“The effect of leadership style on employees’ organizational commitment: A case of the Lithuanian healthcare sector”

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THE EFFECT OF LEADERSHIP STYLE ON EMPLOYEES' ORGANIZATIONAL COMMITMENT: A CASE OF THE LITHUANIAN HEALTHCARE SECTOR

Abstract

The healthcare sector in Lithuania faces high employee turnover, burnout, and low organizational commitment, which are often exacerbated by ineffective leadership. This study aimed to assess the influence of managerial leadership styles on employees' organizational commitment in the Lithuanian healthcare sector. A quantitative survey was conducted among 422 healthcare professionals using the Multifactor Leadership Questionnaire (MLQ), the primary measurement tool of the Full Range Leadership Model developed by Avolio and Bass, and Meyer and Allen's Organizational Commitment Questionnaire. The results revealed that laissez-faire leadership was the dominant style, followed by transactional and transformational styles. Organizational commitment among employees was generally below average, with affective commitment being the most prominent dimension. Correlation and regression analyses revealed that all three leadership styles were positively associated with organizational commitment; however, the strongest predictive effect was found for transformational leadership, while laissez-faire leadership also demonstrated a statistically significant positive influence, particularly on affective commitment. This finding diverges from conventional expectations within the Full Range Leadership Model and is interpreted as context-specific. The impact of transactional leadership was positive but not statistically significant. These findings suggest that in a context where professionals are highly autonomous and qualified, leadership that fosters independence can enhance emotional commitment. However, overreliance on passive leadership may risk long-term engagement. The study emphasizes the importance of adopting a balanced and context-sensitive approach to leadership in healthcare institutions.

Keywords leadership styles, employees' organizational commitment, healthcare sector, organizational behavior

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INTRODUCTION

The healthcare sector is fundamental to the functioning of modern societies, as it directly affects population well-being, social stability, and economic productivity. Healthcare systems worldwide face persistent structural and organizational challenges, including workforce shortages, professional migration, excessive workloads, and increasing levels of employee burnout (Boniol et al., 2022). Lithuania is no exception: the country's healthcare system faces significant workforce retention difficulties, professional emigration, and ongoing structural reforms, including the restructuring of primary healthcare networks and hospital optimization (OECD, 2023). Although granular national statistics on healthcare workforce disengagement remain limited, available evidence consistently points to elevated levels of burnout, turnover intentions, and emigration among Lithuanian healthcare professionals, particularly in the post-pandemic period (OECD, 2023; Boniol et al., 2022).

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Within such a demanding environment, leadership becomes a critical organizational factor. Healthcare managers are not only responsible for operational efficiency but also for maintaining staff motivation, coordination, and resilience (Tedla & Hamid, 2022). Leadership style may shape employees' perceptions of organizational support and fairness, thereby influencing their long-term commitment to the institution (Tedla & Hamid, 2022). However, despite growing scholarly interest, empirical research examining the interaction between leadership style and organizational commitment in reform-driven, resource-constrained healthcare systems remains limited.

Findings regarding the influence of different leadership styles on organizational commitment remain mixed and context-dependent (Yahaya & Ebrahim, 2016; Kruesi et al., 2025), suggesting that sector-specific and national contexts significantly shape this relationship. Despite the relevance of these challenges, empirical evidence examining the relationship between leadership style and organizational commitment in the Lithuanian healthcare sector remains largely absent from the scholarly literature, particularly in the context of ongoing systemic reforms, professional emigration, and workforce retention pressures. This gap motivates the present investigation and underscores the need for empirically grounded insights into leadership dynamics within the Lithuanian healthcare context.

1. LITERATURE REVIEW AND HYPOTHESES

Healthcare leaders are accountable not only for ensuring the efficient functioning of their organizations but also for safeguarding patient safety and well-being and guaranteeing the delivery of timely, continuous, and high-quality healthcare services (Aziz et al., 2021). In this context, leadership extends beyond administrative coordination and encompasses the capacity to guide organizational direction, influence professional practice, and create conditions that enable sustainable performance. Healthcare leadership is therefore understood as a set of managerial actions and relational processes that facilitate change, stimulate employee motivation, and support improvements in service quality (Tedla & Hamid, 2022).

Despite the acknowledged importance of leadership, research in the healthcare sector has traditionally concentrated more on clinical effectiveness and system-level reforms than on managerial influence. Several sector-specific characteristics explain this imbalance and highlight the need for deeper investigation into leadership dynamics.

