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Transformational Leadership, Decent Work and Employee Well-being: Evidence from Public Hospitals in Punjab, Pakistan

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ABSTRACT

This study examines whether hospital employees who perceive their supervisors as more transformational report better well-being, and how much of this link operates through decent work. A cross-sectional questionnaire surveyed 230 employees of six public hospitals in Punjab, Pakistan. Transformational leadership, decent work, and employee well-being were modelled as reflective constructs and analyzed using partial least squares structural equation modelling (PLS-SEM), with 5,000 bootstrap resamples. Measurement quality was acceptable (composite reliability .885–.892; average variance extracted .532–.563; largest HTMT 0.654).

Transformational leadership was related to decent work ($\beta = .393$, $p < .001$) and well-being ($\beta = .375$, $p < .001$), and decent work was related to well-being ($\beta = .415$, $p < .001$). The indirect effect of leadership on well-being via decent work was significant ($\beta = .163$, 95% CI [.110, .231]), indicating partial mediation, with roughly 30% of the total effect ($\beta = .538$) passing through decent work. The model explained 15.5% of the variance in decent work and 43.6% in well-being. Unlike earlier work, it treats decent work as a channel linking leadership to well-being. Leadership development should be paired with attention to safety, rest, pay, and care arrangements. The cross-sectional, self-reported data indicate associations, not causation.



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1. Introduction

Organizations increasingly treat employee well-being as a strategic matter, since it is tied to attendance, staying power, job performance and health over the long run. Few people shape it as directly as the immediate supervisor. Supervisors hand out tasks and resources, comment on performance and, often without meaning to, set the emotional climate of a unit. Reviews of the leadership literature repeatedly find that the way leaders behave is linked to the affective well-being and stress levels of their staff (Inceoglu et al., 2018; Skakon et al., 2010).

Leadership styles examined in this respect, transformational leadership has drawn the most attention. Such leaders set out an inspiring vision, serve as role models, push followers to challenge existing assumptions and respond to each person's needs (Bass, 1985; Bass & Riggio, 2006). Meta-analyses connect the style to better psychological health and well-being in followers (Montano et al., 2017; Teetzel et al., 2022), yet route by which this happens is less clear. Teetzel et al. (2022), drawing on 243 samples, reported that job resources and job demands both carry part of the effect, with organizational resources being the strongest. Liyanage (2020) reviewed 30 studies narratively and identified mediators such as meaningful work, psychological empowerment, trust, procedural justice and role clarity. Taken together, these findings describe a scatter of separate mechanisms. What they say little about is how employees judge, as a whole, the working arrangement that their leader helps to build.

Decent work provides an indicator of that global evaluation. The concept stems from the agenda of the International Labor Organization (ILO Office, 1999) and was transformed into a psychological construct in the framework of the Psychology of Working Theory (PWT; Duffy et al., 2016). According to PWT, decent work meets the needs of survival, social engagement and autonomy and helps achieve well-being through fulfilling those needs. Five components of decent work were proposed by Duffy et al. (2017): safe working conditions, access to healthcare, proper

remuneration, leisure and rest, and values of organizations congruent with family and social values. Decent work was linked to mental health via need fulfillment (Duffy et al., 2019), while the meta-analysis has confirmed the consistency of positive relationships between decent work and well-being (Su & Chan, 2023).

Most PWT research has looked at distal antecedents of decent work, among them economic constraints, marginalization and work volition. Direct supervisor has been considered far less often as a nearby source of decent work, even though supervisors have real room to act. They cannot rewrite labour law or national pay scales, but they do influence how shifts are arranged, whether rest breaks are respected, how safety worries are handled and whether people feel their job fits their values. Transformational leaders may be well placed to affect these experiences, because individualized consideration and inspirational motivation convey both care and purpose. Hospitals make a sensible setting for testing this idea. Staff, clinical and non-clinical alike, work in shifts, inside hierarchies and often under time pressure, so experiences of safety, rest and fair treatment are likely to differ from one department or supervisor to the next.

