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Examining transformational leadership, job satisfaction, organizational commitment and organizational trust in Turkish hospitals: public servants versus private sector employees

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Leadership, job satisfaction, organizational commitment and trust have become important processes for healthcare management in recent years. One of the contemporary human resource management functions in the organizations involves engaging in leadership development, improving organizational trust and organizational commitment and increasing job satisfaction. Considering the rapidly changing healthcare technology and higher levels of occupational complexity, healthcare organizations are increasingly in need of engaging in leadership development in any given area of expertise to address ever-changing nature of the industry and the delivery of quality of care while remaining cost-effective and competitive. This paper investigates the perceptions of both public servants and private sector employees (outsourcing) on transformational leadership, organizational commitment, organizational trust and job satisfaction in Turkish healthcare industry. Additionally, the paper analyzes the predictability of organizational commitment based on employee – both public servants (physicians, nurses, administrative personnel and other healthcare professionals) and private sector employees (outsourcing)] (auxiliary services such as administrative assistants, security personnel, kitchen, laundry and housekeeping employees) – perceptions of transformational leadership, job satisfaction and organizational trust. Using a survey instrument with items adopted from the transformational leadership inventory (TLI) [Podsakoff, P. M., MacKenzie, S. B., Moorman, R. H., & Fetter, R. (1990). Transformational leader behaviors and their effects on followers' trust in leader, satisfaction, and organizational citizenship behaviors. *Leadership Quarterly*, 1, 107–142], the organizational commitment questionnaire [Meyer, J. P., & Allen, N. J. (1997). *Commitment in the workplace: Theory, research, and application*. Thousand Oaks, CA: Sage], the organizational trust inventory (OTI) [Cummings, L. L., & Bromiley, P. (1996). The occupational trust inventory (OTI): Development and validation. In R. Kramer & T. Tyler (Eds.), *Trust in organizations: Frontiers of Theory and Research* (pp. 302–330). Thousand Oaks, CA: Sage] and job satisfaction survey (JSS) [Spector, P. E. (1985). Measurement of human service staff satisfaction: Development of the job satisfaction survey. *American Journal of Community Psychology*, 13, 693–731], this quantitative study was conducted among 2108 healthcare employees (public servants and private employees) in two large government hospitals in Turkey. The study findings indicate a significant difference between the public servants and private sector employees in terms of their perceptions on two dimensions of transformational leadership (being an appropriate model, providing individualized support), overall transformational leadership and one dimension of job satisfaction (communication). The two dimensions of job satisfaction – operating procedures and communication – as well as organizational trust were the significant predictors of organizational commitment of public servants, whereas the two dimensions of leadership – individualized support and

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fostering the acceptance – as well as the two dimensions of job satisfaction – promotion and contingent rewards – and organizational trust were the significant regressors of organizational commitment of private sector employees. In addition, there is a significant difference between the predictors of the dimensions of organizational commitment (transformational leadership, job satisfaction and organizational trust) in terms of public servants versus private sector employees. Finally, organizational trust has a significant effect on overall organizational commitment as well as its three dimensions for public servants and private employees.

Keywords: healthcare management; human resource management; job satisfaction; organizational commitment; organizational trust; transformational leadership

Introduction

Fundamental issues of administration and organizational behavior such as transformational leadership, job satisfaction, organizational commitment and organizational trust have become increasingly important for human resource management (HRM) functions in healthcare organizations and health systems. These organizational dynamics are vital in achieving higher performance for health professionals and increased quality of patient care. Thus, the hospital outcomes of quality of care and performance may be further explored by analyzing employee perceptions of their hospital administration within the transformational leadership framework, the levels of job satisfaction, organizational commitment and organizational trust of hospital employees, as well as the effects of such factors on employee motivation, productivity and effectiveness (Bass & Riggio, 2006; Hanson & Miller, 2002). These factors are often associated with the outcomes of HRM practices in the organization. There is a significant positive relationship between employee job satisfaction and the quality of patient care, specifically in hospital services (Akdere, 2009; Atkins, Marshall, & Javalgi, 1996). High levels of organizational commitment, organizational trust, job satisfaction and transformational leadership practices of hospital administrators may have positive effects on workplace outcomes of performance and quality of care (Carmeli & Freund, 2004). As a result, HRM policies, planning and practices in healthcare organizations should foster work environments that enhance transformational leadership, organizational commitment, organizational trust and job satisfaction in order to generate positive effects such as creativity, motivation and cooperation among employees and, thus, increase organizational effectiveness and performance.

As more government organizations are utilizing a mixed workforce (both civil servants and outsourcing) to both diversify their workforce and minimize their labor cost, HRM policies and practices need to be better situated to handle all HRM-related issues that may rise from such combination of workforce. Specifically, such practices may impact employee perceptions on justice, equality and loyalty, which, in turn, may impact their overall job performances and attitudes. In Turkey, outsourcing is a relatively new business strategy for many healthcare organizations, especially for hospitals. In the early 1990s, large hospitals began to outsource noncore services such as cooking, housekeeping and security. However, healthcare organizations extended their outsourcing to administrative services (e.g. payroll, billing and data entry, information technology, public relations), auxiliary services (e.g. laundry, housekeeping, security, sanitation services) and core (clinical) services (e.g. radiology, CT, MR and other laboratory services). Today, outsourcing is being used nearly by all healthcare organizations in the country (Republic of Turkey Ministry of Health, 2010), thus presenting further complex organizational structures, dynamics and issues associated with all HRM functions.

The roles and tasks of the private (outsourcing) employees are medical records, housekeeping services, security services, laundry services, information management services,

medical technology maintenance, billing, parking services, medical equipment repair and maintenance and heating and sterilization services. They work alongside with the public servants in polyclinics, clinics, intensive units, laboratories and surgery units, or in completely separate units such as housekeeping services, medical records, data entry, laundry, maintenance of medical technology, parking services and heating and sterilization units.

In the post-1980 period, the phenomenon of outsourcing became an increasingly common practice not only in Turkey but also in many developed and developing countries. As the public sector began to adopt this business trend, public facilities in all realms of the public sector started to outsource some services to private sector facilities through direct contracts that use outside vendors to deliver services they traditionally used to provide. The health sector also adopted this method, and many hospitals in Turkey began to outsource some support services from private sector facilities and individuals. Initially, service procurement was used in the healthcare sector primarily for laundry, cleaning and catering services, which are called hotel business services. However, in conjunction with the reforms implemented under the Health Transformation Program of the Turkish government, the scope of outsourcing has expanded to the provision of clinical services through service procurement procedures (Republic of Turkey Ministry of Health, 2010).