First, healthcare organizations operate under exceptionally high responsibility due to their direct impact on human life and health. Employees frequently experience emotional strain, physical exhaustion, and increasing workload pressures, while many systems simultaneously face shortages of qualified personnel (McKimm et al., 2020). As a result, scholarly attention often prioritizes workforce burnout and staffing issues rather than examining how leadership practices may mitigate or intensify these challenges.

Second, healthcare systems function within highly regulated and continuously evolving policy environments (Sfantou et al., 2017). Legal frameworks, accountability structures, and public governance mechanisms substantially shape managerial discretion and organizational strategy, particularly in risk management and resource allocation. Such structural constraints may limit leadership flexibility and obscure its influence, thereby reducing empirical attention to leadership style as an independent explanatory factor.

Third, rapid scientific and technological development significantly transforms healthcare delivery. Innovations aimed at improving patient outcomes demand continuous adaptation and learning (Agnolin et al., 2022). However, organizational responses to technological change are not solely technical but also managerial in nature; insufficiently adaptive leadership may hinder the effective integration of innovation, even when its clinical value is recognized.

Fourth, in many healthcare settings, leadership continues to be associated with formal authority, hierarchical position, and bureaucratic control rather than relational influence (Singh et al.,

2022). In rigid hierarchical environments, leadership is often perceived as positional power rather than a process of engagement and empowerment. This perception may discourage collaborative leadership development and limit openness to research participation and organizational learning (Sfantou et al., 2017).

Collectively, these characteristics indicate not only a relative shortage of leadership-focused studies in healthcare but also persistent managerial challenges, including organizational inertia and limited diversification of leadership approaches. As noted by Bala et al. (2019), organizational commitment is shaped by both structural conditions and individual-level factors, suggesting that leadership style may play a pivotal mediating role.

In contemporary leadership theory, leadership is conceptualized as a process of social influence through which individuals mobilize others toward shared goals and coordinate collective efforts to ensure service quality and performance (Alrwili, 2022; Wu et al., 2024). Leadership style reflects relatively stable behavioral patterns, decision-making approaches, and interaction strategies that influence employees' motivation and attachment to the organization.

The significance of leadership style becomes particularly salient in contexts characterized by ongoing change and professional complexity (Aziz et al., 2021; Drewniak et al., 2020). In healthcare research, transformational leadership has received the most attention, as it emphasizes inspiration, intellectual stimulation, and individualized consideration and is frequently associated with improved employee satisfaction and patient outcomes (Avolio & Bass, 2004; B. Bass & R. Bass, 2008). Other styles – such as authentic, servant, transactional, and laissez-faire leadership – have also been examined, demonstrating differentiated effects on motivation, engagement, and organizational performance (Alilyyani et al., 2018; Alharbi & Kundi, 2023).

This study concentrates specifically on transformational, transactional, and laissez-faire leadership because these styles represent distinct patterns of leader-follower exchange, varying in levels of guidance, control, and autonomy. Transformational leadership seeks to elevate followers' values and align them with organizational vision. Transactional leadership relies on contingent reward and corrective actions based on performance standards. Laissez-faire leadership, in contrast, minimizes direct intervention and grants substantial professional autonomy, although it may also reduce clarity and accountability (Avolio & Bass, 2004; Demirtas & Karaca, 2020; Yahaya & Ebrahim, 2016). Within the Full Range Leadership Model, laissez-faire is positioned at the passive-avoidant end of the leadership continuum and is conventionally associated with reduced employee effectiveness, lower organizational support, and weaker work-related outcomes (Avolio & Bass, 2004; B. Bass & R. Bass, 2008). Nevertheless, its effects may be moderated by professional context, organizational culture, and the degree of employee autonomy, particularly in highly specialized work environments.

Organizational commitment among healthcare professionals has gained renewed attention in the post-pandemic period, as low commitment is associated with burnout, turnover intentions, and workforce mobility (Anggreyani & Satrya, 2020; Shabir & Gani, 2020; Olkowicz & Jarosik-Michalak, 2022). Strengthening commitment is therefore essential for both employee well-being and organizational sustainability (Bala et al., 2019).

Organizational commitment develops after entry into an organization and evolves in response to changing experiences and expectations (Dugalić et al., 2022). It reflects a multidimensional bond between the employee and the organization that incorporates emotional attachment, perceived costs of leaving, and a feeling of responsibility to remain. The three-component model proposed by Meyer and Allen (1997) remains the most widely applied framework in empirical research.

