



INTERNATIONAL JOURNAL OF RESEARCH IN COMMERCE AND MANAGEMENT

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TRANSFORMATIONAL LEADERSHIP AND INFLUENCE ON OCCUPATIONAL COMMITMENT IN INDIAN HOSPITALS

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ABSTRACT

The relationship between transformational leadership and its influence on Occupational commitment of doctors is gaining importance in the context of changing management practices of hospital leadership and management. This study is an investigation to map the relationship of transformational leadership perception of doctors and its influence on their occupational commitment. The sample consisted of 54 doctors drawn from five hospitals consisting of government, private and specialty hospitals in Bangalore, India. Data was collected using questionnaires through a survey. Correlation, t-test and one way Anova were employed to test research hypotheses. Results indicate a significant relationship between transformational leadership, its factors idealized influence attributed, idealized influence behaviour, inspirational motivation and occupational commitment of doctors. A significant difference between male and female doctors with respect to intellectual stimulation was observed. The results are discussed in terms of implications for leaders in hospitals and future research.

KEYWORDS

Transformational leadership, Occupational Commitment, Leaders, subordinates.

INTRODUCTION

The concept of leadership has attracted extensive attention in organizational research. The influence of leadership is important in the military, politics, government, academia, and, indeed, in every profit or non-profit organization especially hospitals. In the context of recent changes, and corresponding influences confronting the nature of the profession of medicine a number of external influences have altered doctors' autonomy and the hierarchies within which they practice. Understanding Leadership of doctors has received little attention in medical literature. This emphasizes that the subject of leadership is for some reasons considered unimportant, uninteresting, or perhaps just too difficult, to warrant more attention in medical literature.

TRANSFORMATIONAL LEADERSHIP

Many authors described concepts similar to transformational leadership as charismatic, inspirational or visionary leadership (Bryman, 1992). According to Burns (1978), "the result of transforming leadership is a relationship of mutual stimulation and elevation that converts followers into leaders and may convert leaders into moral agents" thus resulting in a transforming effect on both leaders and followers. Transformational leadership raises the level of human conduct of both leader and follower. Bass (1985) defined a transformational leader as one who motivates followers to do more than they originally expected to do. Transformational leadership that enhances the performance of the followers further promotes the development of the individual members of the group and the organization in general. It establishes greater confidence in the members of the group and emphasizes attention to the key issues of the organization. Transformational leaders broaden and change the interests of their followers, and generate awareness and acceptance of the purposes and mission of the group. They stir their followers to look beyond their self-interest for the good of the group. Palmer, Walls, Burgess, and Stough (2001) found that transformational leadership was positively related to the ability to monitor and manage emotions in oneself and others.

Transformational leadership consists of four factors charismatic leadership or idealized influence, inspirational leadership or motivation, intellectual stimulation, and individualized consideration. Followers have complete faith in charismatic leaders, feel proud to be associated with them, and trust their capacity to overcome any obstacle. Inspirational leadership involves the arousal and heightening of motivation among followers. Intellectual stimulation arouses in followers the awareness of problems and how they may be solved, and stirs the imagination and generates thoughts and insights. Individualized consideration involves giving personal attention to followers who seem neglected, treating each follower individually, and helping each follower get what he or she wants. Therefore "the transformational leader asks followers to transcend their own self-interests for the good of the group, organization, or society; to consider their long-term needs to develop themselves, rather than their needs of the moment; and to become aware of what is really important." (Bass,1990).

OCCUPATIONAL COMMITMENT

Commitment is an attitude of company loyalty exhibited by employees. It stems from the employees combined belief that the goals, objectives, and values of the organization are congruent with their own. As noted by Mowday, Porter, and Steers (1982), commitment is the "relative strength of an individual's identification with and involvement in the organization" in terms of values and goals. Ostroff (1992) reports that committed employees are associated with better organizational performance, have a low turnover rate, and have low absenteeism. The terms occupation, profession, and career have been used

somewhat interchangeably in the commitment literature. The word occupation is preferred over profession simply because it is more general, encompassing both professionals and non professionals.

Occupational commitment in this study is conceptualized as the psychological connection between a person and his commitment to his occupation based on an affective reaction to that Occupation. Individuals with strong occupational commitment will more strongly identify with, and experience more positive feelings, about, the occupation than will one with weak occupational commitment Sabapathy T. (2005), corroborates with the researches of (G. Blau 1985a 1988, G Blau et al., 1993). Therefore, it is essential for doctors who head departments; need to understand the significance of building a positive relationship with their respective subordinates. Successful organizations depend on dynamic and effective leadership. Effective leadership is not confined to business organizations alone. Hospitals especially run by government, private organizations, corporates, missionary and individual entrepreneurs are in short of able administration and leadership in India as indicated by the researcher’s interaction with doctors and as leaders and subordinates. The success of any organization’s future depends a great deal on its employees’ commitment levels. It is for the organizational leadership to attract, motivate and retain committed people to realize their objectives. Organisational leadership therefore needs to create the understanding that it is only an employee’s total commitment that will get translated into greater productivity and a very high level of quality service and this applies to doctors as well.