Using survey data from employees of six public hospitals in Punjab, Pakistan, the study pursues three research questions. **RQ1:** Does transformational leadership influence well-being? **RQ2:** Is transformational leadership associated with how employees experience decent work? **RQ3:** Does decent work mediate relationship between transformational leadership & well-being?

Paper offers three contributions. It extends PWT by treating leadership as a proximal correlate of decent work. It adds to research on leadership and well-being by testing a single integrative mediator rather than a list of separate job characteristics. And it supplies evidence from public hospitals in Pakistan, a context in which these relationships have rarely been examined. The sections below review the literature and derive hypotheses, describe the method, report the results, and close

with a conversation of findings, suggestions and limitations.

2. Theoretical Background and Hypotheses

2.1 Transformational leadership

Transformational leadership is often explained in terms of four behaviors: idealized influence (serving as a role model), inspirational motivation (presenting a compelling vision), intellectual stimulation (encouraging alternative ways of solving problems) and individualized consideration (taking into account individual needs and development of followers) (Bass, 1985; Bass & Riggio, 2006). Judge and Piccolo (2004) found the leadership style to be positively associated with the effectiveness of the leader and followers' satisfaction and motivation in their meta-analysis. Given the style's focus on people, it is logical that it could have effects on health outcomes as well.

2.2 Employee well-being

Employee well-being includes positive states such as satisfaction, vitality and positive affect, and also negative states such as stress and burnout (Inceoglu et al., 2018; Skakon et al., 2010). Well-being is handled as one reflective construct measured by six items. That choice keeps the model compact and allows well-being to be related to leadership and decent work together.

2.3 Decent work

In its psychological form, decent work is the employee's own appraisal that work offers (a) a safe environment, (b) access to quality healthcare, (c) decent pay, (d) sufficient time for rest and recreation, and (e) organizational values that complement family and social ethics (Duffy et al., 2016, 2017). The idea is distinct from job quality or quality of working life, because it rests on a rights-based standard and on a forward-looking view of what work ought to provide (Su & Chan, 2023). Earlier work in the United States and Switzerland connected it to job and life satisfaction (Duffy et al., 2017; MAs Donati et al., 2019). Here decent work is modelled one overall concept.

2.4 Theoretical foundations

Job Demands–Resources (JD–R) model. The job attributes include demands that drain one's energy and resources that facilitate achieving one's goals and development; both influence the well-being (Bakker & Demerouti, 2007; Demerouti et al., 2001). Teetzen et al. (2022) widened model by positioning transformational leadership as an upstream factor that shapes both resources and demands. Seen this way, decent work can be understood as a bundle of resources made up of harmless situations, health care, pay, relaxation and a match between individual and organizational values.

Psychology of Working Theory. PWT argues that “decent work satisfies the needs of survival, social contribution, and self-determination, which lead to well-being and job satisfaction” (Duffy et al., 2016). The hypothesis that decent work leads to mental health through need satisfaction was supported by Duffy et al. (2019).

Self-determination and social exchange. Self-determination theory names autonomy, competence and relatedness as basic needs whose fulfilment promotes well-being (Ryan & Deci, 2000), and supportive leaders can help meet them directly. Social exchange theory (Blau, 1964) adds that people who receive fair and supportive treatment tend to answer with trust and commitment. An employee who sees a leader guarding rest, safety and fairness may read these conditions as a sign of care, and that reading could strengthen their effect on well-being.

2.5 Hypothesis development

Transformational leadership and well-being. Transformational leaders give work a sense of meaning, offer support and lower uncertainty, all of which can buffer stress and encourage positive experiences. Previous studies tie the style to well-being both directly and through mediators as expressive work (Arnold et al., 2007) and belief in the leader (Kelloway et al., 2012), and meta-analytic evidence backs the association (Montano et al., 2017; Teetzen et al., 2022). **H1:** Transformational leadership is correlated with employee well-being.

