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Leadership Practices in Primary Healthcare Settings in Sri Lanka: A Mixed-Methods Study Based on Transformational Leadership

Jayarathne SDY [1*], Wijethunga WTD [2], Fernando MJRS [3], Dassanayake DMPP [4]
[1] Faculty of Medicine, University of Kelaniya, Sri Lanka
[2] Department of Sociology, University of Sri Jayewardenepura, Sri Lanka
[3, 4] Sri Lanka Institute of Advanced Technological Education, Sri Lanka

* Corresponding Author: **Jayarathne SDY**

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Abstract
Primary healthcare institutions are essential to accessible, continuous, and people-centred healthcare delivery, yet their performance is strongly influenced by leadership capacity, workforce conditions, communication, and resource availability. In Sri Lanka, divisional hospitals provide important services to local communities, particularly outside major urban centres, but evidence concerning transformational leadership within these settings remains limited. This study examined transformational leadership practices in selected Sri Lankan divisional hospitals and explored their perceived influence on staff motivation, teamwork, communication, patient trust, and institutional performance. A mixed-methods design was employed in three divisional hospitals representing different institutional categories: Anamaduwa Divisional Hospital (Type A), Lunuwila Divisional Hospital (Type B), and Galmuruwa Divisional Hospital (Type C). Participants comprised 32 primary care doctors, 15 nursing officers, and 21 patients, giving a total sample of 68. Quantitative data were collected through interviewer-administered questionnaires, while qualitative data were generated through five focus group discussions involving doctors, nursing officers, and patients. Instruments were developed around the transformational leadership dimensions of idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. Quantitative data were analysed using descriptive statistics, and qualitative data were examined through thematic analysis. Findings demonstrated generally favourable perceptions of transformational leadership. The overall transformational leadership score was 4.02 (SD = 0.61) on a five-point Likert scale, with inspirational motivation receiving the highest mean score (M = 4.18) and organizational resource management the lowest (M = 3.41). Among respondents, 81.2% reported that supportive and motivational leadership improved workplace commitment and professional satisfaction, while 76.5% indicated that participatory decision-making strengthened teamwork and interprofessional collaboration. Approximately 73.4% of patients reported increased trust in healthcare services associated with staff responsiveness, respectful communication, and collaborative practices. Nevertheless, resource limitations, staffing shortages, excessive workload, and communication gaps remained important barriers to leadership effectiveness and service delivery. The study concludes that transformational leadership can contribute to stronger staff engagement, teamwork, communication, and patient trust in primary healthcare settings, but its effectiveness is closely connected to institutional support. Leadership development should therefore be accompanied by workforce strengthening, improved communication mechanisms, adequate resource allocation, and supportive organizational systems to promote sustainable, patient-centred healthcare delivery in Sri Lankan divisional hospitals.

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Introduction

Primary healthcare (PHC) constitutes a fundamental component of an effective and equitable health system because it brings essential healthcare services closer to individuals, families, and communities. Contemporary approaches to PHC extend beyond the provision of basic clinical services and emphasize integrated healthcare, community participation, responsiveness, equity,

and people-centred care. The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) conceptualize PHC as a comprehensive approach that combines integrated health services, multisectoral policy and action, and empowered people and communities. This approach places primary care and essential public health functions at the centre of efforts to achieve universal health coverage and improve population health outcomes (World Health Organization [WHO] & UNICEF, 2022).

The effectiveness of PHC institutions, however, depends not only on the availability of clinical services but also on the organizational systems through which healthcare professionals, resources, and services are coordinated. The WHO's PHC measurement framework identifies governance, leadership, organizational management, multidisciplinary teamwork, supportive supervision, and facility management as important components of PHC system performance (WHO & UNICEF, 2022). In this context, leadership should be regarded as an important organizational determinant of healthcare performance rather than simply an administrative function. Effective leadership can contribute to the coordination of healthcare professionals, development of supportive work environments, implementation of quality-improvement initiatives, and achievement of institutional goals.