Affective commitment refers to emotional attachment, identification, and involvement in the organization (Bala et al., 2019; Sabbah et al., 2020; Shabir & Gani, 2020). Employees with strong affective commitment remain because they want to.

Continuance commitment is grounded in perceived costs associated with leaving the organization, including economic loss, loss of accumulat-

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ed benefits, or reduced career security (Meyer & Allen, 1997; Sabbah et al., 2020). Employees with strong continuance commitment remain because they need to.

Normative commitment reflects a perceived obligation to remain, often shaped by internalized values, loyalty norms, or reciprocity expectations (El-Kassar et al., 2017; Posey et al., 2015). Employees with strong normative commitment remain because they feel they ought to.

Although these components differ conceptually, empirical evidence indicates that all three are associated with engagement, performance stability, and service quality in healthcare contexts (Anggreyani & Satrya, 2020; Sabbah et al., 2020).

Recent empirical findings suggest that leadership styles characterized by support, recognition, and empowerment contribute positively to employees' psychological well-being, job satisfaction, and organizational loyalty (Awais-E-Yazdan et al., 2023; Wu et al., 2024). Consequently, leadership style is considered a central mechanism through which organizational commitment may be strengthened in healthcare institutions (Zhang, 2024).

Transformational leadership is consistently associated with higher levels of organizational commitment, particularly affective and normative dimensions, as it enhances trust, shared vision, and value congruence (Tsapnidou et al., 2025; Hussain & Khayat, 2021). By articulating a compelling mission and fostering identification with collective goals, transformational leaders may reinforce employees' emotional and moral attachment to the organization (Demirtas & Karaca, 2020).

Empirical evidence regarding transactional leadership is less consistent. While some studies report positive but moderate associations with commitment, others identify weak or context-dependent effects (Alshamari et al., 2024; Al-Aaraj, 2024). Transactional leadership may reinforce continuance or normative commitment by clarifying expectations and linking rewards to performance; however, its influence on emotional attachment appears comparatively limited (Beauty & Aigbogun, 2022).

Laissez-faire leadership, typically characterized by limited intervention and avoidance of active supervision, is conventionally associated with reduced engagement, weaker organizational support, and negative workplace outcomes (Robert & Vandenberghe, 2020; Sabbah et al., 2020; Avolio & Bass, 2004). Within the Full Range Leadership Model, it occupies the passive-avoidant end of the leadership continuum and is generally regarded as the least effective leadership style (B. Bass & R. Bass, 2008). Consequently, a negative or negligible relationship between laissez-faire leadership and organizational commitment would represent the theoretically expected finding.

However, theoretical and empirical arguments exist for reconsidering this assumption in specific professional contexts. In highly professionalized settings such as healthcare, where employees possess advanced clinical expertise and are accustomed to independent decision-making, reduced managerial interference may be perceived not as negligence but as an expression of professional trust and recognition of competence (Khan, 2016; Kruesi et al., 2025). Under these conditions, the absence of directive control may paradoxically fulfill employees' autonomy needs, thereby strengthening affective and normative commitment (Okpokwasili & Kalu, 2021). This interpretation is further supported by evidence suggesting that in contexts where employees have high job autonomy, passive leadership may reinforce commitment by signaling professional trust rather than managerial absence (Kruesi et al., 2025; Avunduk et al., 2020). In such environments, the absence of directive control may be experienced not as organizational neglect but as recognition of professional competence, thereby fulfilling employees' need for autonomy and strengthening their emotional and normative attachment to the organization. This reframing of laissez-faire leadership as an autonomy-supportive rather than passive-avoidant practice is particularly relevant in healthcare, where clinical professionals are trained to exercise independent judgment and may perceive managerial intervention as undermining rather than supporting their work (Okpokwasili & Kalu, 2021; Khan, 2016).

This study aims to examine the impact of transformational, transactional, and laissez-faire leadership styles on the organizational commitment of

healthcare workers, considering both the general theoretical expectations and the specific professional context of healthcare organizations. Based on this context-specific theoretical reasoning, the following hypotheses are proposed:

H1: Transformational leadership style has a positive impact on healthcare employees' organizational commitment.

H2: Transactional leadership style has a positive impact on healthcare employees' organizational commitment.

H3: In the context of highly professionalized healthcare environments, laissez-faire leadership style has a positive association with employees' organizational commitment, insofar as reduced managerial interference is perceived as professional autonomy and trust rather than passive avoidance.