Healthcare professionals are employed in public sector by the Law on Civil Servants, and a great majority of them consist of civil servants (Civil Servants Law, 1965). However, contracted healthcare personnel have also been employed in public sector lately, though limited in numbers. As for the first appointment of the Ministry of Health's (MoH) personnel, specialist physicians, generalist physicians, dentists and pharmacists are assigned through the governmental lottery system where all eligible applicants have an equal chance for employment. Other personnel, however, are assigned through the national Public Personnel Selection Exam. Healthcare personnel for outsourcing in Turkish public hospitals are employed in private sector by the Labor Law. Public servants in public hospitals and private servants in public hospitals in Turkey are provided with different social security and pension programs. Public servants have more job security, higher salaries and better fringe benefits as compared to private sector employees (outsourcing) working in the same hospital. As a result, it is common to face organizational issues such as job satisfaction, commitment, trust and performance with public servants when compared to their private sector counterparts in the same organization. Therefore, in the process of examining employee perceptions of transformational leadership, organizational commitment, organizational trust and job satisfaction in Turkish healthcare industry, we must consider a multitude of factors and issues that come into play such as organizational culture, HRM practices, quality management, organizational policies and the legal procedures and requirements.

Existing literature focuses on leadership type, transformational leadership behavior, trust, commitment, satisfaction and voluntary performance of employees (Akdere, 2009; Akdere, Gider, & Top, 2012; Aryee, Walumbwa, Zhou, & Hartnell, 2012; Chiok, 2001; Hsiu-Chin, Beck, & Amos, 2005; Hulpia & Devos, 2009; Liang & Steve Chi, 2013; Lok, Westwood, & Crawford, 2005; MacPhee, Skelton-Green, Bouthillette, & Suryaprakash, 2012; McIntyre & Foti, 2013; Rafferty & Griffin, 2006; Tremblay, 2010). However, the relationships among all these variables have generally received little attention. Moreover, very little is known regarding these concepts in the Turkish healthcare setting, particularly public servants versus private sector employees. This study investigates the perceptions of public servants versus private sector employees on transformational leadership, organizational commitment, organizational trust and job satisfaction in Turkish hospitals.

Furthermore, the study examines how these factors can be used as indicators of employee job satisfaction in Turkish healthcare system. An additional purpose of the study is to analyze relationships among transformational leadership, organizational commitment, organizational trust and job satisfaction in terms of public servants versus employees of private firms in hospitals. This study represents an initial research about transformational leadership, organizational commitment, organizational trust and job satisfaction of public servants versus private employees (outsourcing) in public hospitals. There is no prior research about transformational leadership, organizational commitment, organizational trust and job satisfaction of public servants versus private employees (outsourcing) in health system. This is the first study examining these variables in the Turkish healthcare context.

Conceptual framework and hypotheses

This section reviews the relevant research on transformational leadership, organizational commitment, organizational trust and job satisfaction to establish a conceptual framework to test the hypotheses. For the purposes of this study, we use four constructs – transformational leadership, organizational commitment, organizational trust and job satisfaction – to understand employee focus by studying employee perceptions of these constructs in respect to workplace, work environment, job design and HRM practices in Turkish healthcare organizations. Particularly, transformational leadership style is used in this paper as it is best suited to support and foster a work environment that focuses on organizational issues of commitment, trust and job satisfaction (Antonakis, Avolio, & Sivasubramaniam, 2003; Avolio, Bass, Walumbwa, & Zhu, 2003; Jung, Chow, & Wu, 2003; Nemanich & Keller, 2007; Rowold & Heinitz, 2007; Sosik & Jung, 2010; Tims, Bakker, & Xanthopoulou, 2011; Zhu, Avolio, Riggio, & Sosik, 2011) as this leadership approach aims to change and transform employees (Northouse, 2013). Furthermore, the framework explored in this study provides insights to the organizational issues of employing both public and private employees in the hospital settings and its implications for performance and quality of care.

Transformational leadership

As an emerging leadership paradigm, transformational leadership focuses on transformation of the organization and its members from the current state to a better state that is aligned with organizational vision, mission and goals. This process requires many considerations such as organizational values, standards for organizational outputs, long-term organizational goals, ethical leadership and follower emotions. Specifically, it involves intrinsic motivation of the leader and development of the follower (Bass & Riggio, 2006). In essence, transformational leaders demonstrate an extraordinary influence (Northouse, 2013) on the followers to motivate them to perform beyond ordinarily expected outcomes, thus transforming both the followers and the organization to a more desirable state.

Downton (1973) was the first scholar who coined the term transformational leadership. Burns (1978), on the other hand, was the first to describe leadership process as 'transforming' (p. 4). The existing leadership literature suggests that transformational leadership is one of the most influential approaches of leadership in this century (Antonakis, 2012; Bass, Avolio, Jung, & Berson, 2003; Bass & Riggio, 2006; Kouzes & Posner, 2002). Thus, transformational leadership is 'the process whereby a person engages with others and creates a connection that raises the level of motivation and morality in both the leader and the follower' (Northouse, 2013, p. 186). Considering the complexities of

organizations and the society, this approach to leadership is uniquely positioned to provide a model for successful and effective leadership.

For the purposes of this study, we use Podsakoff, MacKenzie, Moorman and Fetter's (1990) transformational leadership model which suggests that there are at least six key behaviors associated with transformational leaders including *identifying and articulating a vision* (behaviors that help leaders identify opportunities and articulate a future vision), *providing an appropriate model* (behaviors based on organizational values and culture), *fostering the acceptance of group goals* (behaviors that foster efforts for organizational goals), *high performance expectations* (behaviors that help followers understand leaders' expectations for performance standards, excellence and quality), *providing individualized support* (behaviors that are concerned with followers' personal feelings and needs) and *intellectual stimulation* (behaviors that challenge followers to excel and improve their work and performance). These six behaviors are integral parts of transformational leadership. Transformational leaders in healthcare settings often assume the roles of 'promoting teamwork among staff, encouraging positive self-esteem, motivating staff to function at a high level of performance, and empowering staff to become more involved in the development and implementation of policies and procedures' (Atkinson-Smith, 2011, p. 44). These roles are closely associated with many outcomes HRM function of the organization attempts to achieve.

Organizational commitment

Commitment is a psychological state that '(a) characterizes the employee's relationship with the organization, and (b) has implications for the decision to continue membership in the organization' (Meyer & Allen, 1991, p. 67). Organizational commitment, on the other hand, is 'the relative strength of an individual's identification with and involvement in a particular organization' (Mowday, Porter, & Steers, 1982, p. 27). For the purposes of this study, we use Meyer and Allen's (1991, 1997) model of organizational commitment which is based on the notion that committed workers are more likely to remain in the organization than those who are uncommitted. Meyer and Allen (1991, 1997) categorized the nature of such psychological state in three components: affective, continuance and normative commitment. *Affective commitment* is an attitudinal process whereby individuals come to think about their relationship to the organizations with respect to values and goals (Meyer & Allen, 1991). It involves 'employees' emotional attachment to, identification with, and involvement in the organization' (Meyer & Allen, 1997, p. 11). Organizations with employees of high affective commitment levels retain their employees because these employees simply want to work there (Meyer & Allen, 1997). *Continuance commitment* refers to 'an awareness of the costs associated with leaving the organization' (p. 11). Organizations with employees of high continuance commitment levels retain their employees because these employees need to stay in the organization for the time being until they probably find a better or more suitable job for themselves (Meyer & Allen, 1997). *Normative commitment*, on the other hand, reflects a feeling of obligation to continue in a job position based on employee's personal values and beliefs (Manion, 2004; Meyer & Allen, 1997; Meyer & Herscovitch, 2001). Organizations with employees of normative commitment levels retain their employees because these employees believe that they should stay in that organization. Meyer and Allen demonstrated how an employee's normative commitment is positively related to the culture of the workplace in that the organizational mission has been consistent with the employee's particular values (Guerrero & Herrbach, 2009).