Healthcare organizations are particularly dependent on effective leadership because healthcare delivery involves multiple professional groups working within complex and often demanding environments. Doctors, nurses, administrators, and other healthcare personnel must coordinate their responsibilities while maintaining professional standards and responding to changing patient needs. Leadership within such settings therefore involves more than exercising formal authority. It requires the ability to communicate a shared vision, motivate employees, facilitate collaboration, manage differences, encourage learning, and create an organizational environment that supports both staff and patients.

The importance of leadership has been increasingly recognized in healthcare leadership literature. Cummings *et al*. (2018) [4], in a large systematic review examining leadership styles and outcomes among nursing workforces, found strong evidence that relational leadership approaches, including transformational leadership, were associated with more positive workforce and work-environment outcomes. Their review identified relationships between leadership approaches and job satisfaction, relationships among staff, organizational environment, wellbeing, productivity, and effectiveness. The authors concluded that leadership focused solely on task completion was insufficient for achieving optimal workforce outcomes and emphasized the importance of relationship-oriented leadership practices in healthcare organizations.

Transformational leadership provides a particularly relevant theoretical perspective for examining these relationships. Transformational leadership emphasizes the capacity of leaders to motivate followers, establish a shared organizational vision, encourage innovative thinking, and recognize the individual needs and capabilities of employees (Bass, 1985; Bass & Riggio, 2006) [2, 3]. Unlike leadership approaches that primarily emphasize supervision and task completion, transformational leadership focuses on developing commitment and encouraging employees to contribute to broader organizational objectives. This approach may be particularly relevant in healthcare environments where teamwork, professional collaboration, adaptability, and employee engagement are essential.

Bass and Riggio (2006) [3] identify four major dimensions of transformational leadership: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. Idealized influence refers to the ability of leaders to demonstrate behaviours that generate trust, respect, and confidence among followers. Within healthcare institutions, this may be reflected through professional conduct, ethical decision-making, accountability, fairness, and commitment to patient care. Leaders who demonstrate these characteristics may become positive role models for healthcare professionals and contribute to the development of trust within the organization.

Inspirational motivation involves communicating an organizational vision and encouraging employees to work collectively toward meaningful goals. Healthcare professionals frequently work under demanding conditions, including high workloads, emotional pressures, staffing constraints, and resource limitations. In such environments, leaders who provide encouragement and communicate a clear sense of purpose may help strengthen employee commitment and professional satisfaction. Transformational leadership theory therefore suggests that motivation is not limited to financial or material incentives but may also emerge from recognition, shared purpose, professional identity, and meaningful participation in organizational objectives.

Intellectual stimulation involves encouraging employees to think critically, question established practices, identify problems, and develop alternative solutions. This dimension is particularly relevant to healthcare because healthcare institutions continuously encounter clinical, organizational, and resource-related challenges. Leaders who create opportunities for staff to contribute ideas and participate in problem-solving may facilitate organizational learning and innovation. Within primary healthcare institutions, intellectual stimulation may support improvements in service organization, patient management, communication, teamwork, and resource utilization.

The fourth dimension, individualized consideration, involves recognizing the needs, capabilities, experiences, and professional development requirements of individual employees. Healthcare professionals differ in their professional responsibilities, experience, workload, and career expectations. Leaders who provide individualized support, mentoring, feedback, recognition, and opportunities for development may contribute to stronger employee engagement and workplace satisfaction. This aspect of transformational leadership is especially relevant in healthcare institutions where staff wellbeing and retention are closely connected to organizational conditions.

The relationship between transformational leadership and healthcare workforce outcomes has been supported by more recent research as well. A systematic review by Specchia *et al*. (2023) [6] found that transformational leadership can positively influence nurses' work environments through mechanisms including structural empowerment, organizational commitment, and job satisfaction. The review further emphasized the importance of leadership education and development in strengthening teamwork and improving the quality and safety of healthcare environments.

In addition to staff-related outcomes, leadership may

influence healthcare quality through its effect on teamwork and organizational functioning. Healthcare delivery is fundamentally collaborative, and effective coordination between professional groups is necessary for continuity and quality of care. Leaders who encourage participation in decision-making and create opportunities for interprofessional communication may strengthen collective responsibility and organizational cohesion. Conversely, weak communication and highly hierarchical decision-making may contribute to misunderstandings, conflict, delays, and reduced organizational efficiency.