The study focuses on the importance of transformational leadership exercised by leaders and its influence on occupational commitment in Indian hospitals. The study also addresses how capable leaders are needed in hospitals as organizations to strengthen the relationship between transformational leadership to enhance occupational commitment.

METHODS

SAMPLE

The sample consisted of 54 doctors of which 14 were leaders and 40 were subordinates drawn from five hospitals consisting of government, private and specialty hospitals in Bangalore, India. The hospitals ranged in size from 30 to over 1500 beds.

MEASURES

MULTIFACTOR LEADERSHIP QUESTIONNAIRE BY BRUCE J AVOLIO AND BERNARD M. BASS (1990)

The Multifactor Leadership Questionnaire (MLQ) is a self-assessment tool designed to determine the extent of a leader’s transformational leadership (Bass & Avolio, 1990). Transformational leaders pursue relationships with their subordinates that go beyond a transactional relationship (were subordinates do what is expected of them) to a more social relationship in which subordinates are influenced to accomplish more than is usually expected of them (Bass, 1985). Burns (1978) initial work viewed transformational leadership and transactional leadership as opposite ends of a continuum while Bass viewed them as conceptually independent with ‘transformational leadership augmenting transactional leadership (Tejeda et al., 2001).

The MLQ measure employed in this research is the MLQ-5X. This is the most recent version of the MLQ-5X (Bass and Avolio, 2004) and has a 63 item version (5X-Long) and a 45 item 5X-Short version. The 5X-Short questionnaire is recommended for individual leader reports and hence is the one applied in this research. It is also recommended that where the team consists of three or less subordinates, as in a number of teams here, that the subordinate version of MLQ-5X is not used.

The MLQ-5X measures, on a scale 0 (not at all) to 4 (frequently, if not always), transformational and transactional leadership behaviours along with effectiveness behaviours. However only the transformational measures consisting of Idealized Influence (Attributed), Idealized Influence (Behaviour), Inspirational Motivation, Intellectual Stimulation and Individualized Consideration is considered in this study (Bass and Avolio, 2004).

The relatively simple application of the MLQ-5X was a further consideration in deciding on measures for this research owing to the limited amount of time available for the doctors to partake in the study. This study focuses on the 20 items that correspond to five transformational leadership factors listed above. The items were totalled and collated into an average score for each of the 5 categories above, a high score in a category relating to a higher frequency of that behaviour.

The doctors as leaders responded to the leader form of the MLQ-5X, a self assessment tool to determine the extent of transformational leadership exercised by them, while the subordinates as doctors responded to the MLQ-5X rater form to determine the extent of their perception of transformational leadership exercised by their respective leaders as doctors.

OCCUPATIONAL COMMITMENT QUESTIONNAIRE (OCQ)

This tool was adapted and standardized by the investigators (2004). The tool consisted of eight items from Blau’s career commitment measure (1988), one item from Blau’s (1993) career commitment revised measure and one item from Snizek (1972) scale for professionalism and reworded by the investigators to be applicable to doctors profession and 18 items from Occupational Commitment Scales by Allen; Meyer and Smith (1993). Thus the present Occupational Commitment Scale consists of 28 items. Participants were asked to indicate the extend to which they agreed with the statements using a seven-point Likert Scale (from “Strongly disagree” to “Strongly agree”).

DATA ANALYSES AND INTERPRETATION

The nature and distribution of the data for the present study obtained from various leaders and their subordinates of the three different types of hospitals in Bangalore city, India representing the study are presented as sample details in tables 1- 4 and graphically represented in figures 1-4. Further tables 5-10 summarizes the data analyses with respect to the statistical methods employed namely correlation, t-test analysis and One-way Anova.

TABLE: 1 DISTRIBUTION OF STUDY SUBJECTS AS DOCTORS ACCORDING TO GROUPS AND AGE GROUPS

Age group	Leaders	%	Subordinates	%	Total
<30 years	0	0.00	20	50.00	20
>30 years	14	100.00	20	50.00	34
Total	14	100.00	40	100.00	54

