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LEADERS WHO DIRECT BUT DO NOT INSPIRE: DIAGNOSING TRANSFORMATIONAL LEADERSHIP IN AN ISLAMIC HOSPITAL

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Abstract

Transformational leadership is usually reported as a single score, which hides which behaviors leaders actually practice. This study diagnoses transformational leadership at the dimension level in a private Islamic hospital in West Sumatra, Indonesia, and asks whether dimensions that inspire are weaker than those that delegate and welcome ideas. A convergent mixed-methods design combined a survey of 137 employees (cluster random sampling from 208; 14 items on the four dimensions of Robbins and Judge) with interviews of employees from four units. Overall leadership was rated fair (mean = 3.54; TCR = 70.9%). Empowering (74.6%) and encouraging innovation (74.6%) were rated above vision (68.8%) and charisma (65.9%), and an exploratory item-level comparison supported the difference (U = 48; exact p = .001). Interviewees described work by procedure alone, reprimand without coaching, and superiors who do not know staff circumstances. The study contributes an inspiration–delegation gap profile, shows that a four-dimension instrument omits individualized consideration, and recommends dimension-level leadership monitoring and development centered on inspirational communication and coaching.

Keywords: *Transformational Leadership, Leadership Dimensions, Hospital Management, Islamic Hospital, Mixed Methods*

1. Introduction

Transformational leadership, in which leaders raise followers' motivation through vision, personal example, trust, and support for new ideas, is among the most studied leadership styles (Bass & Riggio, 2006). In health care, systematic reviews associate it with nurse well-being and retention, including in non-Western systems (Afriana et al., 2026). Studies published in the International Journal of Business and Quality Research (IJBQR) link it to job satisfaction and performance (Affandie et al., 2025) and to organizational innovation (Nelson et al., 2025). The question for hospital managers, however, is rarely whether transformational leadership is valuable. It is which of its behaviors are actually present and which are missing.

Rumah Sakit Islam Ibnu Sina Padang, a private Islamic hospital in West Sumatra with 208 employees, illustrates why the question matters. Employees describe a

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workplace in which tasks are done by procedure but little inspiration comes from above. One nutrition unit employee said that staff work only according to the standard operating procedure and almost never receive inspiring direction from superiors. A laboratory employee said that superiors hardly know staff members' personal circumstances and that staff are unsure whom to approach with a problem. A sterilization and laundry employee said that mistakes are met with a verbal reprimand and no coaching that would prevent repetition. These statements describe a leadership that organizes work but does not inspire or develop people, and they would be invisible in a single leadership score.

Most studies treat transformational leadership as one composite and estimate its effect on an outcome, such as performance, satisfaction, or discipline (Sudirman & Baviga, 2026; Sari et al., 2023). Research on leadership in Indonesian public and Islamic organizations has likewise concentrated on effects, for example on organizational performance in regional government (Ningsih, 2018) and on employee performance under Islamic leadership (Harjoni et al., 2023). Much less is reported on the internal profile of leadership, that is, how the four dimensions compare within one organization. To our knowledge, few studies have diagnosed the dimension profile of a hospital in Indonesia and checked it against employees' own accounts.

This study has three objectives: (1) to describe how employees rate each of four transformational leadership dimensions (vision, charisma, empowering, and encouraging innovation); (2) to identify the specific behaviors that are rated lowest and highest; and (3) to examine whether interview evidence converges with the survey profile. The novelty lies in shifting from a single composite score to a dimension-level diagnosis, in proposing the inspiration–delegation gap as a profile that composite scores conceal, and in showing, through the interviews, a leadership behavior that standard four-dimension instruments do not measure.

2. Literature Review

Transformational leadership and its dimensions

Bass and Riggio (2006) describe transformational leaders as those who motivate followers to exceed expectations through idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. Robbins and Judge (2017) summarize the style in four behaviors that are used in this study: vision, the articulation of a clear direction; charisma, the personal appeal that earns respect and emotional closeness; empowering, the trust and autonomy given to subordinates; and encouraging innovation, support for new approaches. Health-care reviews map these to the same core ideas, with idealized influence as the leader acting as a charismatic role model and inspirational motivation as the articulation of a compelling vision (Afriana et al., 2026). Vision and charisma are therefore the emotional, inspiring side of the style, while empowering and encouraging innovation are its structural side, since they change how work is organized and how ideas are handled.

