 syst which will not be shared. Audio/visual data will be transcribed and would be shown to participants to check accuracy of reporting. Any USB sticks used to store or transfer data password protected. All participants will be given a unique identifier to ensure confidentia this list will be kept securely in the password protected folder. All electronic data will be stored on the University's OneDrive/SharePoint (Office 365), GDPR-compliant and password-protected. The survey data will be downloaded into an e Excel/SPSS file. Data will be anonymised immediately upon collection (no names/IP a collected). Only the researcher and the supervisor will have access to the raw data. Data kept for the duration of the project and then securely deleted. *(this box should expand as you type)*		

	Data Protection		
	Will the research activity involve any of the following activities:	**YES**	**NO**
13	Electronic transfer of data in any form?	☐	☒
14	Sharing of data with others at the University outside of the immediate research team?	☐	☒
15	Sharing of data with other organisations?	☐	☒

16	Export of data outside the UK or importing of data from outside the	☐	☒
17	Use of personal addresses, postcodes, faxes, emails or telephone	☐	☒
18	Publication of data that might allow identification of individuals?	☐	☒
19	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and Data Protection Act (2018) (and/or any international		
	All data will be encrypted and kept in password protected cloud storage on the University Office 365 system which will not be shared. Any USB sticks used to store or transfer data will be password protected. All data transfers will be encrypted and password protected. All participants will be given a unique identifier to ensure confidentiality and this list will be kept securely in the password protected folder. The data will be stored until the completion of the project and then deleted. In accordance with the DPA2018, participants will have the right to ask to see what data is held relating to them, and this data will be deleted immediately if the participant requests this, in which case the data will not be used in the project. Data will only be shared with the academic supervisor for guidance and examination purposes. It will not be shared further. All sharing will be via secure university systems.		
20	List all who will have access to the data generated by the research activity:		
	The researcher *(this box should expand as you type)*		
21	List who will have control of, and act as custodian(s) for, data generated by the research		
	The researcher *(this box should expand as you type)*		
22	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form.		
	All data will be encrypted and kept in password protected cloud storage on the University Office 365 system which will not be shared. Any USB sticks used to store or transfer data will be password protected, and will be reformatted at the end of the project in order to destroy the data. The data will be stored until the completion of the project and then deleted. All data will be stored on password-protected, encrypted university cloud storage (UWTSD Office 365). Data will be retained until the final project mark is confirmed and then securely deleted.		

22	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)	☒
23	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	☒

SECTION I: Declaration

	The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants**.** In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website:		
1	**Signature of applicant:**	**Shikder Mohammad Showkat Ali Sujan**	**Date:**
2	Director of Studies/ Supervisor:	**Gwyneth Jones**	**Date: 01/04/2026**
3	Signature:	Gwyneth Jones	

FOR INTERNAL USE ONLY:

	Ethical approval given		
1	**Signature of assessor:**		**Date:**
2	Name:		
3	Role:		