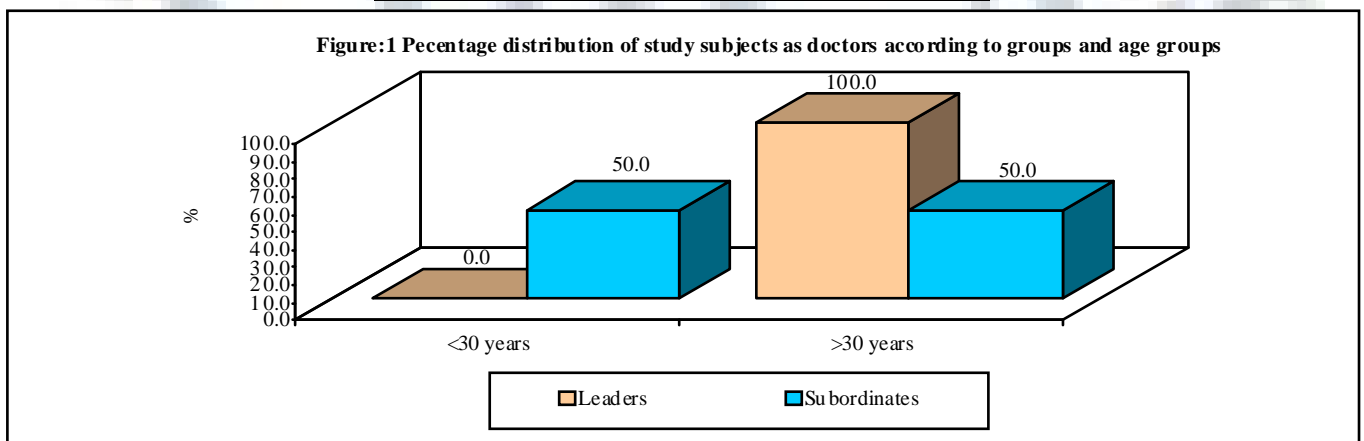


TABLE: 2 DISTRIBUTION OF STUDY SUBJECTS AS DOCTORS ACCORDING TO GROUPS AND SEX

Sex	Leaders	%	Subordinates	%	Total
Male	10	71.43	19	47.50	29
Female	4	28.57	21	52.50	25
Total	14	100.00	40	100.00	54

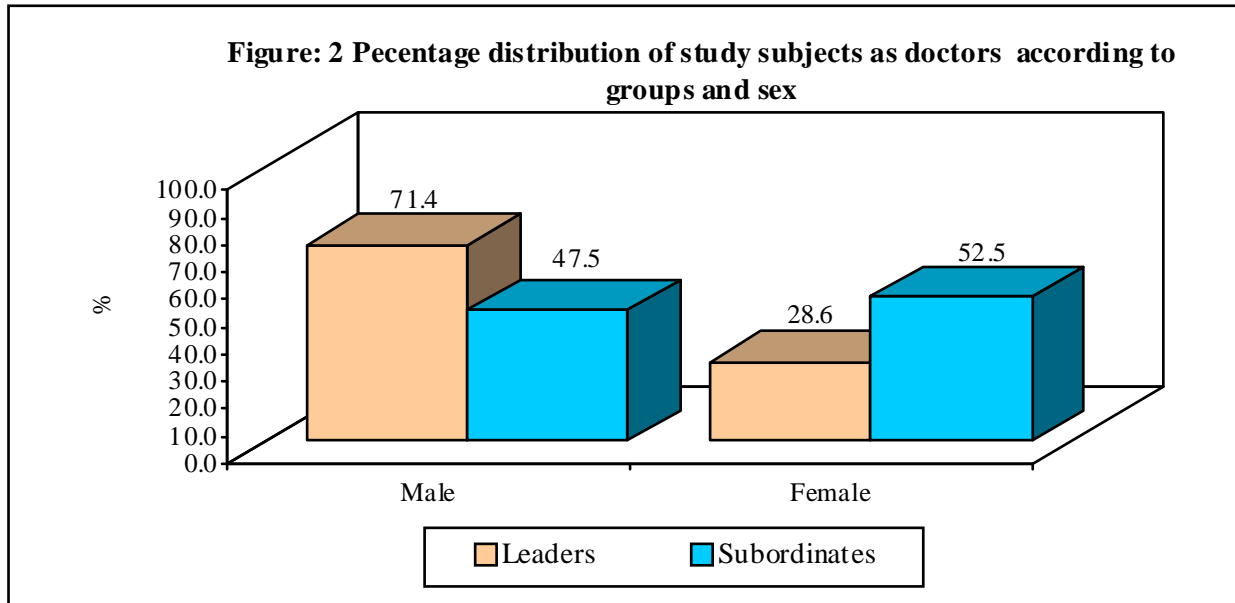


TABLE: 3 DISTRIBUTION OF STUDY SUBJECTS AS DOCTORS ACCORDING TO GROUPS AND EXPERIENCE

Experience	Leaders	%	Subordinates	%	Total
<10 years	0	0.00	22	55.00	22
>10 years	14	100.00	18	45.00	32
Total	14	100.00	40	100.00	54

