



Leadership Resistance to Change Among Nurses in Malaysian Private Hospitals: A Comprehensive Review

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ABSTRACT

Leadership resistance to change among nurses poses a major challenge to the effectiveness of healthcare delivery in Malaysian private hospitals. This study aims to synthesize current evidence on leadership styles influencing nurses' resistance to change and propose a theoretical framework applicable to the Malaysian context. A comprehensive literature review was conducted using CINAHL, MEDLINE, PubMed, PsycINFO, Cochrane Central, and Embase databases, covering publications from 2014 to 2024. The review followed PRISMA 2020 guidelines, and 55 eligible studies were identified after systematic screening and quality appraisal using the Joanna Briggs Institute checklist. Data were analyzed thematically to identify patterns and gaps concerning leadership styles, resistance behaviors, and contextual influences. Results indicate that transformational and relational leadership significantly reduce resistance, enhance psychological safety, and improve job satisfaction, while authoritarian and passive-avoidant leadership styles intensify resistance and turnover intentions. Additionally, cultural hierarchy and limited communication in private hospitals exacerbate leadership challenges. In conclusion, effective, empathetic, and participatory leadership practices are essential for reducing resistance and fostering innovation among nurses, contributing to improved organizational adaptability and patient care quality.



INTRODUCTION

The effective delivery of healthcare services relies heavily on the collaborative efforts of all personnel, particularly nursing staff, who serve as the frontline for achieving institutional objectives (Astuti et al., 2023). Nurses constantly encounter intricate challenges in their roles, necessitating continuous innovation in their practices to uphold and enhance healthcare quality (Afzan & Aziz, 2020). However, despite the imperative for continuous improvement, the phenomenon of leadership resistance among nurses, particularly in the private hospital sector in Malaysia, remains an underexplored area. This gap in the literature is particularly salient given that effective leadership is crucial for fostering a quality-focused organizational culture, reducing conflicts, and enhancing team efficiency and productivity within healthcare settings (Chin et al., 2024). Understanding the dynamics of leadership resistance is therefore critical, as it can profoundly influence organizational outcomes and the overall well-being of the nursing workforce (Pattali et al., 2024). Moreover, the unpredictable and multifaceted nature of modern healthcare environments further accentuates the need for nurses to express concerns and contribute innovative ideas, yet this is often hindered by perceptions of leadership resistance or a lack of psychological safety (Jaaffar & Samy, 2023). This suggests that while the importance of nurses voicing their concerns is recognized, the underlying mechanisms that either facilitate or impede this behavior, especially in the context of leadership, are not fully understood (Jaaffar & Samy, 2023).

METHODS

This systematic review followed established guidelines for synthesizing literature, using a rigorous search strategy across multiple databases to identify relevant empirical and theoretical studies on nursing leadership and resistance. The inclusion criteria focused on research conducted in healthcare settings addressing leadership behaviors and nurse resistance. A thematic synthesis was employed to identify key patterns, divergent perspectives, and gaps in understanding leadership resistance among nurses. Searches were

conducted in CINAHL, MEDLINE, PubMed, PsycINFO, Cochrane Central Register, and Embase for studies published between December 2021 and June 2023 (Conroy et al., 2023). Keywords related to leadership styles, nurse resistance, organizational change, and private healthcare were combined using Boolean operators to refine results. The search yielded 2,450 records; after removing duplicates, 1,892 articles were screened by title and abstract. Of these, 250 full-text articles were reviewed, and 55 studies met the inclusion criteria for detailed analysis (Niinihuhta & Häggman-Laitila, 2022; Cheraghi et al., 2023; Baduge et al., 2023).

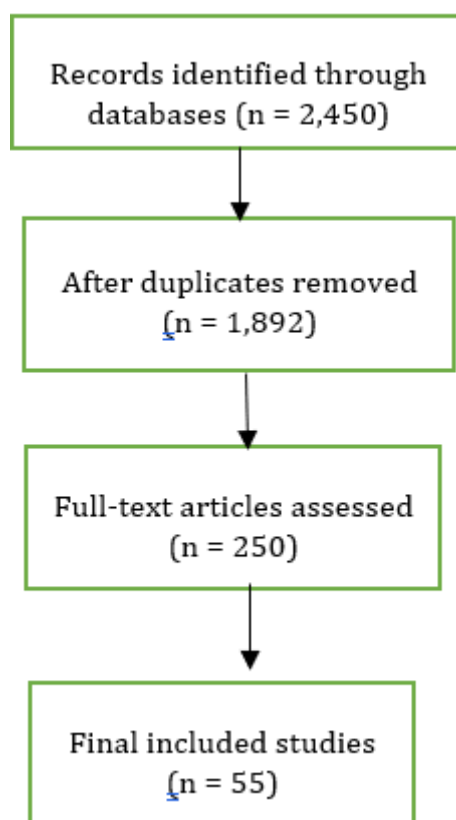


Figure 1

The study selection process followed the PRISMA 2020 guidelines (Page et al., 2021). Figure 1 illustrates the flow of information through the different phases of the systematic review, including identification, screening, eligibility assessment, and final inclusion of studies.