Organizational trust

For the purposes of this paper, we used Cummings and Bromiley's (1996) organizational trust model which defines trust as

the expectation that another individual or group will make a good faith effort to behave in accordance with commitments – both explicit or implicit, be honest in whatever negotiations preceded those commitments, and not take excessive advantage of others even when the opportunity exists. (p. 302)

As a global HRM concept, organizational trust is about the level of perceived trustworthiness by an organization's employees. In considering organizational trust, employees take a great leap of faith for the present and future state of their organization and conduct their job within this perspective. In turn, this trust helps increase job satisfaction, productivity and performance (Akdere et al., 2012; Vineburgh, 2010, p. 18).

Job satisfaction

Job satisfaction is 'a pleasurable or positive emotional state resulting from the appraisal of one's job or experiences' (Locke, 1983, p. 1297), or simply put 'the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs' (Spector, 1997, p. 2). For the purposes of this study, we used Spector's job satisfaction model in which main job satisfaction facets are included as 'appreciation, communication, coworkers, fringe benefits, job conditions, nature of the work itself, organization itself, organizational policies and procedures, pay, personal growth, promotion opportunities, recognition, security, and supervision' (1997, p. 3). Furthermore, job satisfaction, as one of HRM's organizational outputs, is strategically important to the firm as it impacts job performance, employee turnover, employee commitment and employee trust (Akdere, 2009; Akdere et al., 2012; Liao, Hu, & Chung, 2009).

Transformational leadership, organizational trust, job satisfaction and organizational commitment

The relationships among transformational leadership, employee job attitudes of organizational trust and organizational commitment and job satisfaction are well established in the existing literature (Agarwal, DeCarlo, & Vyas, 1999; Hsu, 2006; Liu, Siu, & Shi, 2010; Paine, 2007; Podsakoff, MacKenzie, & Bommer, 1996; Tremblay, 2010; Walumbwa, Orwa, Wang, & Lawler, 2005; Yang, 2012). **Figure 1** illustrates the framework depicting these relationships that are investigated in this study.

According to this framework, organizational variables of transformational leadership practices (articulating a vision, providing an appropriate model, high performance expectations, providing individualized support, intellectual stimulation and fostering the acceptance), organizational trust and job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work and communication) impact employee perceptions of organizational commitment (affective, normative and continuance commitment). This study is particularly important as it investigates the relationships illustrated in the model within the healthcare industry where public servants and private sector employees work side by side and influence and impact each other's work flow, job performance and quality of care. In addition, the study investigates these relationships at the subscale level, thus further informing the existing theories. This study comprises original research about transformational leadership, organizational commitment, organizational trust and job satisfaction of public servants

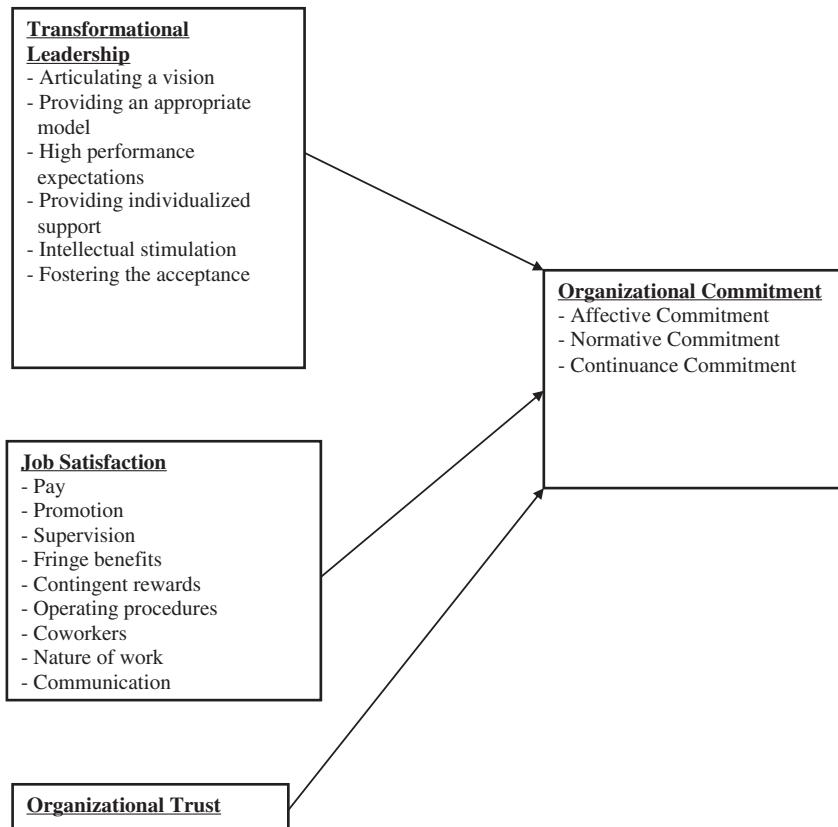


Figure 1. Intercorrelations among transformational leadership, organizational commitment, organizational trust and job satisfaction (Bono & Judge, 2003; Liu, 2005; Tanner, 2007; Walumbwa & Lawler, 2003; Walumbwa et al., 2004; Walumbwa et al., 2005; Wong, 2007).

versus private employees (outsourcing) in public hospitals. There is no prior research examining these relationships among public servants versus private employees (outsourcing) in health system in a country. This comparison is further essential in advancing the theory and practice of HRM in healthcare organizations where both public and private sector employees interact and work together providing much needed care for patients.

To investigate these relationships, the study tested the following hypotheses:

Hypothesis 1: There are significant differences among levels of transformational leadership, organizational commitment, organizational trust and job satisfaction as perceived by public servants.

Hypothesis 2: Overall organizational commitment is affected by the dimensions of transformational leadership, the dimensions of job satisfaction and organizational trust as perceived by public servants.

Hypothesis 3: Overall organizational commitment is affected by the dimensions of transformational leadership, the dimensions of job satisfaction and organizational trust as perceived by private sector employees.

Hypothesis 4: Affective commitment is affected by the dimensions of transformational leadership, the dimensions of job satisfaction and organizational trust as perceived by public servants.