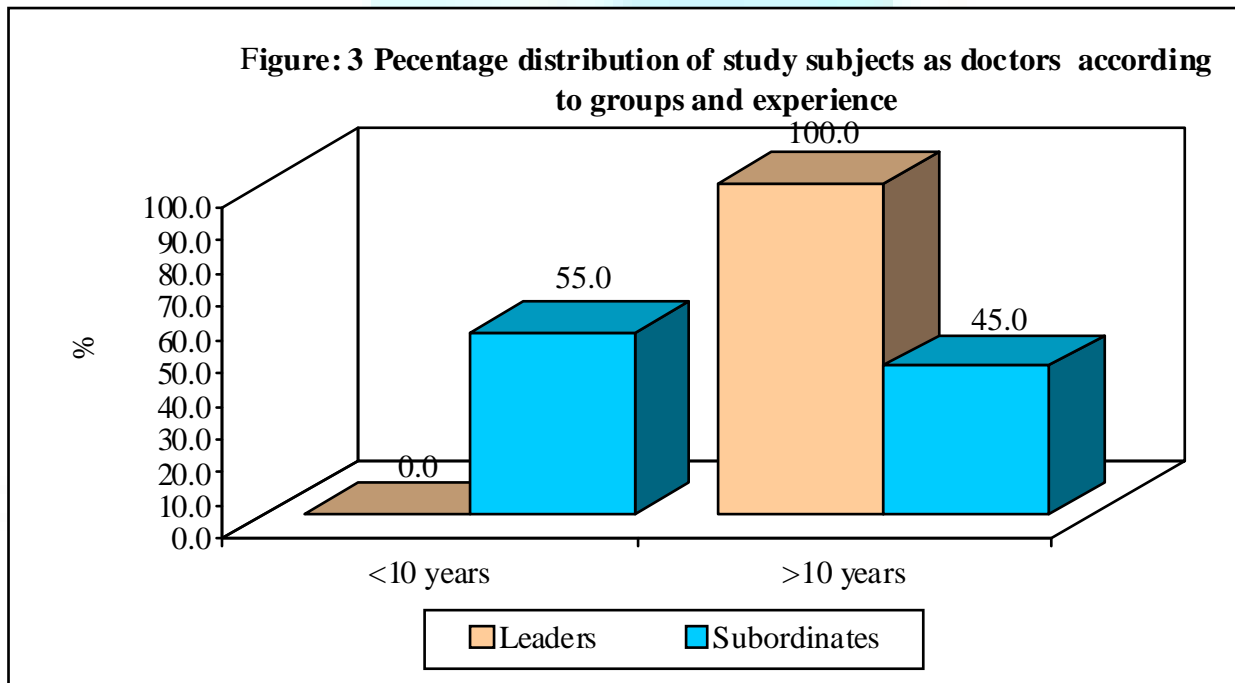
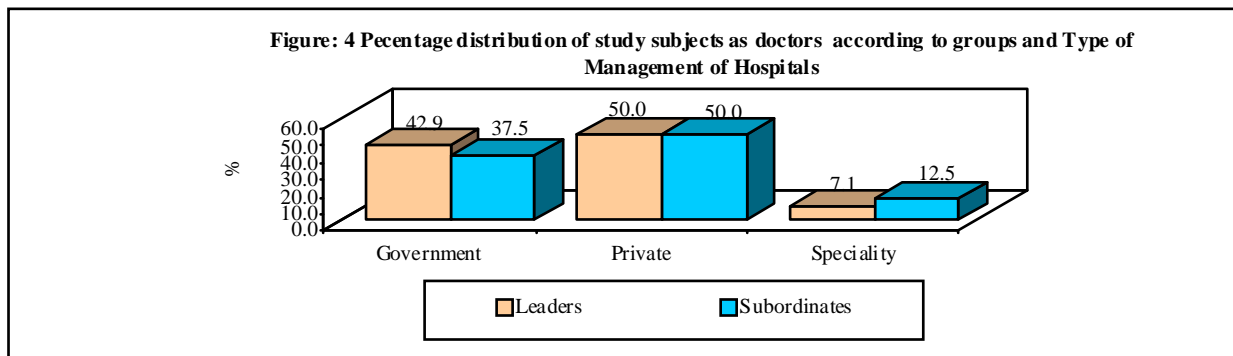


TABLE: 4 DISTRIBUTION OF STUDY SUBJECTS AS DOCTORS ACCORDING TO GROUPS AND TYPES OF MANAGEMENT OF HOSPITALS

Type of management of Hospitals	Leaders	%	Subordinates	%	Total
Government	6	42.86	15	37.50	21
Private	7	50.00	20	50.00	27
Speciality	1	7.14	5	12.50	6
Total	14	100.00	40	100.00	54



CO-RELATIONAL ANALYSIS BETWEEN DEPENDENT VARIABLE AND INDEPENDENT VARIABLE

In the present study one independent variable transformational leadership and one dependent variable occupational commitment is considered. The purpose of the study was to find out the relationship between the relationships between transformational leadership -total score and its factors idealized influence attributed, idealized influence behaviour, inspirational motivation, intellectual stimulation and individualized consideration of both leaders and subordinates, leaders and subordinates with occupational commitment. As a prerequisite for the in-depth analysis it was essential to study the relationship among selected variables. Hence in the present context the focus was on the study of the relationship between these variables. In order to investigate, the relationships, Karl Pearson's correlation coefficient technique was applied and simple relationships were obtained. In order to test the significance of obtained 'r's the appropriate students t-test was used.