The relationship between leadership and communication is particularly important in primary healthcare settings. Communication must occur not only between healthcare professionals but also between clinical and administrative personnel and between healthcare providers and patients. The WHO and UNICEF PHC framework identifies governance, organizational management, multidisciplinary team-based service delivery, and community engagement as important components of effective PHC systems (WHO & UNICEF, 2022). Therefore, leadership practices that facilitate communication and collaboration can potentially contribute to broader improvements in institutional performance.

Patient trust represents another important dimension through which leadership may become visible in healthcare institutions. Although patients may not directly observe internal leadership processes, they experience the consequences of organizational functioning through staff responsiveness, communication, coordination, professionalism, and the overall quality of service. A supportive organizational environment may therefore indirectly influence patients' perceptions of healthcare services. Transformational leadership literature suggests that positive leadership can influence patient-related outcomes through its effects on healthcare professionals, teamwork, organizational commitment, and work environments (Specchia *et al*., 2023) [6].

The importance of these issues is particularly evident in resource-constrained healthcare settings. Transformational leadership emphasizes motivation, innovation, collaboration, and organizational improvement; however, leaders cannot operate independently of the institutional conditions in which they work. Staffing shortages, inadequate infrastructure, insufficient equipment, excessive workloads, and weak administrative systems may constrain the capacity of leaders and healthcare professionals to implement desired improvements. Consequently, leadership effectiveness needs to be understood within its broader organizational context.

The WHO's PHC measurement framework explicitly recognizes organizational management and leadership capacity as important elements of PHC performance. It includes professionalized management, management capability and leadership, multidisciplinary team-based service delivery, and supportive supervision among the organizational and facility-management dimensions of PHC. This provides a strong international rationale for examining leadership at the level of primary healthcare institutions rather than considering leadership solely as an individual characteristic of senior administrators.

In Sri Lanka, divisional hospitals represent an important level of healthcare provision and serve local populations through primary and related hospital services. Their effectiveness is particularly important for communities that depend on geographically accessible public healthcare facilities. However, these institutions may operate under constraints involving workforce availability, infrastructure, equipment, workload, and communication between administrative and clinical sectors. Understanding how leadership is practiced within such environments is therefore important for strengthening healthcare organizational performance.

Despite the substantial international literature on healthcare leadership, there remains a need for context-specific evidence concerning transformational leadership in Sri Lankan primary healthcare institutions. The organizational, professional, and resource environments in Sri Lanka may differ from those represented in much of the international leadership literature. Findings from high-resource healthcare systems cannot automatically be assumed to apply to smaller primary healthcare institutions operating under different institutional conditions. Research that examines the perceptions of healthcare professionals and patients within Sri Lankan divisional hospitals can therefore contribute valuable contextual evidence.

The present study addresses this gap by examining transformational leadership practices in three selected divisional hospitals: Anamaduwa Divisional Hospital (Type A), Lunuwila Divisional Hospital (Type B), and Galmuruwa Divisional Hospital (Type C). The study included 68 participants comprising 32 primary care doctors, 15 nursing officers, and 21 patients and employed a mixed-methods approach combining interviewer-administered questionnaires with five focus group discussions. The inclusion of doctors, nursing officers, and patients enables the study to consider leadership from both organizational and patient-centred perspectives.

The preliminary findings presented in the original study indicate generally favourable perceptions of transformational leadership within the selected institutions. The overall transformational leadership score was 4.02 (SD = 0.61) on a five-point Likert scale, with inspirational motivation obtaining the highest mean score of 4.18 and organizational resource management the lowest mean score of 3.41. These findings are particularly important because they suggest that positive perceptions of interpersonal and motivational leadership can coexist with significant institutional constraints.

The study further reported that 81.2% of respondents perceived supportive and motivational leadership as contributing to workplace commitment and professional satisfaction, while 76.5% indicated that participatory decision-making improved teamwork and interprofessional collaboration. Approximately 73.4% of patients reported increased trust in healthcare services in association with staff responsiveness, respectful communication, and collaborative practices. At the same time, resource limitations, staffing shortages, excessive workload, inadequate infrastructure, and communication gaps were identified as important challenges affecting leadership effectiveness.