Hypothesis 5: Affective commitment is affected by the dimensions of transformational leadership, the dimensions of job satisfaction and organizational trust as perceived by private sector employees.

Hypothesis 6: Continuance commitment is affected by the dimensions of transformational leadership, dimensions of job satisfaction and organizational trust as perceived by public servants.

Hypothesis 7: Continuance commitment is affected by the dimensions of transformational leadership, dimensions of job satisfaction and organizational trust as perceived by private sector employees.

Hypothesis 8: Normative commitment is affected by the dimensions of transformational leadership, dimensions of job satisfaction and organizational trust as perceived by public servants.

Hypothesis 9: Normative commitment is affected by the dimensions of transformational leadership, dimensions of job satisfaction and organizational trust as perceived by private sector employees.

Method

Data collection

This study was conducted and planned in two public hospitals with a total of 2108 employees in Turkish healthcare system. One of the hospitals is located in the east part of the country which is a general hospital of the Turkish MoH with 650 patient beds. The other one is located in the west part of the country which is a general hospital of the Turkish MoH with 450 patient beds. Questionnaires were distributed to all staff (public servants and private sector employees [outsourcing]), and a total of 804 people with a 38.14 % response rate (459 public servants versus 345 private sector employees) participated in the study. In terms of participant demographics, 36% of the participants were male and 64% were female. About 14% of the participants were physicians while about 50% of them were nurses, and about 13% of them were other healthcare professionals and 23% of them were administrative staff. A total of 57% of the participants were civil servants while 43% of them were outsourced staff. About 19% of the participants had less than a high school degree while 36% had a high school degree, 31% had an associate's degree and 14% had an undergraduate degree or above. The average age of the participants was 37 years and the organizational tenure was above 5 years, while average job tenure was almost 10 years and average tenure with supervisor was over 3 years.

The private sector employees (outsourcing) were largely involved with medical recordkeeping, housekeeping services, security services, laundry services, information management services, medical technology maintenance, billing, parking services, medical equipment repair and maintenance and heating and sterilization services. They either work alongside the public servants (polyclinics, clinics, incentive units, laboratories, surgery units), or in totally separate units (housekeeping services, medical records, data entry, laundry, maintenance of medical technology, parking services, heating and sterilization units). However, no matter where they work, both employee categories impact each other in many ways that is worth exploring further for HRM purposes.

Survey items and reliability

A survey method was used for this quantitative study. Employee perceptions on transformational leadership, organizational commitment, organizational trust and job

satisfaction were measured through a questionnaire that included items from the TLI, organizational commitment scale (OCS), OTI and JSS. We used transformational leadership behavior inventory (Podsakoff et al., 1990) to assess participant perceptions on leadership behaviors with 29 quantitative items in a statement form to measure the dimensions of transformational leadership. For organizational trust, we used Cummings and Bromiley's (1996) OTI with 12 items, 8 of which measure employee levels of trust in their supervisors and the remaining 4 measure trust on the entire organization. The JSS (Spector, 1985) was used which consists of 36 items with nine subscales of pay, promotion, supervisor, benefits, contingent rewards (performance-based rewards), operating procedures (required rules and procedures), coworkers, nature of work and communication. In addition, the JSS produces an overall satisfaction score for each participant and measures other important aspects of job satisfaction specific to that individual. The OCS comprises three types of commitment including normative, affective and continuance commitment (Meyer & Allen, 1991, 1997), with 24 quantitative items in a statement form (8 items for each organizational commitment dimension).

Cronbach's alpha scores were obtained for reliability purposes. The Cronbach's coefficient alpha values for six subscales of TLI ranged from 0.87 to 0.96, and the overall TLI value was 0.91. Cronbach's coefficient alpha values were also obtained for the remaining scales: the OTI was 0.88, the JSS was 0.87 and the OCS was 0.81. The internal consistency reliability was measured above 0.70 for all of scales which are acceptable levels for reliability purposes.

Data analysis

Descriptive statistics were used to identify participant demographics and the distribution of subscale scores. Evaluation of internal consistency was performed through Cronbach's alpha analysis. Mean and standard deviation for transformational leadership, organizational trust, job satisfaction and organizational commitment were computed. The transformational leadership, organizational trust, job satisfaction and organizational commitment subscales and overall scores were calculated, and 't' test (for H1) and multiple regression analyses (for H2–H9) were used for the purposes of data analysis in this study.

Results

The main purpose of this study is to investigate the relationship between transformational leadership, organizational trust, job satisfaction and organizational commitment as perceived by public servants and private sector employees (outsourcing) in two Turkish public hospitals. Furthermore, the paper aims to determine the effects of transformational leadership, job satisfaction and organizational trust on organizational commitment of the participants. This determination enables an empirical comparison between the perceptions of public servants and private sector employees on the variables under investigation in the study.

Table 1 shows significant differences among subscales and overall mean scores for transformational leadership, organizational trust, job satisfaction and organizational commitment by employment status (public servants versus private sector employees in hospitals). For public servant participants, the JSS mean score for public servants was 3.19 (SD = 0.34). The highest mean score in subscales of JSS was for *coworkers* (3.48 ± 0.60). In dimensions of job satisfaction for public servants, *operating procedures* has the highest mean score while *supervision* has the lowest mean score. The OTI mean score for public servants was 3.15 (SD = 0.47). The OCS had a mean score of 2.95 for *affective*, 2.93 for

Table 1. Subscales and overall mean scores for transformational leadership, organizational trust, job satisfaction and organizational commitment by employment status (public servants versus private sector employees in hospitals).

	Public servants versus private employees					
	Public servants in hospitals (n = 459)		Private employees in hospitals (n = 345)		<i>t</i>	<i>p</i>
	Mean	SD	Mean	SD		
Organizational commitment dimensions						
1. Affective commitment	2.93	0.49	2.96	0.57	-0.724	0.469
2. Continuance commitment	2.85	0.53	3.03	0.62	1.251	0.212
3. Normative commitment	2.95	0.54	3.19	0.58	1.273	0.204
Overall organizational commitment	2.91	0.38	3.06	0.44	0.823	0.411
Transformational leadership dimensions						
1. Articulating a vision	3.42	0.89	3.84	0.80	1.543	0.124
2. Providing an appropriate model	3.24	0.90	3.70	0.89	2.366	0.018*
3. High performance expectations	3.26	0.89	3.62	0.83	1.906	0.057
4. Providing individualized support	3.26	0.88	3.66	0.79	2.148	0.032*
5. Intellectual stimulation	3.29	0.96	3.64	0.90	1.873	0.062
6. Fostering the acceptance	3.29	0.90	3.64	0.90	1.416	0.157
Overall transformational leadership	3.31	0.85	3.70	0.78	2.104	0.036*
Job satisfaction dimensions						
1. Pay	3.12	0.68	3.32	0.76	2.126	0.034*
2. Promotion	3.37	0.59	3.22	0.62	-0.345	0.730
3. Supervision	2.80	0.58	2.88	0.65	1.355	0.176
4. Fringe benefits	2.99	0.64	3.05	0.82	1.488	0.137
5. Contingent rewards	3.12	0.53	3.00	0.65	-1.271	0.205
6. Operating procedures	3.48	0.60	3.49	0.74	0.926	0.355
7. Coworkers	3.36	0.60	3.37	0.64	-0.022	0.983
8. Nature of work	3.56	0.72	3.19	0.67	0.752	0.453
9. Communication	2.92	0.59	3.01	0.62	1.994	0.047*
Overall job satisfaction	3.19	0.34	3.17	0.38	1.482	0.139
Organizational trust	3.15	0.47	3.31	0.51	-0.106	0.915

* significant difference.

continuance and 2.85 for *normative commitment*. Mean scores for transformational leadership dimensions were higher than mean scores of JSS, OTI and OCS.