Transformational leadership and decent work.

Through individualized consideration, transformational leaders are expected to notice workloads, protect rest time, act on safety concerns and speak up for staff needs. Employees should then perceive safer conditions, adequate rest and fairer pay. Through idealized influence and inspirational motivation, leaders also communicate values that employees can recognize as their own. **H2:** Transformational leadership is positively linked to decent work.

Decent work and well-being. PWT and the evidence gathered under it indicate that decent work supports mental health and satisfaction (Duffy et al., 2019; Su & Chan, 2023). **H3:** Decent

work is positively associated to employee well-being.

Decent work as a mediator. If H2 and H3 are both true, some of the connection among transformational leadership and well-being should run through decent work. This follows the JD-R reasoning in which leaders act as upstream agents that shape the resources which then affect well-being (Teetzel et al., 2022). Because leadership is also expected to influence well-being by other routes, such as meaning and trust, the mediation should be partial rather than complete. **H4:** Decent work partially mediates the relate between transformational leadership and employee well-being.

Hypothesised paths

Hypothesis	Path	Expected sign
H1	Transformational leadership → Employee well-being	+
H2	Transformational leadership → Decent work	+
H3	Decent work → Employee well-being	+
H4	Transformational leadership → Decent work → Employee well-being (indirect)	+

In the resulting model, transformational leadership is the predictor, decent work the mediator and employee well-being the outcome (see Figure 1 in Section 4.4).

3. Research Methodology

3.1 Research design and setting

Respondents were employees of six public hospitals in Punjab: The District Headquarters (DHQ) hospitals of Bahawalpur, Murree, Pakpattan, Rawalpindi and Sahiwal, and Jinnah Hospital in Lahore. All constructs were captured at a single time point through self-reports.

3.2 Data and sample

The data set consists of 230 employees working in the six hospitals named above. No study variable had missing values, so all 230 cases form the analytic sample.

A power analysis for the most demanding regression in the model (two predictors, $f^2 = .15$, $\alpha = .05$, power = .80), based on the noncentral F distribution used by G*Power (Faul et al., 2009), gave 68 cases. The sample of 230 is far above that figure.

3.3 Measures

All constructs were measured using multi-item scales employing a Likert scale type (1 = strongly disagree, 5 = strongly agree). These constructs were considered to be reflective. In total, 20 items measured the three constructs (Table 1): transformational leadership (TL1–TL7, seven items), decent work (DW1–DW7, seven items) and employee well-being (EWB1–EWB6, six items). Higher scores mean more of the construct. Gender, age, education, job position, department, work experience and hospital were recorded for

description only and were left out of the structural model.

Table 1: *Summary of questionnaire items*

Sr. No.	Construct	Item codes	No. of items	Response scale
1	Transformational Leadership (TL)	TL1–TL7	7	Five-point Likert
2	Decent Work (DW)	DW1–DW7	7	Five-point Likert
3	Employee Well-Being (EWB)	EWB1–EWB6	6	Five-point Likert
	Total	20 indicators	20	1 = Strongly disagree; 5 = Strongly agree

3.4 Data analysis

Demographic characteristics are reported as frequencies and percentages. The three constructs are described by their means, standard deviations, skewness and kurtosis.

The hypotheses were tested with PLS-SEM. The method suits models in which several relationships are estimated at once, does not assume normally distributed data and is widely used in prediction-oriented work (Hair et al., 2019; Hair et al., 2022). Path weights method was employed, with the termination criterion set to 10^{-7} and ceiling at 3,000 replications, leading to six iterations of convergence. The path loadings, coefficients, and indirect effects were estimated via bootstrapping with 5,000 replications (two-tailed, 95% confidence interval based on percentiles). The bias-corrected and accelerated intervals were consistent. Four stages of analysis were employed.