Two scientific debates frame this study. The first concerns mechanism. Reviews report associations between transformational leadership and well-being, satisfaction, and retention (Afriana et al., 2026), yet Nelson et al. (2025) found that it strongly raised

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organizational innovation but did not directly influence organizational resilience, which suggests that its effects depend on the outcome and on intervening mechanisms. The second concerns measurement. Most Indonesian studies cited above treat the style as a single composite (Sudirman & Baviga, 2026; Sari et al., 2023), which leaves open whether all four dimensions are equally present in an organization. This study takes the second debate as its position. The theoretical sources are the last decade's empirical studies, together with the foundational model of Bass and Riggio (2006).

Leadership in hospitals and Islamic organizations

Hospitals combine professional autonomy, strict procedures, and heavy workloads. In such settings, leaders may find it easier to delegate responsibility and tolerate suggestions than to inspire, since the former can be built into routines. Evidence from Islamic organizations in Indonesia shows continuing interest in value-based leadership. Harjoni et al. (2023) found, among zakat institution employees, that Islamic leadership affects employee performance and that an Islamic work environment moderates the relationship. Delita et al. (2024) reported that professionalism and work motivation significantly affect employee performance at RSI Ibnu Sina Payakumbuh, another Islamic hospital in West Sumatra, and Bila et al. (2023) studied employee performance in a hospital in Bukittinggi City. Oktaviane and Assyahri (2024) related leaders' knowledge, skill, and ability to performance. Leader characteristics may also matter: Latifah et al. (2024) examined gender differences in leadership and described women leaders as tending toward participative, transformational styles. Within the IJBQR literature, leadership that communicates openly and provides exemplary behavior is recommended for strengthening discipline and performance (Sudirman & Baviga, 2026), and leaders' communicative role has been linked to employee engagement (Sinha, 2024).

Research position and analytical expectation

The study defines the inspiration–delegation gap as the difference between the rating of structural dimensions (empowering and encouraging innovation) and inspirational dimensions (vision and charisma) in the same leadership. Given the hospital context and employees' accounts, the analytical expectation is that structural dimensions are rated higher than inspirational dimensions, and that this pattern appears in both survey and interviews. The expectation is tested descriptively in a single case and is not a hypothesis for statistical generalization.

3. Research Method

Research approach

A convergent mixed-methods design (Creswell & Plano Clark, 2018) was used, in which a cross-sectional survey and interviews were collected independently and compared at the interpretation stage. The case was Rumah Sakit Islam Ibnu Sina Padang, Jalan Gajah Mada, Padang Utara, Padang City, West Sumatra, a private hospital under the Yayasan Rumah Sakit Islam Sumatera Barat.

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Types of research data
Two types of data were used: quantitative data, in the form of employees' Likert-scale ratings of transformational leadership, and qualitative data, in the form of interview statements about leader behavior.

Research data sources
All empirical data were primary. The survey data came from employees of the hospital in November 2025, and the interview data came from employees in March 2025. Literature and reference books were used as secondary sources for the concepts and for comparison.

Respondents and informants
The population was all 208 employees across 26 work units. Sample size was determined with Slovin's formula at a 5% margin of error (Sugiyono, 2019), which gave 137 respondents. Cluster random sampling was applied, with work units as clusters and proportional allocation. Table 1 gives the profile of respondents. Interview informants were one employee from each of nine units.

Research instruments
Transformational leadership was measured with a closed questionnaire on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree) built on the four dimensions of Robbins and Judge (2017): vision (3 items), charisma (4 items), empowering (4 items), and encouraging innovation (3 items). In total, 14 items were retained for analysis. Six items were negatively worded and were reverse-scored, so that a higher score always indicates more transformational behavior. Employees rated their direct leadership. Interviews were conversations with employees about leaders and working conditions in their units.

Data collection techniques
The questionnaire was distributed to the 137 selected employees. Interviews were conducted on 9 to 13 March 2025 with employees of nine units, and the four interviews concerning leadership and supervision (nutrition, laboratory, sterilization and laundry, and general administration) are used here. Participation was voluntary, and interviewees are identified by work unit only.

Theoretical framework
The framework follows Robbins and Judge (2017), who describe transformational leadership through four behaviors, and Bass and Riggio (2006), who add individualized consideration. The four dimensions are grouped into inspirational dimensions (vision and charisma) and structural dimensions (empowering and encouraging innovation). The analytical expectation is that structural dimensions are rated higher than inspirational ones.