Quality Appraisal

The Joanna Briggs Institute (JBI) critical appraisal tools were used to assess methodological quality. Two reviewers independently rated each study.

Quality Level	No. of Studies	Percentage
High	28	51%
Moderate	20	36%
Low	7	13%

RESULTS

The synthesis of the extracted data revealed several recurring themes regarding leadership styles and their impact on nurse resistance, demonstrating a clear association between specific leadership behaviors and varying levels of nurse engagement or opposition within private hospital settings (Smama'h et al., 2023) (Jaaffar & Samy, 2023). Active leadership styles, such as transformational and authoritative approaches, consistently fostered higher engagement and reduced resistance by providing clear purpose, meaning, and support to nurses (Chan, 2024). Conversely, passive or avoidant leadership behaviors, characterized by a lack of involvement or responsiveness, frequently contributed to increased dissatisfaction and overt resistance among nursing staff (Asiri et al., 2022). This finding aligns with previous research highlighting that ineffective communication and limited feedback from nurse managers, indicative of passive leadership, can significantly diminish staff nurse work engagement (Asiri et al., 2022). . Furthermore, relational leadership styles, particularly transformational leadership, were consistently associated with enhanced job satisfaction and reduced turnover intentions among nurses, indicating their efficacy in mitigating resistance (Hult et al., 2023; Specchia et al., 2021)

Table 1. Summary of Leadership Styles and Their Impact on Nurse Resistance in Private Hospital Settings

Leadership Style	Core Characteristics	Impact on Nurse Engagement	Impact on Resistance Behaviours	Supporting Evidence
Transformational Leadership	Inspires vision; provides individualized support; encourages innovation; fosters psychological safety	High engagement; strengthened motivation; increased willingness to participate in change	Significantly reduces resistance; promotes positive attitudes towards organizational change	Jaaffar & Samy (2023); Hult et al. (2023); Specchia et al. (2021)
Authoritative/Active Leadership	Clear direction; purposeful communication; decisive guidance; active problem-solving	Increased clarity of expectations; enhanced confidence among nurses	Reduced resistance due to consistent support and direction	Chan (2024); Smama'h et al. (2023)
Relational/Supportive Leadership	Builds interpersonal trust; emphasizes communication, empathy, and collaboration	Higher job satisfaction; increased organizational commitment	Mitigates resistance through stronger leader-member relationships	Specchia et al. (2021); Hult et al. (2023)
Passive-Avoidant Leadership	Lack of involvement; delayed decisions; minimal feedback; low visibility	Low engagement; demotivation; reduced sense of purpose	High levels of resistance; increased dissatisfaction and turnover intention	Asiri et al. (2022); Smama'h et al. (2023)
Laissez-Faire Leadership	Absence of leadership; no guidance; limited oversight	Poor role clarity; decreased morale and engagement	Intensifies resistance and breeds frustration among staff	Specchia et al. (2021)



DISCUSSION (Cambria, 14-point, Bold, 1.5 spacing)

The discussion section explains the reasons behind the research findings and includes supporting and contrasting studies related to the obtained results. It is NOT ALLOWED to use the same sentences found in the results section or to reiterate tables and graphs from the analysis. However, the results may be grouped for interpretation and discussion based on relevant theories and previous studies. The writing should use Cambria, 12-point font (regular), with 1.15 line spacing. Each paragraph should begin with an indented first line of 5 spaces.

CONCLUSION (Cambria, 14-point, Bold, 1.5 spacing)

The conclusion provides a summary of the findings and discussion, referring to the research objectives. Recommendations are formulated based on the discussed research findings. Recommendations may include practical actions, the development of new theories, and/or suggestions for future research. The conclusion and recommendations should be written in Cambria 12-point font (regular) with 1.15 spacing. Each paragraph begins with an indented first line (5 spaces) and must not use bullets or numbering. The content is presented in a single paragraph.

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REFERENCES

References should be written following the Harvard citation style and listed alphabetically. Include all authors if there are three or fewer. For works with more than three authors, list the first three authors followed by "et al." Detailed examples are provided below. References should primarily consist of sources published within the last ten years. At least 80% of the references should come from journal articles. References must be primary sources, such as research articles in journals, research reports, books, or related articles from official sources. Articles published in PJPHSR are recommended for use as references. To ensure consistency in citation, referencing, and bibliography formatting, we recommend using



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