These findings indicate that transformational leadership within Sri Lankan primary healthcare institutions should not be examined solely in terms of individual leader behaviours. Rather, leadership effectiveness appears to be closely connected with the organizational environment in which leaders and healthcare professionals operate. Strong motivation and supportive interpersonal relationships may enhance staff engagement, but sustainable improvements in healthcare delivery also require adequate human resources, infrastructure, equipment, communication systems, and

institutional support.

Therefore, the present study seeks to contribute to the growing literature on healthcare leadership by examining transformational leadership within selected Sri Lankan divisional hospitals through a mixed-methods approach. By integrating the perceptions of healthcare professionals with those of patients, the study aims to provide a broader understanding of how leadership practices are associated with staff motivation, teamwork, communication, patient trust, and institutional functioning. The study also examines the institutional barriers that may constrain effective leadership and identifies implications for strengthening leadership capacity within Sri Lanka's primary healthcare sector.

Materials and Methods

A mixed-methods research design was employed to examine transformational leadership practices and their perceived influence on organizational and healthcare-related outcomes within selected primary healthcare institutions in Sri Lanka. The study was conducted in three divisional hospitals representing different institutional categories: Anamaduwa Divisional Hospital (Type A), Lunuwila Divisional Hospital (Type B), and Galmuruwa Divisional Hospital (Type C). A total of 68 participants were included in the study, comprising 32 primary care doctors, 15 nursing officers, and 21 patients. Participants were selected using purposive sampling to obtain information from individuals with direct experience of the selected healthcare institutions. The inclusion of both healthcare professionals and patients enabled the study to examine leadership from organizational and service-user perspectives. Quantitative data were collected through interviewer-administered questionnaires distributed among healthcare professionals and patients. The questionnaire was developed based on the four major dimensions of transformational leadership, namely inspirational motivation, individualized consideration, intellectual stimulation, and idealized influence. In addition to leadership practices, the questionnaire examined participants' perceptions concerning staff motivation, professional satisfaction, teamwork and interprofessional collaboration, communication, patient trust, and institutional challenges. A five-point Likert scale was used to assess perceptions of leadership practices, allowing the overall level of transformational leadership and relevant dimensions to be summarized using descriptive measures. The quantitative component was intended to identify general patterns in participants' perceptions and to provide measurable evidence concerning the relationship between leadership practices and selected organizational outcomes.

To complement the quantitative findings, qualitative data were collected through five Focus Group Discussions (FGDs) involving doctors, nursing officers, and patients. The FGD discussion guides were developed in accordance with the transformational leadership framework and focused on participants' experiences and perceptions of leadership support, motivation, participation in decision-making, teamwork, communication, workplace relationships, and institutional challenges. The qualitative component enabled participants to provide more detailed explanations of their experiences and helped identify contextual factors that could not be fully captured through structured questionnaire responses. Quantitative data were analysed using descriptive statistical methods, including frequencies, percentage distributions, mean scores, and standard deviations where appropriate, while qualitative data were analysed using thematic analysis to identify recurring patterns and themes related to leadership practices and institutional functioning. The findings from the two components were considered together to provide a more comprehensive understanding of transformational leadership in the selected hospitals. Written informed consent was obtained from all participants prior to data collection, and participants were informed about the purpose and nature of the study. The study maintained confidentiality of participant responses and presented the findings in an aggregated manner. The mixed-methods approach therefore enabled the study to combine measurable perceptions of transformational leadership with contextual accounts of staff and patient experiences, providing a broader understanding of how leadership practices operate within Sri Lankan divisional hospital settings.

Results and Discussion

A total of 68 participants were included in the study, comprising 32 primary care doctors, 15 nursing officers, and 21 patients from the three selected divisional hospitals. The participants represented both healthcare providers and service users, allowing the study to examine perceptions of transformational leadership from different perspectives. The quantitative findings generally demonstrated favourable perceptions of transformational leadership practices within the selected hospitals, while the qualitative findings provided further contextual understanding of the organizational experiences and institutional challenges associated with leadership effectiveness.