2. METHOD

This paper employed a quantitative design underpinned by a positivist research paradigm. Within this paradigm, phenomena can be studied through systematic measurement and analysis of observable data to examine relationships between variables using structured instruments and numerical techniques. Positivist inquiry places emphasis on empirical evidence and logical procedures to evaluate whether hypothesized relationships hold in the data collected. According to this perspective, research results are ideally derived from standardized measures and statistical evaluation, which support the formulation and testing of pre-specified hypotheses and enhance the consistency and comparability of findings across similar settings.

The focus of this investigation is on employees working in the healthcare sector in Lithuania. Healthcare workers are typically employed in both public and private organizations, operating in environments marked by varying levels of administrative oversight, workload demands, and organizational complexity. Healthcare requires continuous engagement and coordination, and organizational practices, including leadership behaviors, are important contextual factors that may influence work-related attitudes and outcomes.

Data were collected through a voluntary and anonymous online survey disseminated among healthcare employees across Lithuania. The survey was

Table 1. Sociodemographic characteristics of respondents

Demographical data		N (N = 422)	Percentage (%)
Gender	Male	108	25.6
	Female	314	74.4
Age	18–24	30	7.1
	25–34	128	30.3
	35–44	116	27.5
	45–54	101	23.9
	More than 55	47	11.1
Type of organization	Private	189	44.8
	Public	145	34.4
	Both	88	20.8
Experience (years)	< 1	31	7.3
	1–5	110	26.1
	6–10	113	26.8
	11–15	77	18.2
	> 15	91	21.6
Job title	Medical specialist	115	27.3
	General practice nurse	84	20.1
	Nursing assistant	48	11.4
	Rehabilitation specialist	34	8.1
	Dental care specialist	32	7.8
	Pharmacists or other	69	15.6
	Administration	40	9.7

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distributed electronically via channels accessible to healthcare professionals in both public and private healthcare institutions nationwide, without restriction to specific facility types or service profiles. Due to the nature of internet-based dissemination, the total number of institutions reached could not be determined. The sample, therefore, encompasses a broad range of healthcare settings, including hospitals, outpatient clinics, rehabilitation centers, dental care facilities, and pharmacies, as reflected in the diversity of professional roles represented in Table 1. No formal sampling frame was applied; participants were recruited through a convenience sampling approach. Participation was based on respondents' informed consent, and no personally identifiable information was collected. Based on a minimum required sample size of 397, a total of 422 completed questionnaires were obtained, exceeding the threshold and ensuring sufficient statistical power for the planned analyses. Comprehensive details are presented in Table 1.

Table 1 indicates that the sample is predominantly female and primarily composed of mid-career professionals aged 25–44. Respondents represent both private and public healthcare sectors, reflecting a degree of institutional diversity, though the convenience sampling approach precludes claims of full representativeness of the Lithuanian healthcare sector. Work experience is concentrated within the 1–10-year range, and the largest professional groups are medical specialists and general practice nurses. Overall, the demographic distribution suggests a heterogeneous sample covering a broad range of healthcare professionals and institutional contexts across Lithuania. However, given the convenience sampling approach, generalizability to the entire Lithuanian healthcare sector should be interpreted with appropriate caution.

2.1. Measures and data analysis

A quantitative research approach was applied to address the research questions. Leadership styles were assessed using the Multifactor Leadership Questionnaire (MLQ) developed by Avolio and Bass (2004), which is rooted in the Full Range Leadership Model. The MLQ was selected because it is one of the most widely validated and frequently applied instruments in leadership research, with extensive use across healthcare and organizational studies internationally (Avolio & Bass, 2004; B. Bass & R. Bass, 2008). The instrument enables the identification of transformational, transactional, and laissez-faire leadership styles.

Organizational commitment was measured using the Organizational Commitment Questionnaire (OCQ) proposed by Meyer and Allen (1997). The scale consists of 18 items representing three components of commitment: affective, continuance, and normative (six items each). A five-point Likert scale (1 = strongly disagree, 5 = strongly agree) was employed to capture participants' responses.

Reliability coefficients ranged from 0.673 to 0.935, indicating acceptable to excellent internal consistency. The leadership construct demonstrated high reliability ($\alpha = 0.935$), as did organizational commitment ($\alpha = 0.908$). All individual subscale reliability coefficients exceeded the accepted threshold of 0.60.

Associations between leadership styles and organizational commitment dimensions were examined using Pearson's correlation analysis. Linear regression analysis was subsequently conducted to evaluate the predictive effect of leadership styles on commitment. Statistical significance was determined at $p < 0.05$. Multicollinearity was assessed using the Variance Inflation Factor (VIF), with all values below the accepted threshold, indicating no multicollinearity concerns. Model fit was evaluated using the coefficient of determination (R^2).