The JSS mean score for private sector employees, on the other hand, was 3.17 ($SD = 0.38$). The highest mean score in subscales of JSS was for *operating procedures* (3.49 ± 0.74). In dimensions of job satisfaction, *operating procedures* has the highest mean score while *supervision* has the lowest mean score for private sector employees. The OTI mean score was 3.19 ($SD = 0.51$). The OCS had a mean score of 3.19 ($SD = 0.58$) for *affective*, 2.96 ($SD = 0.57$) for *continuance* and 3.03 ($SD = 0.62$) for *normative commitment*. For private sector employees, the mean scores for transformational leadership dimensions were higher than mean scores of JSS, OTI and OCS.

The mean scores for overall transformational leadership and the subscales of *providing an appropriate model*, *providing individualized support* and *communication* significantly vary in terms of the perceptions of public servants and private sector employees in these

hospitals (employment status) ($p < 0.05$). In general, the mean scores of private sector employees were higher than the mean scores of the public servants. Consequently, H1 was accepted only for *providing an appropriate model, providing individualized support, communication and overall transformational leadership variables*.

Table 2 illustrates the regression analysis to determine predictors of overall organizational commitment of public servants and private sector employees in these two hospitals. According to the analysis, 26.4 % (Adjusted $R^2 = 0.25$; $F = 8.020$; $p = 0.00001$) of the variance in the dependent variable (organizational commitment of public servants) was explained by the 16 independent variables (*articulating a vision, providing an appropriate model, high performance expectations, providing individualized support, intellectual stimulation, fostering the acceptance, pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, communication, and organizational trust*). Multiple regression analysis revealed that *operating procedures* (st. $\beta = -0.153$; $t = -2.788$; $p < 0.05$), *communication* (st. $\beta = 0.120$; $t = 2.339$; $p < 0.05$) and *overall organizational trust* (st. $\beta = 0.284$; $t = 5.105$; $p < 0.05$) have a significant effect on the organizational commitment of public servants. In addition, Table 2 indicates that 32.5 % (Adjusted $R^2 = 0.31$; $F = 12.388$; $p = 0.00001$) of the variance in the dependent variable (organizational commitment of private sector employees) was explained by the 16 independent variables. Multiple regression analysis revealed that *providing individualized support* (st. $\beta = 0.457$; $t = 2.404$; $p < 0.05$), *fostering the acceptance* (st. $\beta = -0.297$; $t = -2.404$; $p < 0.05$), *promotion* (st. $\beta = 0.121$; $t = -2.639$; $p < 0.05$), *contingent rewards* (st. $\beta = 0.222$, $t = 4.856$, $p < 0.05$) and *organizational trust* (st. $\beta = 0.291$, $t = 5.993$, $p < 0.05$) have a significant effect on the dependent variable (organizational commitment of private sector employees). The most significant predictor of organizational commitment of public servants is organizational trust. However, the most significant predictor of organizational commitment of private sector employees is *fostering the acceptance*. Consequently, H2 was accepted for *operating procedures, communication and organizational trust*. Finally, H3 was accepted for *providing individualized support, fostering the acceptance, promotion, contingent rewards and organizational trust*.

Table 3 presents the regression analysis to determine predictors of *affective commitment* of public servants and private sector employees in the hospitals. According to Table 3, 21.9% (Adjusted $R^2 = 0.20$, $F = 5.916$, $p = 0.00001$) of the variance in the dependent variable (affective commitment of public servants) was explained by the 16 independent variables. Multiple regression analysis revealed that *articulating a vision* (st. $\beta = 0.189$; $t = 2.006$; $p < 0.05$), *pay* (st. $\beta = 0.127$; $t = 2.362$; $p < 0.05$), *operating procedures* (st. $\beta = -0.120$; $t = 2.339$; $p < 0.05$), *coworkers* (st. $\beta = 0.122$; $t = 1.978$; $p < 0.05$), *communication* (st. $\beta = 0.133$; $t = 5.105$; $p < 0.05$) and *organizational trust* (st. $\beta = 0.217$; $t = 3.757$; $p < 0.05$) have a significant effect on *affective commitment* of public servants. On the other hand, 19.8% (Adjusted $R^2 = 0.18$; $F = 6.350$; $p = 0.00001$) of the variance in the dependent variable (*affective commitment* of private sector employees) was explained by the 16 independent variables. Multiple regression analysis revealed that *providing individualized support* (st. $\beta = 0.575$; $t = 2.774$; $p < 0.05$), *fostering the acceptance* (st. $\beta = -0.337$; $t = -2.505$; $p < 0.05$), *promotion* (st. $\beta = 0.134$; $t = -2.666$; $p < 0.05$), *contingent rewards* (st. $\beta = 0.149$; $t = 2.983$; $p < 0.05$) and *organizational trust* (st. $\beta = 0.183$; $t = 3.457$; $p < 0.05$) have a significant effect on *affective commitment* of private sector employees. The most significant predictor of *affective commitment* of public servants is *organizational trust*. However, the most significant predictor of *affective commitment* of private sector employees is *individualized*

Table 2. Dimensions of transformational leadership and job satisfaction, organizational trust on overall organizational commitment scores (public servants versus private sector employees in hospitals).