The overall perception of transformational leadership, measured using a five-point Likert scale, recorded a mean score of 4.02 (SD = 0.61), indicating a generally favourable perception of leadership practices among participants. Among the assessed dimensions, inspirational motivation recorded the highest mean score (M = 4.18), suggesting that participants particularly recognized leadership practices associated with encouragement, motivation, and the promotion of shared organizational goals. In contrast, organizational resource management recorded the lowest mean score (M = 3.41). This comparatively lower score reflects the challenges experienced by participants regarding the availability and management of institutional resources. The difference between the highest and lowest scores indicates that positive perceptions of motivational leadership existed alongside limitations in resource management and institutional capacity.

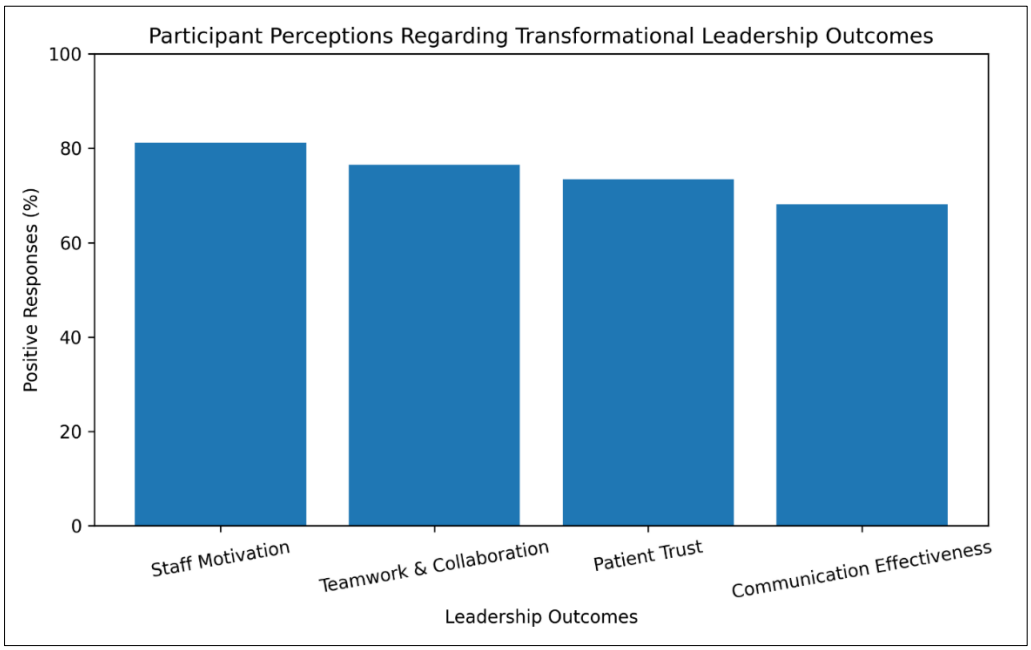

Fig 1: Participant perceptions regarding transformational leadership outcomes in selected divisional hospitals

The findings further demonstrated a positive perception of leadership in relation to staff motivation and professional satisfaction. Among healthcare professionals, 81.2% (n = 38) reported that supportive and motivational leadership practices increased their workplace commitment and professional satisfaction. This indicates that a substantial proportion of healthcare professionals perceived supportive leadership behaviours as beneficial to their workplace experience. The finding is also consistent with the relatively high score recorded for inspirational motivation.

Teamwork and interprofessional collaboration represented another important positive outcome. Approximately 76.5% (n = 36) of respondents reported that leadership practices encouraging participation in decision-making improved teamwork and collaboration within hospital units. This finding indicates that participatory approaches to leadership were positively perceived by participants and suggests that staff involvement in organizational decision-making was associated with stronger perceptions of cooperation among healthcare professionals.

Communication was identified as both an important component of organizational functioning and a continuing institutional challenge. Approximately 64.7% (n = 44) of respondents identified communication barriers between administrative and clinical sectors as a moderate institutional challenge. Participants reported that communication difficulties could affect workplace efficiency and contribute to delays in institutional decision-making. At the same time, the overall table of participant perceptions indicates that 68.1% reported positive perceptions regarding effective communication practices. These findings suggest that communication practices were present within the selected hospitals, while communication gaps between administrative and clinical sectors remained a concern.