TABLE: 5 CORRELATION COEFFICIENT BETWEEN TRANSFORMATIONAL LEADERSHIP TOTAL SCORE AND ITS FACTORS WITH OCCUPATIONAL COMMITMENT OF DOCTORS AS LEADERS (n=14)

Variables	Occupational commitment of leaders (n=14)		
	Correlation coefficient	t-value	Signi.
Idealized influence attributed	0.6574	3.0223	*
Idealized influence behaviour	0.6302	2.8116	*
Inspirational motivation	0.7779	4.2883	*
Intellectual stimulation	0.3845	1.4427	NS
Individualized consideration	0.4647	1.8180	NS
Total score transformational leadership	0.8039	4.6816	*

From the results shown in table 5 it is seen that, a significant and positive relationship was observed between occupational commitment with idealized influence attributed (r=0.6574, p<0.05), idealized influence behaviour (r=0.6302, p<0.05), inspirational motivation (r=0.7779, p<0.05) and transformational leadership total score (r=0.8039, p<0.05) of doctors as leaders at 5% level of significance. It means that, the variables like idealized influence attributed, idealized influence behaviour, inspirational motivation and transformational leadership total score increases or decreases with increase or decrease in occupational commitment of doctors leaders.

A non significant and positive relationship was observed between occupational commitment with intellectual stimulation and individualized consideration of doctors as leaders at 5% level of significance.

TABLE: 6 CORRELATION COEFFICIENT BETWEEN TRANSFORMATIONAL LEADERSHIP TOTAL SCORE AND ITS FACTORS WITH OCCUPATIONAL COMMITMENT OF DOCTORS AS SUBORDINATES (n=40)

Variables	Occupational commitment of subordinates (n=40)		
	Correlation coefficient	t-value	Signi.
Idealized influence attributed	0.0808	0.4995	NS
Idealized influence behaviour	0.1907	1.1973	NS
Inspirational motivation	-0.0951	-0.5888	NS
Intellectual stimulation	0.1437	0.8953	NS
Individualized consideration	0.1798	1.1265	NS
Total score transformational leadership	0.1258	0.7815	NS

From the results indicated in table 6 a non significant and positive relationship was observed between occupational commitment with all other variables i.e. idealized influence attributed, idealized influence behaviour, inspirational motivation, intellectual stimulation, individualized consideration and transformational leadership total score of doctors as leaders at 5% level of significance.

DIFFERENTIAL STATISTICS

The comparison of different characteristics in respect of various variables and its factors including mean and SD values are also presented in the following section:

TABLE: 7 RESULTS OF ANOVA-TEST BETWEEN GOVERNMENT, PRIVATE AND SPECIALITY DOCTORS AS SUBORDINATES WITH RESPECT TO TRANSFORMATIONAL LEADERSHIP, ITS FACTORS AND OCCUPATIONAL COMMITMENT

Variables	Summary	Government (n=15)	Private (n=20)	Speciality n=5)	F-value	Signi.
Idealized influence attributed	Means	10.0667	10.5500	13.0000	1.8558	NS
	Std.Dev.	2.2509	3.6343	1.2247		
Idealized influence behaviour	Means	10.3333	10.7500	11.8000	0.4769	NS
	Std.Dev.	2.5542	3.0066	3.5637		
Inspirational motivation	Means	10.8000	11.7500	12.6000	0.9367	NS
	Std.Dev.	2.6780	2.4682	4.2778		
Intellectual stimulation	Means	8.8000	10.4500	10.2000	0.9042	NS
	Std.Dev.	3.8582	3.6343	3.0332		
Individualized consideration	Means	11.1333	11.1500	11.4000	0.0223	NS
	Std.Dev.	1.9223	2.8335	3.0496		
Total score transformational leadership	Means	51.1333	54.6500	59.0000	0.8945	NS
	Std.Dev.	10.4804	12.9463	11.9791		
Occupational commitment	Means	148.4000	140.2500	149.0000	0.3852	NS
	Std.Dev.	16.0481	37.9735	23.1840		

From the results indicated in table 7, it is seen that there is no statistical significant difference between three types of groups of doctors as subordinates of government, private and speciality hospitals with respects to transformational leadership, its factors, occupational commitment at 5% level of significance. It means that the government, private and speciality doctors as subordinates have similar perception of transformational leadership of their leaders and level of occupational commitment.