Interval variables are reported as means (M) and standard deviations (SD). SPSS version 27 was employed for all data analyses.

2.2. Ethics

This study adhered to the ethical principles outlined in the Declaration of Helsinki. Participation was entirely voluntary and anonymous, and all respondents provided informed consent prior to taking part. No personally identifiable information was collected. In line with the ethical guidelines of Kaunas University of Technology, formal approval from the Research Ethics Committee was not required for this type of survey-based study.

3. RESULTS

During the study, respondents evaluated three leadership styles of their managers. The evaluated styles were rated on a five-point Likert scale with higher values reflecting stronger agreement among respondents. An assessment of leadership styles and overall leadership style construct rating is presented in Table 2.

Table 2. Evaluation of leadership style dimensions

Dimension	Mean (M)	Standard deviation (SD)
Leadership style construct	3.33	0.92
Laissez-faire leadership style	3.46	0.97
Transactional leadership style	3.29	0.87
Transformational leadership style	3.24	0.92

The findings suggest that the laissez-faire leadership style is perceived as the most prevalent among managers in the healthcare sector. In contrast, transactional and transformational leadership styles received comparable evaluations; however, their mean scores were notably lower than those of the laissez-faire style.

In the course of the study, respondents also evaluated three dimensions of employee organizational commitment: affective, continuance, and normative (Table 3).

Table 3. Evaluation of employee organizational commitment dimensions

Dimension	Mean (M)	Standard deviation (SD)
Employee organizational commitment construct (overall)	2.97	0.82
Affective commitment	3.08	0.88
Continuance commitment	2.93	0.75
Normative commitment	2.89	0.82

The study results revealed that the overall level of organizational commitment among healthcare employees in Lithuania is below average, with affective commitment being the dominant dimension. It is imperative for employees in the healthcare sector to establish a sustainable emotional connection with the organization they work for and to feel part of it, enabling them to fully commit to their work and align their long-term goals with the organization's future.

To determine the relationship between the expression of different leadership styles of managers and the dimensions of employee organizational commitment, a correlation analysis was conducted. This analysis identified the dependence between two interval variables and measured the strength of their association.

The dependent variable was employee organizational commitment, consisting of three dimensions: affective, continuance, and normative. The independent variables were the expressions of transformational, transactional, and laissez-faire leadership styles among the surveyed respondents.

Accordingly, the relationships between employee organizational commitment and its dimensions, as well as the leadership styles construct and its elements, were established. In examining the associations, the following values are used: r, which represents Pearson's correlation coefficient, indicating the mutual dependence between variables and the strength of that relationship; and p, which means the statistical significance of the correlation. Data on these relationships are presented in Tables 4 and 5.

The study results showed that all leadership styles (transformational, transactional, and laissez-faire) are statistically significant and positively correlated with employee organizational commitment and its dimensions (r = 0.37–0.54; $p < 0.05$). The strongest relationship was identified between transformational leadership and overall employee commitment (r = 0.50), particularly with the affective (r = 0.54) and normative (r = 0.44) dimensions of commitment. In contrast, the correlation with continuance commitment was weaker (r = 0.37).

Transactional leadership also correlated with overall organizational commitment (r = 0.43), more strongly with affective commitment (r = 0.44), and more weakly with continuance commitment (r = 0.34) and normative commitment (r = 0.38). Laissez-faire leadership demonstrated similar results: a moderate correlation with affective commitment (r = 0.41) and weaker correlations with other forms of commitment (r = 0.31–0.37).

Based on these findings, the higher the respondents rate their manager's leadership style, the

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Table 4. The relationship between employee organizational commitment and its dimensions, as well as the expression of leadership styles

Leadership style dimension	Organizational commitment (overall)		Employee organizational commitment					
			Affective		Continuance		Normative	
	R	P	r	p	r	p	r	p
Transformational leadership style	0.50	< 0.001	0.54	< 0.001	0.37	< 0.001	0.44	< 0.001
Transactional leadership style	0.43	< 0.001	0.44	< 0.001	0.34	< 0.001	0.38	< 0.001
Laissez-faire leadership style	0.42	< 0.001	0.41	< 0.001	0.31	< 0.001	0.37	< 0.001

Note: r – Pearson correlation coefficient; p – probability value.