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Data analysis techniques

Survey data were analyzed descriptively. For each dimension and item, the study reports the mean, the respondent achievement level (TCR = mean ÷ 5 × 100%), and the percentage of respondents who scored 4–5 (agreement), 3 (neutral), and 1–2 (disagreement). Dimension results pool the items of the dimension. Because the aim was to compare the profile of dimensions and not to model relationships among variables, no respondent-level inferential test was applied. As an exploratory check, the means of the seven structural items and the seven inspirational items were compared with an exact Mann–Whitney U test, using items as units, and the difference in means was bootstrapped over items (20,000 resamples). Because items are not a random sample and are rated by the same respondents, this check supports the description and is not a formal test. Interviews were read for statements about leader behavior and mapped to the dimension they illustrate, and statements are reported through paraphrase.

Data credibility

Credibility rests on comparing two independent sources and on reporting survey results at the item level, so that every dimension-level statement can be traced to the items behind it. The limits of this approach are discussed in the conclusion.

4. Result

Table 1. Respondent profile (N = 137)

Variable	Category	Frequency	%
Gender	Female	82	59.85
	Male	55	40.15
Age	< 25 years	25	18.25
	25–30 years	63	45.98
	31–35 years	25	18.25
	36–40 years	15	10.95
	> 40 years	9	6.57
Education	Senior high school	50	36.50
	Diploma (D3)	24	17.52
	Bachelor/D4	36	26.28
	Professional	26	18.98
	Master	1	0.72
Length of service	1–5 years	28	20.44
	6–10 years	53	38.69
	11–15 years	35	25.55
	16–20 years	12	8.76

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Variable	Category	Frequency	%
	> 20 years	9	6.56

Source: respondent data reported in the author's undergraduate thesis.

Most respondents were female (59.85%), aged 25–30 years (45.98%), educated to senior high school level (36.50%), and had served for 6–10 years (38.69%).

Table 2. Transformational leadership by dimension (N = 137)

Dimension	Items	Mean	TCR (%)	% scored 4–5	% neutral	% scored 1–2
Vision	3	3.44	68.8	58.6	19.5	21.9
Charisma	4	3.30	65.9	48.2	31.8	20.1
Empowering	4	3.73	74.6	69.7	17.7	12.6
Encouraging innovation	3	3.73	74.6	68.1	23.4	8.5
Overall	**14**	**3.54**	**70.9**	**60.8**	**23.3**	**15.8**

TCR = respondent achievement level. Percentages pool all responses to the items of each dimension; negative items are reverse-scored.

Table 2 shows that overall leadership was rated fair (mean = 3.54; TCR = 70.9%) and that the four dimensions did not receive equal ratings. Empowering (74.6%) and encouraging innovation (74.6%) were rated highest, followed by vision (68.8%) and charisma (65.9%), which was lowest. Grouping the dimensions, the structural dimensions averaged 3.73 (TCR = 74.6%), while the inspirational dimensions averaged 3.36 (TCR = 67.1%), a difference of 0.37 points. Charisma also stood out for ambivalence: 31.8% of its responses were neutral, compared with 17.7% for empowering.

The exploratory item-level comparison supports this reading. Of the 49 possible pairs of one structural item and one inspirational item, 48 favored the structural item (Mann–Whitney U = 48, exact p = .001; rank-biserial r = .96), and the 0.37-point difference between the two groups of items had a bootstrap 95% CI of [0.22, 0.53]. The only reversal was the item on a clear vision (P1; mean = 3.62), which was rated slightly above the item on pushing new ways of working (P16; mean = 3.55).

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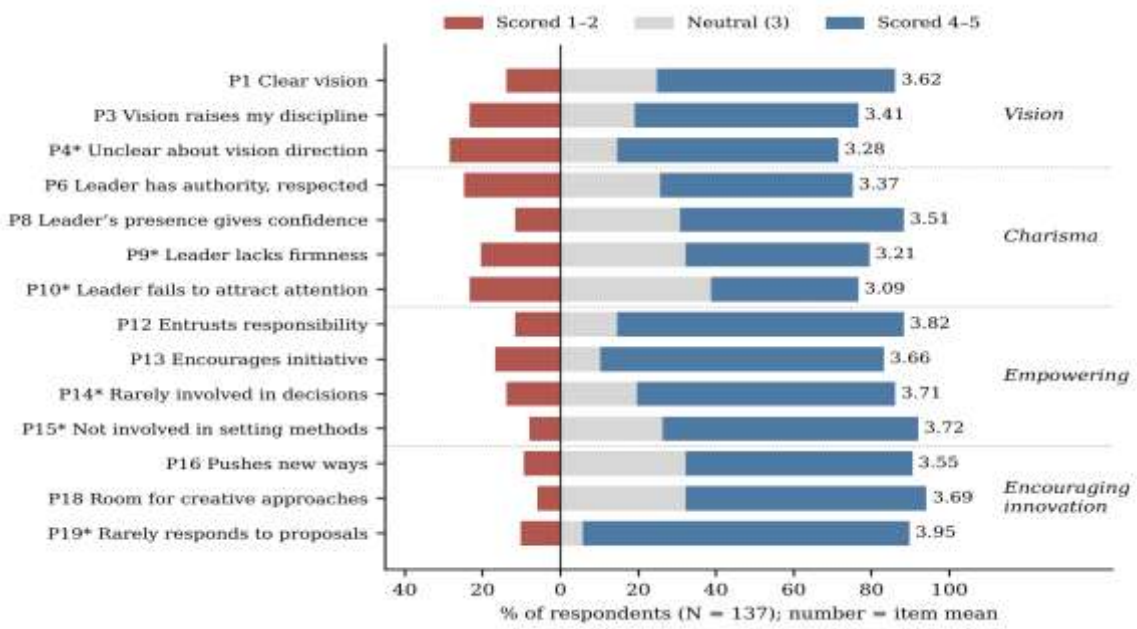