TABLE: 8 RESULTS OF t-TEST BETWEEN <30 AND >30 YRS AGE DOCTORS AS SUBORDINATES WITH RESPECT TO TRANSFORMATIONAL LEADERSHIP, ITS FACTORS AND OCCUPATIONAL COMMITMENT

Variables	<30 yrs age (n=20)		>30yrs age (n=20)		t-value	Signi.
	Mean	Std.Dev.	Std.Dev.	Mean		
Idealized influence attributed	11.2000	2.8023	10.1500	3.2489	1.0945	NS
Idealized influence behavior	11.1000	2.7511	10.3500	3.0136	0.8220	NS
Inspirational motivation	12.2500	2.2449	10.7500	3.1267	1.7428	NS
Intellectual stimulation	10.5500	2.8924	9.0500	4.2237	1.3104	NS
Individualized consideration	11.7000	2.0545	10.6500	2.8149	1.3474	NS
Transformational leadership	56.8000	9.0647	50.9500	13.8582	1.5799	NS
Occupational commitment	149.1000	23.6663	139.7000	34.2731	1.0093	NS

From the results indicated in table 8 it is seen that, there is no statistical significant difference between doctors as subordinates belonging to <30 and >30 yrs age groups with respect to transformational leadership and its factors, occupational commitment at 5% level of significance. It means that the doctors as subordinates belonging to <30 and >30 yrs age groups have similar perception of transformational leadership of their leaders as doctors and levels occupational commitment.

TABLE: 9 RESULTS OF T-TEST BETWEEN MALE AND FEMALE DOCTORS AS SUBORDINATES WITH RESPECT TO TRANSFORMATIONAL LEADERSHIP, ITS FACTORS AND OCCUPATIONAL COMMITMENT

Variables	Male (n=19)		Female (n=21)		t-value	Signi.
	Mean	Std.Dev.	Std.Dev.	Mean		
Idealized influence attributed	11.2105	2.9922	10.1905	3.0760	1.0609	NS
Idealized influence behavior	11.3684	2.6079	10.1429	3.0379	1.3618	NS
Inspirational motivation	12.2105	2.5073	10.8571	2.9374	1.5588	NS
Intellectual stimulation	11.2105	3.0836	8.5238	3.7232	2.4702	*
Individualized consideration	11.6842	2.2374	10.7143	2.6673	1.2387	NS
Transformational leadership	57.6842	8.9818	50.4286	13.3700	1.9923	NS
Occupational commitment	147.8421	22.6330	141.2857	34.7809	0.6983	NS

From the results indicated in table 9 it is seen that, there is a significant difference was observed between male and female doctors as subordinates with respect to Intellectual stimulation (t=2.4702, p<0.05) at 5% level of significance. It means that, the male doctors as subordinates have significant higher scores of intellectual stimulation as compared to female doctors as subordinates.

Further there is no statistical significant difference between male and female doctors as subordinates with respect to transformational leadership, its factors, occupational commitment except dimension i.e. Intellectual stimulation at 5% level of significance. It means that the male and female doctors as subordinates have similar perception of transformational leadership of their leaders and level of occupational commitment except Intellectual stimulation factor.

TABLE: 10 RESULTS OF t-test BETWEEN 10 AND >10 YRS EXPERIENCED DOCTORS AS SUBORDINATES WITH RESPECT TO TRANSFORMATIONAL LEADERSHIP ITS FACTORS AND OCCUPATIONAL COMMITMENT

Variables	<10 yrs experienced (n=22)		>10 yrs experienced (n=18)		t-value	Signi.
	Mean	Std.Dev.	Std.Dev.	Mean		
Idealized influence attributed	11.0000	2.8950	10.2778	3.2504	0.7428	NS
Idealized influence behaviour	10.9545	2.5723	10.4444	3.2580	0.5536	NS
Inspirational motivation	11.9091	2.5803	11.0000	3.0293	1.0252	NS
Intellectual stimulation	10.4545	2.9717	9.0000	4.2977	1.2624	NS
Individualized consideration	11.5909	2.3230	10.6667	2.6568	1.1736	NS
Transformational leadership	55.9091	8.9651	51.3889	14.6775	1.1986	NS
Occupational commitment	145.3636	31.3681	143.2222	27.7966	0.2259	NS

From the results indicated in table 10, it is seen that, there is no statistical significant difference between doctors as subordinates belonging to <10 and >10 yrs of experience with respect to perception of transformational leadership of their leaders as doctors and level of occupational commitment at 5% level of significance. It means that, the doctors as subordinates belonging to <10 and >10 yrs experienced have similar perception of transformational leadership of their leaders and level of occupational commitment.