Table 5. The relationship between employee organizational commitment and its dimensions, as well as the expression of leadership style elements

Leadership style elements	Organizational commitment (overall)		Employee organizational commitment dimensions					
			Affective		Continuance		Normative	
	r	p	r	p	R	p	r	p
Idealized influence	0.45	< 0.001	0.53	< 0.001	0.30	< 0.001	0.37	< 0.001
Inspirational motivation	0.41	< 0.001	0.45	< 0.001	0.31	< 0.001	0.35	< 0.001
Intellectual stimulation	0.37	< 0.001	0.43	< 0.001	0.35	< 0.001	0.39	< 0.001
Individualized consideration	0.44	< 0.001	0.46	< 0.001	0.32	< 0.001	0.41	< 0.001
Contingency reward	0.38	< 0.001	0.39	< 0.001	0.27	< 0.001	0.34	< 0.001
Management by exception	0.38	< 0.001	0.37	< 0.001	0.33	< 0.001	0.32	< 0.001
Laissez-faire	0.42	< 0.001	0.41	< 0.001	0.31	< 0.001	0.37	< 0.001

Note: r – Pearson correlation coefficient; p – probability value.

greater their affective, continuance, and normative commitment to the organization.

The study results revealed that all correlations between the elements of the leadership construct and employee organizational commitment, including its dimensions, are statistically significant ($p < 0.05$) and positive, ranging from weak to moderate in strength (r = 0.27–0.53). The analysis revealed that the presence of leadership elements within healthcare organizations significantly influences employees' organizational commitment.

The strongest relationships were observed between idealized influence, individualized consideration, inspirational motivation, and laissez-faire leadership, and both overall organizational commitment (r = 0.41–0.45) and affective commitment (r = 0.45–0.53). This indicates that these leadership elements especially promote employees' emotional connection with the organization.

In contrast, the correlations with continuance (r = 0.27–0.35) and normative commitment (r = 0.32–0.39) were weaker, except for individualized consideration, which showed a moderately strong correlation with normative commitment (r = 0.41).

These findings suggest that the impact of leadership elements is most evident in enhancing employees' affective and overall commitment to the organization. In contrast, their influence on strengthening continuance and normative commitment is comparatively weaker.

To examine the relationships between the overall leadership construct and its specific components, as well as the different dimensions of employees' organizational commitment, and to assess the effect of various leadership styles on organizational commitment, a regression analysis was carried out. This analysis was also performed to confirm or reject the proposed hypotheses. The results are presented in Table 6.

Table 6. The impact of the leadership style construct on the dimensions of organizational commitment

Dimension	Value	Organizational commitment (overall)	Affective commitment	Continuance commitment	Normative commitment
	R^2	**0.547**	**0.574**	**0.411**	**0.484**
Transformational leadership style	B	0.428	0.196	0.096	0.136
	SE	0.062	0.024	0.023	0.024
	β	0.358	0.411	0.237	0.307
	t	6.855	8.050	4.171	5.621
	p	< 0.001	< 0.001	< 0.001	< 0.001
	VIF	1.626	1.626	1.626	1.626
Transactional leadership style	B	0.245	0.073	0.096	0.076
	SE	0.148	0.058	0.054	0.057
	β	0.097	0.072	0.112	0.081
	t	1.662	1.271	1.770	1.327
	p	0.097	0.204	0.780	0.185
	VIF	2.019	2.019	2.019	2.019
Laissez-faire leadership style	B	0.690	0.348	0.221	0.321
	SE	0.232	0.090	0.086	0.089
	β	0.194	0.190	0.142	0.190
	t	3.841	3.845	2.584	3.586
	p	< 0.001	< 0.001	0.010	< 0.001
	VIF	1.529	1.529	1.529	1.529

Note: B – unstandardized regression coefficient; SE – standard error of B; β (Beta) – standardized regression coefficient; t – t-value; p – significance level; VIF – variance inflation factor; R2 (R-squared) – coefficient of determination.

The results of the regression analysis indicate that transformational and laissez-faire leadership styles have statistically significant positive effects on employees' organizational commitment, whereas transactional leadership does not demonstrate a statistically significant influence. Although all three styles show positive unstandardized coefficients, only transformational ($\beta = 0.358$, $p < 0.001$) and laissez-faire leadership ($\beta = 0.194$, $p < 0.001$) have a meaningful impact in the regression model.

Transformational leadership emerges as the strongest predictor of overall organizational commitment. However, laissez-faire leadership also demonstrates a statistically significant positive influence, indicating that this leadership style contributes to the development of employees' organizational commitment in the healthcare sector.