	Public servants						Private sector employees			
	Unstandardized coefficients		Standardized coefficients		Sig. (p)	t	Unstandardized coefficients		Standardized coefficients	Sig. (p)
	β	Std. Error	β	Std. Error			β	Std. Error		
(Constant)	1.336	0.181			7.375	0.000*	0.769	0.176		4.365 0.000*
Transformational leadership										
1. Articulating a vision	0.051	0.039	0.119	0.191	–0.024	0.042	–0.043	–0.566	–0.572	
2. Providing an appropriate model	–0.088	0.051	–0.209	–1.707	0.089	0.001	0.051	0.001	0.010	0.992
3. High performance expectations	–0.060	0.126	–0.141	–0.476	0.634	0.000	0.112	0.000	–0.002	0.999
4. Providing individualized support	0.059	0.112	0.136	0.523	0.602	0.256	0.107	0.457	2.404	0.017*
5. Intellectual stimulation	0.043	0.088	0.107	0.482	0.630	–0.051	0.078	–0.105	–0.658	0.511
6. Fostering the acceptance	0.065	0.071	0.154	0.915	0.361	–0.146	0.061	–0.297	–2.404	0.017*
Job satisfaction										
1. Pay	0.027	0.029	0.048	0.929	0.353	–0.015	0.028	–0.025	–0.537	0.592
2. Promotion	0.031	0.033	0.049	0.958	0.339	0.087	0.033	0.121	2.639	0.009*
3. Supervision	–0.001	0.034	–0.002	–0.030	0.976	0.013	0.032	0.020	0.427	0.670
4. Fringe benefits	0.040	0.031	0.068	1.288	0.199	0.028	0.025	0.053	1.134	0.257
5. Contingent rewards	0.060	0.035	0.084	1.710	0.088	0.151	0.031	0.222	4.856	0.000*
6. Operating procedures	–0.096	0.034	–0.153	–2.788	0.006*	0.003	0.028	0.005	0.106	0.915

(Continued)

Table 2 – *continued*

	Public servants						Private sector employees					
	Unstandardized coefficients			Standardized coefficients			Unstandardized coefficients			Standardized coefficients		
	β	Std. Error	β	t	Sig. (p)	β	t	Std. Error	β	t	Sig. (p)	
7. Coworkers	0.069	0.038	0.109	1.819	0.070	0.063	0.032	0.091	1.926	0.055		
8. Nature of work	0.003	0.028	0.005	0.098	0.922	0.058	0.031	0.088	1.864	0.063		
9. Communication	0.077	0.033	0.120	2.339	0.020*	0.033	0.032	0.047	1.030	0.304		
Organizational trust	0.226	0.044	0.284	5.105	0.000*	0.254	0.042	0.291	5.993	0.000*		
Model summary	$R = 0.514, R^2 = 0.264, F = 8.020, p = 0.0000$						$R = 0.570, R^2 = 0.325, F = 12.388, p = 0.0000$					
	Durbin–Watson (DW) = 1.847						Durbin–Watson (DW) = 1.731					

Note: dependent variable: overall organizational commitment. * significant predictor.

Table 3. Dimensions of transformational leadership and job satisfaction, organizational trust on affective commitment (public servants versus private sector employees in hospitals).

	Public servants in hospitals						Private employees in hospitals					
	Unstandardized coefficients		Standardized coefficients		Sig. (p)	t	Unstandardized coefficients		Standardized coefficients		Sig. (p)	
	β	Std. Error	β	Std. Error			β	Std. Error	β	Std. Error		
(Constant)	1.407	0.243			5.788	0.000*	0.756	0.248			3.051	0.002
Transformational leadership												
1. Articulating a vision	0.104	0.052	0.189	0.006	0.046*		-0.013	0.059	-0.019	-0.019	-0.227	0.820
2. Providing an appropriate model	-0.104	0.069	-0.191	-1.505	0.133		-0.056	0.072	-0.087	-0.087	-0.773	0.440
3. High performance expectations	-0.101	0.169	-0.184	-0.601	0.549		-0.068	0.157	-0.099	-0.099	-0.436	0.663
4. Providing individualized support	0.191	0.151	0.341	1.268	0.205		0.416	0.150	0.575	0.575	2.774	0.006*
5. Intellectual stimulation	0.060	0.118	0.117	0.508	0.612		0.011	0.110	0.017	0.017	0.096	0.924
6. Fostering the acceptance	-0.065	0.095	-0.120	-0.690	0.490		-0.214	0.086	-0.337	-0.337	-2.505	0.013*
Job satisfaction												
1. Pay	0.091	0.039	0.127	0.362	0.019*		-0.035	0.039	-0.047	-0.047	-0.904	0.367
2. Promotion	-0.012	0.044	-0.014	-0.270	0.787		0.124	0.046	0.134	0.134	2.666	0.008*
3. Supervision	-0.087	0.045	-0.102	-1.917	0.056		0.068	0.044	0.077	0.077	1.530	0.127
4. Fringe benefits	0.064	0.042	0.084	1.529	0.127		0.036	0.035	0.052	0.052	1.034	0.302
5. Contingent rewards	0.013	0.047	0.014	0.269	0.788		0.130	0.044	0.149	0.149	2.983	0.003*
6. Operating procedures	-0.098	0.046	-0.120	-2.118	0.035*		-0.027	0.039	-0.036	-0.036	-0.696	0.487

(Continued)

Table 3 – *continued*

	Public servants in hospitals						Private employees in hospitals					
	Unstandardized coefficients		Standardized coefficients		Sig. (p)	t	Unstandardized coefficients		Standardized coefficients		Sig. (p)	t
	β	Std. Error	β	Std. Error			β	Std. Error	β	Std. Error		
7. Coworkers	0.100	0.051	0.122	1.978	0.049*		0.051	0.046	0.058	0.058	1.126	0.261
8. Nature of work	– 0.006	0.038	– 0.009	– 0.160	0.873		0.068	0.044	0.080	0.080	1.553	0.121
9. Communication	0.111	0.044	0.133	2.504	0.013*		– 0.012	0.046	– 0.013	– 0.013	– 0.253	0.800
Organizational trust	0.224	0.059	0.217	3.757	0.000*		0.206	0.060	0.183	0.183	3.457	0.001*
Model summary	$R = 0.457, R^2 = 0.219, F = 5.916, p = 0.0000$						$R = 0.445, R^2 = 0.198, F = 6.350, p = 0.0000$					
	Durbin–Watson (DW) = 1.793						Durbin–Watson (DW) = 1.857					

Note: dependent variable: affective commitment. * significant predictor.

Table 4. Dimensions of transformational leadership and job satisfaction, organizational trust on continuance commitment.