Figure 1. Distribution of responses by leadership item (N = 137)

**Negative statement, reverse-scored: a score of 4–5 means the respondent rejects the statement.*

Table 3. Lowest- and highest-rated leadership items (N = 137)

Item (abbreviated)	Dimension	Mean	% scored 4–5	% neutral	% scored 1–2
P10.* Leader is less able to attract attention when giving direction	Charisma	3.09	38.0	38.7	23.4
P9.* Leader shows too little firmness in important decisions	Charisma	3.21	47.4	32.1	20.4
P4.* I do not fully understand the direction of the leader's vision	Vision	3.28	56.9	14.6	28.5
P6. Leader has authority and personality that earn respect	Charisma	3.37	49.6	25.5	24.8
P12. Leader entrusts important responsibility according to competence	Empowering	3.82	73.7	14.6	11.7
P19.* Leader rarely responds to proposals for change	Innovation	3.95	83.9	5.8	10.2

**Negative statement, reverse-scored.*

Figure 1 and Table 3 show where the dimension gap comes from. The lowest-rated item was P10, on the leader's ability to attract attention when giving direction (mean = 3.09). Only 38.0% of respondents rejected the negative statement, and 38.7% chose the neutral option. Only 49.6% agreed that the leader has authority and personality that earn

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respect (P6), and 47.4% rejected the statement that the leader lacks firmness (P9). Vision was present but poorly translated: 61.3% agreed that the leader has a clear vision (P1), yet 28.5% admitted not fully understanding its direction (P4), and 57.7% agreed that the vision makes them work more disciplined (P3). The highest-rated items were structural. 73.7% agreed that responsibility is entrusted according to competence (P12), 73.0% that leaders encourage initiative (P13), and 83.9% rejected the statement that leaders rarely respond to proposals (P19).

Table 4. Interview evidence on leader behavior, mapped to dimensions

Unit	Paraphrased statement	Dimension illustrated
Nutrition	Work follows the standard operating procedure, with almost no inspiring direction from superiors that builds emotional motivation	Vision and charisma (inspirational)
Laboratory	Superiors do not know staff members' personal situations, and staff are unsure whom to approach with problems	Individualized consideration (not measured)
Sterilization and laundry	Mistakes are corrected by verbal reprimand, with no coaching that helps staff avoid repetition	Individualized consideration (not measured)
General administration	Problems are solved alone, with no team discussion culture; years pass with no training or development	Empowering and individualized consideration

Source: interviews, 9–13 March 2025; statements paraphrased and identified by unit only.

Table 4 shows that employees' accounts focus on the same area as the weakest survey results: little inspiring direction, distance between leaders and staff, and correction without coaching. Two of the four statements, however, concern behaviors that the four-dimension instrument does not capture at all. Staff raised individualized consideration, that is, knowing people personally and developing them, without being asked about it.

Table 5. Joint display of survey and interview findings

Question	Survey	Interviews	Convergence
Are inspirational dimensions weaker?	Charisma (65.9%) and vision (68.8%) lowest; 31.8% neutral on charisma	Almost no inspiring direction from superiors	Yes
Are structural dimensions stronger?	Empowering and innovation 74.6%; 83.9% reject "rarely responds to proposals"	Work by procedure; no team discussion; no development	Partly: structure exists but without development

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Question	Survey	Interviews	Convergence
Is anything missing from the instrument?	Not measured	Personal knowledge of staff and coaching raised by three units	Instrument gap

Source: author's integration of Tables 2–4.