When examining individual commitment dimensions, laissez-faire leadership shows statistically significant positive effects on affective ($\beta = 0.190$, $p < 0.001$), continuance ($\beta = 0.142$, $p = 0.010$), and normative ($\beta = 0.190$, $p < 0.001$) commitment. Nevertheless, its standardized effects remain weaker than those of transformational leadership across all dimensions. Transactional leadership does not demonstrate statistically significant relationships with any of the commitment dimensions.

Based on these findings, laissez-faire leadership has a positive and statistically significant influence on organizational commitment among healthcare employees in Lithuania. However, transformational leadership represents the most influential predictor within the analyzed model.

The positive association between laissez-faire leadership and organizational commitment is noteworthy, particularly given that prior research often links this leadership style to less favorable organizational outcomes. This finding suggests that, in the context of this study, certain elements perceived as laissez-faire leadership may reflect autonomy, professional trust, or delegated decision-making, which could enhance employees' sense of commitment. Therefore, this result should be interpreted with caution and further examined in future research.

Hypothesis *H1*, proposing a significant positive association between transformational leadership and organizational commitment, is supported.

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Transformational leadership demonstrated a statistically significant positive effect on overall organizational commitment ($B = 0.428$, $\beta = 0.358$, $t = 6.855$, $p < 0.001$), emerging as the strongest predictor within a model that explains 54.7% of the variance in overall organizational commitment ($R^2 = 0.547$).

Hypothesis *H2*, proposing a positive relationship between transactional leadership and organizational commitment, is rejected, as its effect was statistically insignificant ($B = 0.245$, $\beta = 0.097$, $t = 1.662$, $p = 0.097$).

Hypothesis *H3*, proposing a positive relationship between laissez-faire leadership and organizational commitment, is supported. Laissez-faire leadership exhibited a statistically significant positive effect ($B = 0.690$, $\beta = 0.194$, $t = 3.841$, $p < 0.001$). Although its unstandardized coefficient (B) is larger than that of transformational leadership, the standardized coefficient ($\beta = 0.194$) indicates a weaker relative predictive power compared to transformational leadership ($\beta = 0.358$). This finding is conceptually notable, as it diverges from the conventional positioning of laissez-faire leadership within the Full Range Leadership Model, where passive-avoidant behaviors are typically linked to diminished organizational outcomes (Avolio & Bass, 2004; B. Bass & R. Bass, 2008). The positive association observed here is therefore interpreted as context-specific, likely reflecting the particular professional dynamics of the Lithuanian healthcare sector, where managerial non-interference may be experienced by highly qualified staff as a form of professional trust rather than leadership absence.

Overall, considering the standardized regression coefficients, transformational leadership emerges as the strongest predictor of organizational commitment among healthcare employees in Lithuania within the context of this study.

4. DISCUSSION

This study examined the influence of transformational, transactional, and laissez-faire leadership styles on organizational commitment among healthcare employees in Lithuania. The results suggest that laissez-faire leadership is the most commonly perceived style, promoting autonomy, independent decision-making, and professional confidence. This aligns with prior research suggesting that hands-off leadership can enhance normative and continuance commitment in highly qualified professional contexts by increasing employees' sense of responsibility and perceived costs of turnover (Avunduk et al., 2020; Alshamari et al., 2024; Gavya & Subashini, 2024; Sabbah et al., 2020; Khan, 2016).

This finding, however, contrasts with studies conducted in other national contexts, such as Sabbah et al. (2020), who found transformational leadership to be the most prevalent style among healthcare managers. The dominance of laissez-faire leadership in the Lithuanian context may reflect the historically hierarchical and bureaucratic nature of post-Soviet healthcare institutions, where managers tend to avoid active intervention and delegate decision-making to highly qualified clinical staff.

Laissez-faire leadership is conventionally classified within the Full Range Leadership Model as passive-avoidant behavior and is systematically linked to lower organizational effectiveness, reduced employee engagement, and weaker commitment outcomes (Avolio & Bass, 2004; B. Bass & R. Bass, 2008). The finding that laissez-faire leadership exhibited a statistically significant positive effect on organizational commitment in this study, therefore, requires careful theoretical consideration.