Public servants in hospitals							Private employees in hospitals						
Unstandardized coefficients			Standardized coefficients			Sig. (p)	Unstandardized coefficients			Standardized coefficients			Sig. (p)
β	Std. Error	β	β	Std. Error	β		β	Std. Error	β	Std. Error	β	t	
(Constant)	1.766	0.276			6.396	0.000*	0.935	0.271			3.448	0.001*	
Transformational leadership													
1. Articulating a vision	-0.032	0.059	-0.054	-0.547	0.585	-0.158	0.065	-0.204	-2.439	0.015*			
2. Providing an appropriate model	-0.113	0.078	-0.193	-1.444	0.150	0.024	0.079	0.034	0.298	0.766			
3. High performance expectations	0.194	0.192	0.326	1.011	0.313	0.180	0.172	0.240	1.047	0.296			
4. Providing individualized support	-0.176	0.171	-0.292	-1.030	0.304	0.235	0.164	0.299	1.431	0.153			
5. Intellectual stimulation	-0.020	0.135	-0.036	-0.149	0.881	-0.133	0.120	-0.193	-1.104	0.270			
6. Fostering the acceptance	0.198	0.108	0.338	1.845	0.066	-0.195	0.094	-0.283	-2.087	0.037*			
Job satisfaction													
1. Pay	0.013	0.044	0.017	0.308	0.759	0.010	0.043	0.012	0.239	0.811			
2. Promotion	0.039	0.050	0.044	0.791	0.429	0.109	0.051	0.108	2.143	0.033*			
3. Supervision	0.009	0.051	0.009	0.166	0.868	-0.058	0.049	-0.060	-1.190	0.235			
4. Fringe benefits	0.047	0.048	0.057	0.990	0.323	0.033	0.038	0.044	0.863	0.388			
5. Contingent rewards	0.078	0.053	0.078	1.452	0.147	0.172	0.048	0.180	3.590	0.000*			
6. Operating procedures	-0.168	0.052	-0.192	-3.217	0.001*	-0.006	0.043	-0.007	-1.137	0.891			
7. Coworkers	0.092	0.057	0.105	1.607	0.109	0.077	0.050	0.080	1.549	0.122			
8. Nature of work	0.003	0.043	0.004	0.060	0.952	0.121	0.048	0.130	2.504	0.013*			
9. Communication	0.034	0.050	0.038	0.685	0.494	0.045	0.050	0.045	0.909	0.364			
Organizational trust	0.158	0.068	0.142	2.343	0.020*	0.212	0.065	0.173	3.243	0.001*			

Note: dependent variable: continuance commitment.

Table 5. Dimensions of transformational leadership and job satisfaction, organizational trust on normative commitment.

	Public servants in hospitals						Private employees in hospitals						
	Unstandardized coefficients		Standardized coefficients		Unstandardized coefficients		Standardized coefficients		Unstandardized coefficients		Standardized coefficients		
	Std. Error	β	t	Sig. (p)	β	Error	β	t	Sig. (p)	β	Error	t	Sig. (p)
(Constant)	0.836	0.269		3.110	0.002*		0.616	0.243		2.533	0.012*		
Transformational leadership													
1. Articulating a vision	0.080	0.057	0.133	1.397	0.163	0.100	0.058	0.138	1.719	0.086			
2. Providing an appropriate model	-0.046	0.076	-0.078	-0.609	0.543	0.034	0.071	0.052	0.477	0.634			
3. High performance expectations	-0.272	0.187	-0.451	-1.458	0.146	-0.112	0.154	-0.160	-0.726	0.468			
4. Providing individualized support	0.161	0.167	0.263	0.968	0.334	0.118	0.147	0.161	0.803	0.422			
5. Intellectual stimulation	0.088	0.131	0.156	0.668	0.504	-0.032	0.108	-0.050	-0.296	0.768			
6. Fostering the acceptance	0.061	0.105	0.102	0.580	0.563	-0.029	0.084	-0.045	-0.346	0.729			
Job satisfaction													
1. Pay	-0.024	0.043	-0.031	-0.572	0.567	-0.020	0.038	-0.026	-0.512	0.609			
2. Promotion	0.066	0.048	0.073	1.369	0.172	0.029	0.046	0.031	0.629	0.530			
3. Supervision	0.075	0.050	0.081	1.502	0.134	0.030	0.044	0.034	0.694	0.488			
4. Fringe benefits	0.009	0.046	0.011	0.205	0.838	0.016	0.035	0.022	0.449	0.654			
5. Contingent rewards	0.090	0.052	0.089	1.723	0.086	0.151	0.043	0.169	3.511	0.000*			
6. Operating procedures	-0.021	0.051	-0.024	-0.419	0.675	0.042	0.039	0.054	1.092	0.276			
7. Coworkers	0.014	0.056	0.016	0.249	0.803	0.059	0.045	0.065	1.312	0.190			
8. Nature of work	0.012	0.042	0.016	0.281	0.779	-0.014	0.043	-0.016	-0.322	0.747			
9. Communication	0.086	0.049	0.094	1.761	0.079	0.066	0.045	0.071	1.483	0.139			
Organizational trust	0.297	0.066	0.263	4.519	0.000*	0.345	0.059	0.301	5.885	0.000*			
Model Summary	$R = 0.441, R^2 = 0.194, F = 5.389, p = 0.0000$						$R = 0.500, R^2 = 0.250, F = 8.570, p = 0.0000$						
	Durbin-Watson (DW) = 1.923						Durbin-Watson (DW) = 1.632						

Note: dependent variable: normative commitment. * significant predictor.

support. Consequently, H4 was accepted for *articulating a vision, pay, operating procedures, coworkers, communication and organizational trust.* On the other hand, H5 was accepted for *providing individualized support, fostering the acceptance, promotion, contingent rewards and organizational trust.*

Table 4 illustrates the regression analysis to determine predictors of *continuance commitment* of public servants and private sector employees in these two hospitals. According to **Table 4**, 12.5% (Adjusted $R^2 = 0.10$; $F = 3.193$; $p = 0.00001$) of the variance in the dependent variable (*continuance commitment* of public servants) was explained by the 16 independent variables. Multiple regression analysis revealed that *operating procedures* (st. $\beta = -0.192$; $t = 1.978$; $p < 0.05$) and *organizational trust* (st. $\beta = 0.142$; $t = 2.343$; $p < 0.05$) have a significant effect on *continuance commitment* of public servants. On the other hand, **Table 4** shows that 18.4% (Adjusted $R^2 = 0.17$; $F = 5.796$; $p = 0.00001$) of the variance in the dependent variable (*continuance commitment* of private sector employees) was explained by the 16 independent variables. Multiple regression analysis revealed that *articulating a vision* (st. $\beta = -0.204$; $t = -2.439$; $p < 0.05$), *fostering the acceptance* (st. $\beta = -0.283$; $t = -2.087$; $p < 0.05$), *promotion* (st. $\beta = 0.108$; $t = 2.143$; $p < 0.05$), *contingent rewards* (st. $\beta = 0.180$; $t = 3.590$; $p < 0.05$), *nature of work* (st. $\beta = 0.130$; $t = 2.504$; $p < 0.05$) and *organizational trust* (st. $\beta = 0.173$, $t = 3.243$, $p < 0.05$) have a significant effect on *continuance commitment* of private sector employees. The most significant predictor of *continuance commitment* of public servants is *operating procedures*. However, the most significant predictor of *continuance commitment* of private sector employees is *fostering the acceptance*. Consequently, H6 was accepted for *operating procedures* and *organizational trust*. H7, on the other hand, was accepted for *articulating a vision, fostering the acceptance, promotion, contingent rewards, nature of work and organizational trust*.