1. Measurement model. Indicator loadings were compared against the .708 guideline, and indicators loading between .40 and .708 were kept when composite reliability and average variance extracted were satisfactory. Internal consistency judged by Cronbach's α , ρ_A (Dijkstra & Henseler, 2015) and CR, with values from .70 to .95 regarded as satisfactory. Convergent validity required AVE of at least .50. Fornell-Larcker criterion (Fornell & Larcker, 1981), HTMT ratio (threshold .85; Henseler et

al., 2015), and cross-loadings were used to assess discriminant validity.

2. Collinearity and common method bias.

Variance inflation factors (VIF) under 3 were taken to show no collinearity problem (Hair et al., 2022). Common technique bias observed through Harman's single-factor test (Podsakoff et al., 2003) and through full-collinearity VIFs under 3.3 (Kock, 2015).

3. Structural model. The assessment covered the coefficient of determination (R^2), effect sizes (f^2 , with .02, .15 and .35 read as small, medium and large; Cohen, 1988), predictive relevance ($Q^2 > 0$, from blindfolding with an omission distance of 8; Stone, 1974; Geisser, 1974) and SRMR < .08; Hu & Bentler, 1999).

4. Mediation. The indirect effect was tested by bootstrapping. In line with Zhao et al. (2010), mediation was called complementary (partial) when direct and indirect effects were both important and shared same sign. The mediated share was computed as the indirect effect divided by the total effect.

4. Results

4.1 Sample profile

Table 2 shows 230 respondents. Men made up most of the sample ($n = 151$, 65.7%), 75 respondents (32.6%) were women and four (1.7%) chose non give their gender. Biggest age

band 25–34 yr (42.6%), followed by 35–44 (22.2%) and under 25 (20.0%); only six respondents (2.6%) were 55 or older. Over half held a master's degree (56.5%) and a further 27.4% a bachelor's degree. Frontline staff accounted for 71.3% of respondents, supervisors

for 16.1% and managers for 12.6%. Departments were fairly evenly represented (17.4% to 23.0%), and the largest experience group was 1–5 years (47.0%). Hospital shares ranged from 7.8% (DHQ Hospital Murree) to 20.4% (DHQ Hospital Pakpattan).

Table 2: *Demographic profile of respondents (N = 230)*

Variable	Category	n	%
Gender	Male	151	65.7
	Female	75	32.6
	Prefer not to say	4	1.7
Age (years)	Below 25	46	20.0
	25–34	98	42.6
	35–44	51	22.2
	45–54	29	12.6
	55 and above	6	2.6
Education	Intermediate	19	8.3
	Bachelor's degree	63	27.4
	Master's degree	130	56.5
	M.Phil	18	7.8
Job position	Frontline staff	164	71.3
	Supervisor	37	16.1
	Manager	29	12.6
Department	Administration	40	17.4
	Clinical/medical	43	18.7
	Finance	51	22.2
	Human resources	53	23.0
	Operations	43	18.7
Work experience	Less than 1 year	21	9.1

Variable	Category	n	%
Hospital	1–5 years	108	47.0
	6–10 years	57	24.8
	Above 10 years	44	19.1
	DHQ Hospital Bahawalpur	46	20.0
	DHQ Hospital Murree	18	7.8
	DHQ Hospital Pakpattan	47	20.4
	DHQ Hospital Rawalpindi	44	19.1
	DHQ Hospital Sahiwal	42	18.3
	Jinnah Hospital Lahore	33	14.3

4.2 Descriptive statistics and preliminary checks

Table 3 gives descriptive statistics for the three constructs, each computed as the mean of its items. Means sat near to the midpoint of the five-point scale. At item level, skewness fell between -0.22 and 0.30 and kurtosis between -1.08 and -0.69 (Appendix, Table A1), so there is no serious

departure from normality, although PLS-SEM does not require normal data in any case. In Harman's single-factor test the first unrotated factor explained 36.0% the variance across 20 items, under the 50% threshold. Full-collinearity VIFs were 1.43 (TL), 1.49 (DW) and 1.77 (EWB), all below 3.3. Common method bias therefore does not look like a major problem, although it cannot be excluded in a single-source, cross-sectional study.