Table 1: Participant Perceptions on Leadership Outcomes in Selected Divisional Hospitals

Variable	Positive Responses (%)
Improved staff motivation	81.2
Better teamwork and collaboration	76.5
Increased patient trust	73.4
Effective communication practices	68.1
Resource-related challenges identified	70.6

Table 1 summarizes the principal quantitative findings. The highest proportion of positive responses was observed for improved staff motivation (81.2%), followed by better teamwork and collaboration (76.5%) and increased patient trust (73.4%). Effective communication practices were reported positively by 68.1% of respondents, while 70.6% identified resource-related challenges. Overall, the table demonstrates a pattern in which leadership-related interpersonal and organizational outcomes were generally positive, while resource limitations remained a prominent institutional concern.

Patient Perceptions and Trust in Healthcare Services

The responses obtained from patients provided an additional perspective on the perceived outcomes of leadership practices. Of the 21 patients included in the study, 73.4% (n = 15) reported increased trust in healthcare services. Patients associated this positive perception with improved staff responsiveness, respectful communication, and collaborative healthcare practices promoted by hospital leadership.

The patient findings indicate that the effects of organizational leadership were not limited to internal staff experiences. Participants' perceptions suggested that leadership-related practices could become visible to service users through the way healthcare professionals interacted with patients and responded to their needs. Respectful communication, staff responsiveness, and coordinated healthcare practices were identified as important elements associated with positive perceptions of healthcare services.

Institutional Challenges Affecting Leadership Effectiveness

Despite the generally favourable perceptions of transformational leadership, participants identified several institutional barriers affecting the implementation and effectiveness of leadership practices. Approximately 70.6% (n = 48) of respondents identified resource limitations, including shortages of medical equipment and workforce constraints, as major barriers affecting healthcare service delivery and leadership effectiveness.

The qualitative findings further demonstrated that these resource-related limitations were accompanied by excessive workload, insufficient staffing, limited training opportunities, and inadequate infrastructure. Participants indicated that these challenges affected the ability of healthcare institutions to function efficiently and placed additional pressure on healthcare professionals and institutional leaders.

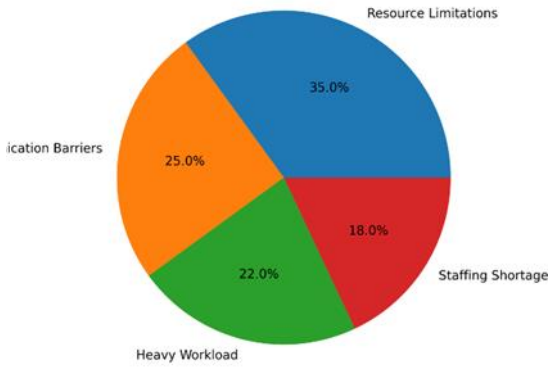

Fig 2: Major institutional barriers affecting leadership effectiveness

Qualitative Findings from Focus Group Discussions

The five Focus Group Discussions provided detailed information regarding participants' experiences and perceptions of transformational leadership. The qualitative findings broadly supported the quantitative results while providing additional explanations concerning the ways in which leadership practices were experienced within the hospital environment. Four major themes emerged from the qualitative findings: supportive and motivational leadership, participatory management and teamwork, communication and organizational coordination, and institutional constraints affecting leadership effectiveness.

The first major theme was supportive and motivational leadership. Participants described leaders who demonstrated empathy, encouragement, and supportive behaviours as contributing to positive workplace experiences. Doctors and nursing officers particularly emphasized that supportive and encouraging leadership contributed to staff confidence, workplace morale, and a more harmonious institutional environment. These findings complemented the quantitative result indicating that 81.2% of healthcare professionals perceived supportive and motivational leadership as contributing to workplace commitment and professional satisfaction.

The second theme concerned participatory management and collaborative problem-solving. Participants indicated that leaders who encouraged staff participation in decision-making contributed to stronger collaboration and institutional harmony. Participatory approaches appeared to provide healthcare professionals with opportunities to contribute their knowledge and experience to organizational decisions. This qualitative finding was consistent with the quantitative result that 76.5% of respondents perceived participatory decision-making as improving teamwork and interprofessional collaboration.