FINDINGS

This study investigated eight null hypotheses analysed as below:

Ho.1 There is no significant relationship between transformational leadership, its factors, and Occupational commitment of doctors as leaders .

There was a significant relationship between Idealized influence attributed (r=0.6574, p<0.05), Idealized influence (r=0.6302, p<0.05), Inspirational motivation (r=0.7779, p<0.05), total transformational leadership (r=0.8039, p<0.05), and occupational commitment of doctors as leaders. It means that Idealized influence attributed, Idealized influence, Inspirational motivation, total transformational leadership, have significant correlation with occupational commitment of doctors as leaders. However there was no significant relationship between Intellectual stimulation, Individualized consideration, and Occupational commitment of doctors as leaders.

Ho.2 There is no significant relationship between transformational leadership, its factors, and Occupational commitment of doctors as subordinates.

There was no significant relationship between transformational leadership, its factors, and Occupational commitment of doctors as subordinates.

Ho.3 There is no significant difference between government and private doctors as subordinates with respect to their scores on transformational leadership, its factors (i.e. Idealized influence attributed, Idealized influence behaviour, Inspirational motivation, Intellectual stimulation and Individualized consideration and occupational commitment.

There was no significant difference between government and private doctors as subordinates with respect to scores of transformational leadership, its factors (i.e. Idealized influence attributed, Idealized influence behaviour, Inspirational motivation, Intellectual stimulation and Individualized consideration and occupational commitment. It means that government and private hospitals doctors as subordinates are similar in the perception of transformational leadership of their leaders as doctors and level of occupational commitment.

Ho.4 There is no significant difference between doctors as subordinates of government and speciality hospitals with respect to their scores of transformational leadership, its factors (i.e. Idealized influence attributed, Idealized influence behaviour, Inspirational motivation, Intellectual stimulation and Individualized consideration and occupational commitment).

There was no significant difference between doctors as subordinates of government and speciality hospitals with respect to their scores of transformational leadership, its factors (i.e. Idealized influence attributed, Idealized influence behaviour, Inspirational motivation, Intellectual stimulation and Individualized consideration and occupational commitment). This indicates that doctors of government and speciality hospitals are similar in the perception of transformational leadership of their leaders as doctors and occupational commitment.

Ho. 5 There is no significant difference between doctors as subordinates of private and speciality hospitals with respect to their scores of transformational leadership, its factors (i.e. Idealized influence attributed, Idealized influence behaviour, Inspirational motivation, Intellectual stimulation and Individualized consideration and occupational commitment).

There was no significant difference between doctors as subordinates of private and speciality hospitals with respect to scores of transformational leadership, its factors (i.e. Idealized influence attributed, Idealized influence behaviour, Inspirational motivation, Intellectual stimulation and Individualized consideration and occupational commitment). It means that doctors of private and speciality hospitals are similar in their transformational leadership and occupational commitment levels.

Ho.6 There is no significant difference between age groups (up to 30 years and more than 30 years) of doctors as subordinates with respect to their scores of transformational leadership, its factors, and Occupational commitment.

There was no significant difference between doctors as subordinates belonging to up to 30 years and more than 30 years of age with respect to scores of transformational leadership, its factors and occupational commitment. It means that both young and old doctors irrespective of age have similar perception of transformational leadership of their leaders and occupational commitment levels.

Ho. 7 There is no significant difference between male and female doctors as subordinates with respect to their scores of transformational leadership, its factors and Occupational commitment.

There was a significant difference between male and female doctors as subordinates with respect to perception of Intellectual stimulation of their leaders ($t=2.4702$, $p<0.05$) at 5% level of significance. It means that, the male doctors as subordinates have significant higher mean score (11.2105) of intellectual stimulation as compared to female doctors as subordinates having a mean score of (3.7232).

However there was no statistical significant difference observed between male and female doctors as subordinates with respect to transformational leadership and its factors- Idealized influence attributed, Idealized influence behaviour, Inspirational motivation and Individualized consideration of their leaders as doctors and occupational commitment. It means that the male and female doctors as subordinates have similar transformational leadership and its factors, occupational commitment except dimension i.e. Intellectual stimulation.

Ho.8 There is no significant difference between less experienced and more experienced (up to 10 years and more than 10 years) doctors as subordinates with respect to their scores of transformational leadership, its factors, and Occupational commitment.

There was no statistical significant difference between doctors as subordinates belonging to <10 and >10 yrs experience with respect to their scores of transformational leadership, its factors and occupational commitment. It means that less experienced and more experienced doctors as subordinates have similar perception of transformational leadership, its factors of their leaders and level of occupational commitment.