Table 3: Descriptive statistics of the constructs ($N = 230$)

Construct	Items	M	SD	Skewness	Kurtosis
Transformational leadership	7	3.00	0.85	0.072	-0.329
Decent work	7	2.95	0.87	0.328	-0.479
Employee well-being	6	3.00	0.90	-0.010	-0.517

4.3 Measurement model

All 20 outer loadings were significant at $p < .001$ and lay between .696 and .781 (Table 4; item-level values are in Appendix Table A1). Two loadings, TL1 (.696) and TL5 (.707), fell just short of the .708 guideline. They were kept because both were well above .40 and because the construct's reliability

and convergent validity were satisfactory. For every construct, Cronbach's α (.845–.859), ρ_A (.847–.861) and CR (.885–.892) exceeded .70 and stayed under .95, which supports internal consistency. AVE values (.532–.563) were above .50, supporting convergent validity. External VIF values ran from 1.52 to 1.77.

Table 4: *Reliability and convergent validity*

Construct	Loadings (range)	Cronbach's α	ρ_A	CR	AVE
Transformational leadership	.696–.752	.853	.857	.888	.532
Decent work	.709–.760	.859	.861	.892	.541
Employee well-being	.716–.781	.845	.847	.885	.563

All three measures supported discriminant validity. The square root of each construct's AVE (.729 to .750) was greater than that construct's relationships with the others, the highest of which was .563 (Table 5). HTMT values ranged from

0.450 to 0.654, and the upper bound of each 95% confidence interval (highest 0.745) stayed below .85 (Table 6). Each indicator also loaded most strongly on its own construct (Appendix, Table A2).

Table 5: *Fornell–Larcker criterion*

Construct	1	2	3
1. Transformational leadership	.729		
2. Decent work	.393	.736	
3. Employee well-being	.538	.563	.750

Note. *Diagonal entries are square roots of AVE; entries below the diagonal are latent variable correlations.*

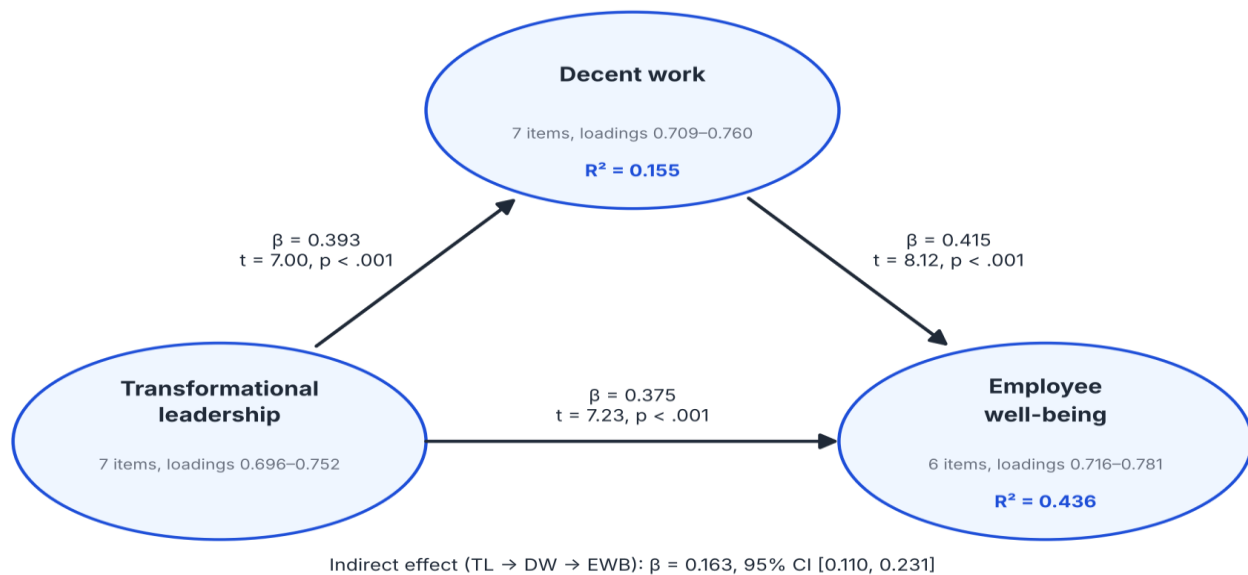
Table 6: *Heterotrait–monotrait ratio (HTMT)*