Although traditionally associated with disengagement and weak organizational ties, laissez-faire leadership in this context appears to function as an autonomy-supportive practice, particularly benefiting affective and continuance commitment. Nonetheless, excessive passivity may reduce motivation, coordination, and overall organizational effectiveness, highlighting the need for balanced managerial involvement (B. Bass & R. Bass, 2008; Robert & Vandenberghe, 2020; Yahaya & Ebrahim, 2016). The overall organizational commitment among healthcare employees was below average, reflecting systemic challenges such as high workloads, emotional strain, burnout, and resource limitations, which can hinder employee

engagement and weaken the perceived impact of leadership behaviors. This partially contradicts Robert and Vandenberghe (2020), who associated laissez-faire leadership primarily with reduced affective commitment, and Yahaya and Ebrahim (2016), who reported negative or negligible effects on commitment. However, it is consistent with Kruesi et al. (2025), who found that in contexts where employees have high job autonomy, passive leadership may paradoxically reinforce commitment by signaling professional trust. The below-average commitment levels observed in this study are similarly reported by Dugalić et al. (2022) in a comparable healthcare setting, suggesting that sector-wide structural pressures may constrain the influence of any single leadership style.

Transformational leadership emerged as the strongest predictor of commitment, particularly influencing affective and normative dimensions, confirming that inspiring and motivating behaviors enhance employees' emotional connection to the organization. Transactional leadership showed no significant effect, suggesting that reward- or punishment-based strategies may be less effective in professionalized settings where intrinsic motivation and autonomy are crucial. These results are consistent with the systematic review by Tsapnidou et al. (2025), who confirmed transformational leadership as the strongest predictor of organizational commitment in nursing, and with Hussain and Khayat (2021), who reported similar patterns across hospital staff. The non-significant effect of transactional leadership is in line with Alshamari et al. (2024) and Al-Aaraj (2024), who also found weak or conditional effects of transactional leadership on commitment in healthcare settings, suggesting that exchange-based mechanisms alone are insufficient to foster deep organizational attachment among highly professionalized employees.

These findings indicate that laissez-faire leadership can positively influence commitment in contexts where employees possess high expertise and autonomy, but its effectiveness is context-dependent and requires integration with supportive feedback, guidance, and structured leadership practices. Healthcare managers are therefore advised to adopt a flexible, adaptive approach that combines transformational, transactional, and autonomy-supportive behaviors to optimize organizational commitment, engagement, and performance.

While the study provides valuable insights, it is important to note its limitations. Factors such as emotional exhaustion, work-related stress, organizational culture, and environmental conditions were not directly examined and may influence leadership effectiveness. Additionally, findings are specific to the Lithuanian healthcare system, limiting generalizability to other cultural or institutional contexts. Self-reported measures of leadership perceptions may not fully reflect actual managerial behaviors, particularly for laissez-faire practices. Future research should explore these dynamics using mixed-method designs, cross-cultural comparisons, and broader contextual variables to clarify the conditions under which various leadership styles most effectively enhance organizational commitment.

CONCLUSION

This study aimed to assess how different leadership styles influence organizational commitment among healthcare employees in Lithuania.

The findings demonstrate that leadership approaches shape employees' attachment to their organization and influence their engagement with the work environment. Although overall organizational commitment remained below average, affective commitment emerged as the dominant dimension, indicating that emotional connection is more influential than normative or continuance considerations. A key contribution of this study is the finding that laissez-faire leadership showed a statistically significant positive association with overall organizational commitment, particularly affective, continuance, and normative dimensions, although its effect was weaker than that of transformational leadership. Transformational leadership emerged as the strongest predictor of commitment, reinforcing the impor-

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tance of inspirational and motivating behaviors. In contrast, transactional leadership exhibited a weak and statistically insignificant relationship, suggesting that exchange-based mechanisms alone are less effective in fostering engagement in professionalized healthcare settings.

Based on these findings, several conclusions can be drawn. Leadership styles that combine inspirational motivation with professional autonomy are most effective in fostering organizational commitment in the Lithuanian healthcare context. These results highlight the practical value of leadership approaches that balance professional autonomy with structured support, feedback, and guidance, promoting both emotional engagement and organizational commitment. Healthcare managers can apply these insights to develop leadership training programs, implement flexible leadership practices, and design strategies that enhance employees' sense of ownership, motivation, and loyalty.

For future research, longitudinal or mixed-method designs are recommended to capture the dynamic effects of leadership on commitment, while including additional contextual and moderating factors such as organizational culture, work stress, and emotional exhaustion. Comparative studies across different cultural and institutional contexts could further clarify how leadership styles interact with environmental and professional variables to influence organizational commitment.

AUTHOR CONTRIBUTIONS

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