DISCUSSION

The correlation analysis reveals that there was a significant relationship between transformational leadership, idealized influence attributed, idealized influence behaviour, inspirational motivation behaviour and occupational commitment of doctors as leaders. This confirms doctors as leaders engaged in transformative style of leadership are committed to their profession. Further the leaders believe and perceive that they are able to influence their subordinates to change their awareness of what is important enabling them to see opportunities and challenges. Thus, this self-perception of proactiveness to optimize, in individual group and organizational development and innovation beyond mere performance is indicative of their commitment.

Doctors as leaders are convinced they hold the trust they have in their subordinates, the ability to maintain their faith and respect determines their occupational commitment. Commitment of doctors as leaders correlated with the leaders idealized attributes of the ability to instil pride, to go beyond their self interest for the good of their groups, respect for their followers and have sense of power and confidence. Besides they engage in behaviours that are oriented in values and behaviours. They share a strong sense of purpose and are conscious of ethical consequences of decisions and build a sense of collective mission.

The leaders are committed as they are able to motivate and inspire their subordinates by having a sense of purpose and meaning in their jobs. They strongly believe it is important to provide individualized opportunities to their subordinates to grow by treating them as unique individuals as part of their occupational commitment.

The correlation analysis further reveals that there was no significant relationship between subordinate's perception of their leader's transformational leadership and the subordinate's occupational commitment. The result is contrary to the leader's perception of their transformational leadership and occupational commitment. The subordinates strongly believe that their occupational commitment is not influenced by their leader's leadership style.

The t-test results indicate that there was a significant difference between intellectual stimulation factor of transformational leadership and occupational commitment of male and female subordinates as doctors. Males (Mean 11.2105) were higher than females (Mean 3.7232), implying, their leader's ability to encourage to be creative and nurturing them to question their own values and beliefs and those of their organizations was very evident. However male and female subordinates as doctors did not differ significantly with respect to total transformational leadership, idealized influence attributed, idealized influence behaviour, inspirational motivation, individualized consideration and occupational commitment of subordinates.

Subordinates as doctors with respect to age and experience did not differ with respect to transformational leadership, its factors, and commitment indicating their inability and lack of maturity to perceive their leaders leadership style impact, on their commitment levels.

The one-way ANOVA analysis revealed that doctors working in government, private and speciality hospitals did not differ with respect to transformational leadership, its factors, and occupational commitment. It means the subordinates irrespective of the type of management they work for are not influenced by their leader's leadership style because doctors are service oriented and therefore possess a trait to serve.

IMPLICATIONS OF THE STUDY

The study conclusively suggests that leaders need to provide evidence of their transformational leadership behaviours by explicitly and consistently engaging in them, with their subordinates. The study further shows that current practices of transformational leadership behaviour as perceived by leaders was not evident to subordinates as they did not experience it. This result indicates that there is a gap between "saying and doing" of leaders heading teams in hospitals as perceived by the subordinates.

Hence, it is suggested leaders engage in behaviours of trust in all situations and not partially. This will highlight the transformational leadership style more explicitly and provide evidence to subordinates that their leader is influencing their behaviour. Trust can be built by sharing fully, giving feedback to build not to destroy, empower subordinates, providing autonomy and freedom at work.

It is essential leaders must model the way to appreciate, acknowledge, tap their subordinates talents and potentials and find opportunities to support their hopes and dreams. They must inspire the subordinates not only in word but in spirit. Leaders need to work out models to build shared vision to make them feel their work is significant and important.

Therefore the extent to which leaders engage in behaviours that encourage their associates to look up to and seek to identify with them enhance occupational commitment of doctors as subordinates. Hospital managements should promote and appoint doctors as leaders who are worthy to be emulated and trusted. They should be leaders who can motivate and inspire and foster growth by appreciating uniqueness and creating opportunities for growth of subordinates.

CONCLUSION

The study suggests that in the medical context, if transformational leadership needs to be evident and effective the head of departments need to engage in behaviours that increase goodwill which in turn will positively affect subordinate commitment. Since transformational leadership is positively correlated with occupational commitment it is important for hospitals to initiate sound transformational leadership strategies and occupational commitment developmental programs in order to attain their vision and mission with success.

Hospital Managements should create opportunities to conduct leadership training for all their doctors. However the focus of training being the head of the departments, emphasis should be on transformational leadership skills that strengthen how they can make visible ways to engage in idealized influence attributes and behaviour, inspirational motivation, Intellectual, and individualized consideration.

Leaders are to be trained as change agents for change and act as role models. They should be trained to create a positive influence on their subordinates to further enhance their commitment. The leaders should provide training and visualize the career development plans to all subordinates and recognize the subordinates unique potential and capabilities. Thus improving the quality of transformational leadership will increase subordinates sense of commitment that will benefit not only the leaders and the subordinates, but also the organization as a whole in the achievement of organizational growth and success.

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