Construct pair	HTMT	95% CI
Transformational leadership – Decent work	0.450	[0.321, 0.568]
Transformational leadership – Employee well-being	0.626	[0.513, 0.726]
Decent work – Employee well-being	0.654	[0.548, 0.745]

4.4 Structural model and hypothesis tests

Inner VIF values lay between 1.00 and 1.18, so collinearity among predictors is not a worry. Figure

1 displays the estimated model and Table 7 lists the hypothesis tests.

Figure 1: *Estimated structural model***Table 7:** *Structural model results and hypothesis tests (5,000 bootstrap resamples)*

Hypothesis	Path	β	SE	t	p	95% CI	Decision
H1	TL → EWB (direct effect)	.375	.052	7.23	<.001	[.275, .478]	Supported
	TL → EWB (total effect)	.538	.047	11.34	<.001	[.446, .632]	Supported
H2	TL → DW	.393	.056	7.00	<.001	[.286, .506]	Supported
H3	DW → EWB	.415	.051	8.12	<.001	[.312, .514]	Supported
H4	TL → DW → EWB (indirect effect)	.163	.031	5.31	<.001	[.110, .231]	Supported (partial mediation)

Note. TL = transformational leadership; DW = decent work; EWB = employee well-being. Confidence intervals are percentile bootstrap intervals.

H1. Transformational leadership had a significant, helpful direct effect on well-being ($\beta = .375$, $t = 7.23$, $p < .001$, 95% CI [.275, .478]) and a significant, positive total effect ($\beta = .538$, 95% CI [.446, .632]). H1 is supported.

H2. Transformational leadership was positively linked to decent work ($\beta = .393$, $t = 7.00$, $p < .001$, 95% CI [.286, .506]). H2 is supported.

H3. Decent work was positively related to well-being ($\beta = .415$, $t = 8.12$, $p < .001$, 95% CI [.312, .514]). H3 is supported.

H4. The indirect result of leadership on well-being through decent work was significant ($\beta = .163$, $SE = .031$, $t = 5.31$, $p < .001$, 95% CI [.110, .231]; bias-corrected and accelerated 95% CI [.106, .226]). The direct effect stayed significant and had the same sign as the indirect effect, so decent work partially (complementarily) mediates the association (Zhao et al., 2010). The indirect effect makes up 30.3% of the total effect, which means that about 70% of the association between leadership and well-being

does not pass through decent work. H4 is supported.

4.5 Explanatory and predictive power

Transformational leadership described for 15.5% of the discrepancy in decent work ($R^2 = .155$, adjusted $R^2 = .151$), and leadership and decent work jointly accounted for 43.6% of the variance in well-being ($R^2 = .436$, adjusted $R^2 = .431$). Using benchmarks of .13 and .26 for medium and large R^2 in behavioral research (Cohen, 1988), these values

are medium and large respectively. The modest R^2 for decent work indicates that other factors also shape how employees experience it. The three paths had medium effect sizes ($f^2 = 0.183$ for TL $\rightarrow$ DW, 0.209 for TL $\rightarrow$ EWB and 0.255 for DW $\rightarrow$ EWB). Q^2 was above zero for both endogenous constructs (decent work = .079; well-being = .225), indicating predictive relevance. SRMR was .058, below the .08 cut-off; because the structural model is saturated, this value is the same for the estimated and the saturated model.