Table 5 illustrates the regression analysis to determine predictors of *continuance commitment* of public servants and private sector employees in these hospitals. According to the analysis, 19.4% (Adjusted $R^2 = 0.18$; $F = 5.389$; $p = 0.00001$) of the variance in the dependent variable (*normative commitment* of public servants) was explained by the 16 independent variables. Multiple regression analysis revealed that *organizational trust* (st. $\beta = 0.263$; $t = 4.519$; $p < 0.05$) has a significant effect on *continuance commitment* of public servants. On the other hand, 25% (Adjusted $R^2 = 0.24$; $F = 8.570$; $p = 0.00001$) of the variance in the dependent variable (*normative commitment* of private sector employees) was explained by the 16 independent variables. Multiple regression analysis revealed that *contingent rewards* (st. $\beta = 0.169$; $t = 3.511$; $p < 0.05$) and *organizational trust* (st. $\beta = 0.301$; $t = 5.885$; $p < 0.05$) have a significant effect on *normative commitment* of private sector employees. The most significant predictor of *continuance commitment* of public servants and private sector employees is *organizational trust*. Consequently, H8 was accepted for *organizational trust*, and H9 was accepted for *contingent rewards* and *organizational trust*.

Discussion

Traditionally, previous studies in this area targeted a single relationship of two variables such as transformational leadership and job satisfaction, or organizational commitment and job satisfaction, or job satisfaction and organizational trust. Furthermore, only a few studies focused on examining such relationships among three or more variables particularly in the field of healthcare (Akdere, 2009; Akdere et al., 2012; Chou, 2013; Firth, Mellor, Moore, & Loquet, 2004; Hasselhorn, Tackenberg, & Muller, 2003;

Ingersoll, Olsan, Drew-Cates, DeVinney, & Davies, 2002; Larrabee et al., 2003; Liu, 2005; Lu, Lin, Wu, Hsieh, & Chang, 2002; McNeese-Smith, 1996). One of the significant contributions of this study is that it hypothesized effects of transformational leadership, job satisfaction and organizational trust on organizational commitment for public servants and private sector employees (outsourcing) in healthcare settings.

The current study explored the levels of transformational leadership, organizational trust, job satisfaction and organizational commitment based on the self-reported perceptions of both public servants and private sector employees working at Turkish public hospitals. From an employment status perspective, the mean scores for *providing an appropriate model, providing individualized support, communication and overall transformational leadership* significantly vary in terms of public servants and private sector employees in these hospitals. *Operating procedures, communication and organizational trust* were significant predictors of overall organizational commitment for public servants, whereas *individualized support, fostering the acceptance, promotion, contingent rewards* and organizational trust were the significant regressors of overall organizational commitment of private sector employees.

The results of this study are consistent with previous studies that examined similar relationships in health systems and healthcare organizations (Akdere, 2009; Hsu & Mujtaba, 2007; Laschinger, 2008; Lee, Gillespie, Mann, & Wearing, 2010; Liao et al., 2009; Lonial, Menezes, Tarim, Tatoglu, & Zaim, 2010; Su, Baird, & Blair, 2009; Taner & Sezen, 2009; Tanner, 2007; Wang, 2008; Wolfgram & Mohr, 2009; Wong, 2007; Wood & Menezes, 2011). Transformational leadership behavior enables organizational leaders to embrace strong emotional ties with their followers. This may indicate that transformational leadership encourages employees for higher organizational commitment. Bycio, Hackett and Allen (1995) found that transformational leadership has strong correlations with the three dimensions of organizational commitment. To some extent, affective commitment can be regarded as the outcome of transformational leadership. Studies indicated that transformational leadership had higher correlations with the affective commitment than normative commitment (Kent & Chelladurai, 2001). Avolio, Zhu, Koh and Puja (2004), using a sample of staff nurses employed by a large public hospital in Singapore, found a positive association between transformational leadership and organizational commitment.

In the current study, organizational trust and some dimensions of job satisfaction were significant direct predictors of organizational commitment for public servants and private employees in hospitals. Consistent with this finding, levels of perceived job satisfaction, trust and loyalty have been identified as significant predictors of organizational commitment for business managers (Turnley & Feldman, 1999). Support also exists in the HRM literature for the direct effect of trust on affective commitment (Laschinger, 2008). Causal model findings further support the strong direct effect of job satisfaction on organizational commitment.

Conclusion

In conclusion, the results of this study provide a new insight on the perceptions of public servants and private sector employees (outsourcing) in regard to transformational leadership, organizational trust, job satisfaction and organizational commitment. As employment types and contracts are becoming more complex in healthcare settings all around the world (Graddy & Ye, 2008), there is a growing need to investigate and understand the perceptions of these employees who work together under the same organizations yet are governed by

varying HRM practices. Such variation undoubtedly leads certain organizational issues if not addressed and dealt with appropriate HRM measures and processes.

The findings of this study could further help HRM, healthcare administrators and managers and other healthcare professionals in comprehending the relevant public servants and private employees' focus on issues, and developing programs to increase employee levels of commitment, trust and job satisfaction as a means of attracting and retaining their employees in an industry where high levels of employee turnover is the norm. In summary, this nonexperimental, correlational, quantitative study explored the relationships among transformational leadership, organizational commitment, organizational trust and job satisfaction of public servants versus private employees. Furthermore, this study could help hospitals plan and manage outsourcing services.

The study had some implications for practitioners and researchers in HRM in Turkey. From a practice perspective, the results suggested the need for more transformational leaders in Turkish hospital sector. Organizational commitment and employee job satisfaction have been especially shown to be positively related with transformational leadership for public servants and private employees. Essentially, both empirical and meta-analytic studies on transformational leadership suggest that followers working with transformational leaders are more involved, satisfied, empowered, motivated, trusted and committed to their organizations (Bono & Judge, 2003; Walumbwa & Lawler, 2003; Walumbwa, Wang, Lawler, & Shi, 2004). Transformational leadership can help build follower commitment in different ways. This study examines the relationship between transformational leadership and employee job attitudes among public and private employees in the Turkish healthcare industry.

The findings of this study are subject to several limitations. First, the samples of this study are only limited to the personnel in two organizations. The study was conducted in two public hospitals in Turkey. We do not know whether these results would generalize to other hospital settings or to other types of organizations. Generalizability of the present findings should therefore be examined in future research in other types of organizations, with more heterogeneous samples and larger populations. Finally, the study depended on the voluntarism of the participants who agreed to respond.

In summary, this is the first study to examine the relationships among transformational leadership, organizational commitment, organizational trust and job satisfaction in a Turkish context and in the Turkish public healthcare system for public servants and private employees. Other researchers are highly encouraged to extend this work to include other countries and several other important organizational outcomes, such as organizational citizenship, adjustment, trust, job performance, absenteeism, empowerment and turnover. The future research should include the transactional leadership as well because hospital managers and other healthcare organizations are normally using both transformational and transactional leadership in their routine work and roles. For better results, the qualitative study may be recommended to define and analyze relationship among transformational leadership, organizational commitment, organizational trust and job satisfaction. Longitudinal studies for future research would be conducive to our further understanding of the leadership dynamics in organizations. This study could also be deployed in other countries or regions for comparing and contrasting.

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Conflict of interest

The authors declare that they have no conflict of interest.

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