5. Discussion

The main finding is an inspiration–delegation gap. Employees rate leaders higher on behaviors that organize work, namely entrusting responsibility and receiving proposals, than on behaviors that inspire, namely articulating a vision that is understood and commanding personal respect. The overall rating of 70.9% looks acceptable, yet it averages a structural side near 74.6% and an inspirational side near 67.1%. A composite score would have hidden this difference, which is the practical argument for a dimension-level diagnosis.

The weakness of the inspirational side is not only low agreement but also ambivalence. For charisma, almost one response in three was neutral, and the lowest-rated item, attracting attention when giving direction, drew the most neutral answers (38.7%). Employees do not so much reject their leaders as fail to be moved by them. This reading agrees with interviews in which staff say that they work by procedure and rarely receive inspiring direction. It also agrees with the health-care literature, in which idealized influence and inspirational motivation are the leader's role-model and vision functions (Afriana et al., 2026). In the case hospital, these functions seem to be the least developed. The vision itself is not absent, because most respondents agreed that a clear vision exists, but it is not well translated: more than a quarter admitted not fully understanding its direction.

The strength of the structural side should also be read carefully. Delegation and openness to proposals are valuable, and innovation-encouraging leadership is linked to organizational innovation (Nelson et al., 2025). Yet the interviews suggest that trust in tasks is not accompanied by development. One employee had no training or development for years, and another said that errors are met with reprimand and no coaching. In this sense, the hospital may be delegating without developing, a pattern that relies on procedure and on employees' own professionalism, such as that documented for staff of RSI Ibnu Sina Payakumbuh (Delita et al., 2024). Since a leader's open and exemplary communication is recommended for strengthening employees' discipline and motivation (Sudirman & Baviga, 2026) and connected to engagement (Sinha, 2024), the weakness in inspiration is likely to matter for those outcomes. This study did not test such links.

A further contribution concerns measurement. Three of the four interviewed units spoke about individualized consideration, although the four-dimension instrument has no item for it, which means that standard survey results can look acceptable while a behavior employees care about goes unmeasured. Hospitals that wish to monitor leadership should therefore add items on personal knowledge of staff and on coaching, in line with the full model of Bass and Riggio (2006). Research by Ningsih (2018) and Sari et al. (2023) in Indonesian organizations relates leadership to organizational

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performance and satisfaction at the composite level, and the present dimension-level approach can complement such work. Finally, leader characteristics may shape the profile (Latifah et al., 2024), but the gender and rank of the rated leaders were not collected here.

The novelty of this study can be stated in three points. First, it moves from a single composite leadership score to a dimension-level diagnosis and shows that, in this hospital, structural dimensions are rated consistently above inspirational ones. Second, it names this pattern the inspiration–delegation gap, a profile that composite scores conceal. Third, it shows, through employees' own accounts, that a widely used four-dimension measure omits individualized consideration. Together these points add a hospital-based, dimension-level perspective to a literature that has mostly reported composite effects (Affandie et al., 2025; Sudirman & Baviga, 2026; Sari et al., 2023).

For management, the findings suggest three actions: leadership development that trains unit heads in inspirational communication and in translating the hospital's vision into unit goals; replacing reprimand-only correction with brief coaching routines; and a short dimension-level leadership pulse survey, repeated yearly, that includes individualized consideration. The same dimension profile can also set the agenda for studies that test whether stronger inspiration improves outcomes such as discipline.

6. Conclusion

The study diagnosed transformational leadership at Rumah Sakit Islam Ibnu Sina Padang at the dimension level. Leadership was rated fair overall (TCR = 70.9%), but empowering and encouraging innovation (74.6% each) were rated above vision (68.8%) and charisma (65.9%), and charisma drew many neutral answers. Interviews converged with this profile, describing work by procedure, distance from leaders, and correction without coaching, and they raised individualized consideration, which the instrument does not measure. The inspiration–delegation gap is proposed as a profile that composite leadership scores conceal. Hospital management should invest in inspirational communication, coaching, and dimension-level leadership monitoring that includes individualized consideration.

The study has limitations. It is a single case in one private hospital, and the profile cannot be generalized statistically. The survey is based on employees' perceptions, with no leader self-ratings and no information on the gender or rank of the leaders rated. Dimension differences rest on an exploratory item-level comparison and not on a respondent-level inferential test. The interview evidence comes from four units and is paraphrased, and mapping statements to dimensions was done by one author. The measure omits individualized consideration, and transactional behaviors such as contingent reward and management by exception were not measured. Future studies should replicate the diagnosis in several hospitals, add the missing dimension, compare transformational with transactional leadership (Jufrizen & Lubis, 2020), and test whether inspirational dimensions predict outcomes such as discipline and satisfaction.

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