Table 8: *Explanatory power, predictive relevance and effect sizes*

Endogenous construct	R^2	Adjusted R^2	Q^2	Predictor	f^2	VIF
Decent work	.155	.151	.079	TL	0.183	1.00
Employee well-being	.436	.431	.225	TL	0.209	1.18
				DW	0.255	1.18

5. Discussion

5.1 Interpretation of the findings

Transformational leadership goes together with employee well-being in six public hospitals of Punjab, and whether decent work accounts for part of that connection. All four hypotheses received support.

Leadership and well-being came first. Transformational leadership was positively related to well-being directly ($\beta = .375$) and in total ($\beta = .538$). This is in line with earlier meta-analytic and review evidence on the same relationship (Inceoglu et al., 2018; Montano et al., 2017; Teetzen et al., 2022) and shows that it also appears in this hospital sample.

Second, leadership was positively related to decent work ($\beta = .393$). Employees who appraised their leaders as more transformational also reported decent work. Since decent work covers safety, rest and fair treatment, the result fits the view that immediate leaders affect how such conditions are experienced. Leadership explained only 15.5% of the variance in decent work, though, so factors not measured here must also matter.

Third, decent work positively connected to well-being ($\beta = .415$), strongest single path in the model. That result supports the Psychology of Working Theory's claim that decent work promotes well-being (Duffy et al., 2016) and agrees with findings from other samples (Duffy et al., 2019; Su & Chan, 2023).

Fourth, the unintended effect of leadership on well-being through decent work was significant ($\beta = .163$) and the direct effect remained significant, which indicates complementary partial mediation. Put plainly, transformational leadership is alien to well-being partly because linked to more decent working conditions. Since the indirect effect represents 30.3% of the total, most of the association did not travel through decent work, and other mechanisms are probably at work. Earlier research points to meaningful work and trust in the leader (Arnold et al., 2007; Kelloway et al., 2012); neither was measured here.

5.2 Theoretical implications

- **Psychology of Working Theory.** The findings show leadership to be a proximal correlate of decent work, whereas the literature has mostly

looked at distal predictors economic limitations, marginalization and work volition.

- **Job Demands–Resources model.** Decent work appears as an integrative construct that carries part of the connection between a leadership style and well-being. This complements evidence about separate job demands and resources (Teetzen et al., 2022).
- **Leadership research.** Explaining the leadership–well-being link through a construct anchored in international labour standards ties leadership scholarship to the vocabulary of labour policy.

5.3 Practical implications

- **Leadership development.** Transformational behaviors were related with both decent work and well-being, so hospitals could build them into the development of supervisors and managers.
- **Working conditions.** Leadership explained only part of the variation in decent work, and decent work had the strongest tie to well-being. Training leaders alone may therefore fall short; hospital management should also look at the safety, rest, pay and healthcare arrangements staff experience.
- **Supervisor authority.** Leaders can improve working conditions only if the organization allows them some discretion over matters such as scheduling and workload. Leadership programmes will probably work better when organizational support backs them up.
- **Monitoring.** Indicators of decent work could be added to staff surveys alongside well-being measures, so that leadership programmes can be judged against the conditions employees report.

5.4 Limitations and future research

First, the design is cross-section, so the results describe associations rather than causal effects. Reverse relationships are plausible; for instance, employees with higher well-being may rate their

leaders and working conditions more favourably. Longitudinal and experimental designs, such as leadership training with a comparison group, are needed to test the causal order.

Second, every variable came from one source and was self-reported. Harman's test (36.0% of variance on the first factor) and the full-collinearity VIFs (maximum 1.77) do not suggest a serious common method problem, but they cannot rule one out. Later studies could add supervisor ratings or records such as absenteeism.