The third theme involved communication and organizational coordination. Participants recognized effective communication as an important component of institutional functioning but also described communication gaps between administrative authorities and healthcare professionals. These gaps were perceived to reduce workplace efficiency and occasionally delay institutional decision-making. The findings suggest that communication represented both an important leadership practice and an area requiring further organizational attention.

The fourth theme was institutional constraints affecting leadership effectiveness. Participants identified excessive workload, insufficient staffing, limited opportunities for training, and inadequate infrastructure as major challenges. These factors were perceived as affecting healthcare delivery as well as the ability of leaders to implement effective organizational practices. The qualitative findings therefore demonstrated that leadership practices operated within an institutional environment shaped by material, human-resource, and organizational constraints.

Integration of Quantitative and Qualitative Findings

The integration of the quantitative and qualitative findings demonstrated considerable consistency between the two components of the study. The quantitative findings indicated generally favourable perceptions of transformational leadership, particularly in relation to staff motivation, teamwork, and patient trust. The qualitative findings provided contextual explanations for these results by highlighting the importance of empathy, encouragement, participatory management, collaborative problem-solving, and supportive workplace relationships.

At the same time, both forms of evidence identified institutional constraints that affected leadership effectiveness. The quantitative findings identified resource limitations as a major challenge, while the qualitative findings provided further detail concerning staffing shortages, excessive workload, inadequate infrastructure, limited training opportunities, and communication gaps. The

relatively lower mean score for organizational resource management (M = 3.41), compared with the higher score for inspirational motivation (M = 4.18), further reflects this contrast between positive motivational leadership practices and institutional resource limitations.

The findings demonstrate that transformational leadership was perceived positively within the selected divisional hospitals and was associated with favourable perceptions of staff motivation, teamwork, communication, and patient trust. However, the results also demonstrate that leadership effectiveness is closely connected to the broader institutional environment. Resource limitations, staffing shortages, excessive workload, infrastructure limitations, and communication gaps remained important challenges affecting healthcare delivery and organizational performance.

Conclusion

This study examined transformational leadership practices within selected primary healthcare institutions in Sri Lanka and explored their perceived influence on staff motivation, teamwork, communication, patient trust, and institutional functioning. Overall, the findings indicate that transformational leadership was perceived favourably among participants, with an overall mean score of 4.02 (SD = 0.61). Inspirational motivation received the highest mean score (M = 4.18), demonstrating the importance of encouragement, motivation, and shared organizational goals within the selected hospitals. The findings further showed that supportive and motivational leadership was associated with higher workplace commitment and professional satisfaction, while participatory decision-making was perceived to strengthen teamwork and interprofessional collaboration. From the patient perspective, positive leadership-related practices, particularly staff responsiveness, respectful communication, and collaborative care, were associated with increased trust in healthcare services.

However, the findings also demonstrate that effective leadership cannot be considered independently of the institutional environment in which healthcare professionals work. Resource limitations, staffing shortages, excessive workload, inadequate infrastructure, limited training opportunities, and communication gaps between administrative and clinical sectors were identified as important barriers to leadership effectiveness. The comparatively lower score for organizational resource management further highlights the gap between positive interpersonal and motivational leadership practices and the practical limitations faced by the institutions. The qualitative findings reinforced this pattern, demonstrating that although supportive, empathetic, and participatory leadership practices contributed to positive workplace experiences, organizational constraints continued to affect the ability of leaders and healthcare professionals to achieve optimal service delivery.

The study concludes that transformational leadership has considerable potential to strengthen staff motivation, professional satisfaction, teamwork, communication, and patient trust in Sri Lankan divisional hospitals. Nevertheless, leadership development alone may not be sufficient to achieve sustainable improvements in primary healthcare performance. Transformational leadership needs to be supported by adequate human resources, appropriate infrastructure and equipment, effective communication mechanisms, opportunities for professional development, and stronger institutional support. Strengthening these areas alongside leadership capacity may enable primary healthcare institutions to develop more collaborative, motivated, and patient-centred work environments. The findings therefore highlight the importance of integrating leadership development with broader organizational strengthening strategies when seeking to improve the quality and effectiveness of primary healthcare services in Sri Lanka.

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