Third, the sample is limited to 230 employees of six public hospitals in Punjab, so generalization to other hospitals, private providers or other regions should be careful. Employees are also nested within hospitals, which the model did not account for; multilevel designs could separate hospital-level from individual-level effects.

Fourth, decent work and well-being were each modelled as a single overall construct. Future studies could aspect at the separate components of decent work and separate dimensions of well-being, and could test further mediators and moderators such as work volition, economic constraints and job position.

6. Conclusion

Among employees of six public hospitals in Punjab, Pakistan, transformational leadership was definitely linked with well-being, and 30.3% of the total effect passed through decent work. Leadership positively related to decent work ($\beta = .393$), decent work was in turn strongly associated to well-being ($\beta = .415$), and a substantial direct association between leadership and well-being remained ($\beta = .375$). The model explained 43.6% of the variance in well-being. These findings link leadership research to the Psychology of Working Theory and suggest that hospitals should pair leadership development with attention to the working conditions employees' experience. Longitudinal and multi-source studies are required to test the causal order proposed here.

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The author declared no potential conflicts of interest with respect to research.

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Appendix**Table A1:** *Item-level statistics, outer loadings and outer VIF (N = 230)*

Item	M	SD	Skewness	Kurtosis	Loading	t	Outer VIF
TL1	2.97	1.17	0.230	-0.892	.696	16.49	1.59
TL2	3.14	1.12	-0.107	-0.688	.724	17.24	1.69
TL3	2.95	1.24	-0.062	-1.078	.725	20.16	1.65
TL4	2.88	1.19	0.213	-0.833	.752	22.70	1.73
TL5	3.06	1.12	-0.009	-0.823	.707	16.96	1.58
TL6	3.02	1.14	-0.178	-0.754	.745	22.92	1.64
TL7	2.97	1.18	0.027	-0.749	.751	25.19	1.69
DW1	2.96	1.18	0.220	-0.829	.725	19.43	1.69
DW2	3.02	1.17	0.106	-0.771	.760	25.56	1.77
DW3	3.04	1.17	0.047	-0.870	.738	22.64	1.76
DW4	2.92	1.14	0.217	-0.779	.727	21.71	1.59
DW5	2.93	1.21	0.149	-0.958	.709	20.19	1.55
DW6	3.05	1.20	0.014	-0.919	.735	22.30	1.70
DW7	2.70	1.17	0.295	-0.766	.756	23.99	1.70
EWB1	3.02	1.18	-0.221	-0.850	.738	21.47	1.65
EWB2	3.00	1.16	-0.179	-0.835	.716	21.05	1.52
EWB3	3.00	1.23	0.118	-1.001	.774	26.33	1.73
EWB4	2.97	1.19	-0.091	-0.845	.753	24.73	1.68
EWB5	2.99	1.22	0.025	-0.971	.781	29.43	1.77
EWB6	3.03	1.18	0.005	-0.940	.737	21.32	1.63

Note. All loadings were significant at $p < .001$ (bootstrap with 5,000 resamples).

Table A2: *Cross-loadings*

Item	TL	DW	EWB
TL1	.696	.240	.324
TL2	.724	.265	.372
TL3	.725	.276	.370
TL4	.752	.348	.413
TL5	.707	.268	.365
TL6	.745	.321	.460
TL7	.751	.272	.422
DW1	.243	.725	.349
DW2	.297	.760	.406
DW3	.274	.738	.372
DW4	.316	.727	.451
DW5	.245	.709	.435
DW6	.257	.735	.424
DW7	.371	.756	.441
EWB1	.339	.402	.738
EWB2	.379	.446	.716
EWB3	.432	.472	.774
EWB4	.389	.411	.753
EWB5	.473	.420	.781
EWB6	.399	.375	.737