

School of Medicine, Nazarbayev University

Master of Public Health Program

**“Healthcare Leadership Effectiveness among Managers in
Medical Organizations of Kazakhstan: a cross-sectional study”**

Master of Public Health Integrating Experience

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Abstract

A research investigation explores how leadership plays an essential part in medical services along with its effects on patient results and organizational teamwork but fills a theoretical space regarding leadership performance assessment among Kazakhstan healthcare executives. Data collection took place using cross-sectional surveys which applied validated instruments—the Multifactor Leadership Questionnaire and Emotional Competency Profiler—to measure leadership styles and emotional intelligence alongside effectiveness in Astana and Almaty healthcare managers. Research demonstrates that public health leaders in Kazakhstan receive primarily medium effectiveness ratings according to survey findings yet excel at creating vision and developing followership but must improve vision implementation practices. Leadership styles which are both transformational and transactional, produce substantial positive links with effectiveness yet laissez-faire leadership proves to have no substantial relationship. Analysis demonstrates that well-educated and seasoned female leadership dominates but suggests a gender inequality problem in addition to a requirement for leadership training programs. The study suggests several recommendations which focus on strategic training that develops both transformational leadership approach and transactional leadership style together with emotional intelligence capabilities and strategic plan execution skills. Future studies must expand their research target to include a wider range of demographic groups while using long-term research approaches to study cultural effects on leadership performance.

Keywords: Leadership Effectiveness, Full range Leadership styles

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Acronyms and Abbreviations

AHMK	Association of Healthcare Managers of Kazakhstan
CEO	Chief Executive Officer
CFO	Chief Financial Officer
COO	Chief Operating Officer
CVI	Content Validity Index
ECP	Emotional Competency Profiler
EI	Emotional Intelligence
FRLT	Full Range Leadership Theory
HSTP	Health Sector Transformation Plan
IREC	Institutional Research Ethics Committee
LE	Leadership Effectiveness
LFL	Laissez-Faire Leadership
MLQ	Multifactor Leadership Questionnaire
MRG	Management Research Group
NUSOM	Nazarbayev University School of Medicine
TFL	Transformational Leadership
TSL	Transactional Leadership

CHAPTER ONE

1. Introduction

1.1. Background

In recent years, the healthcare sector has become a complex sector that requires effective leadership to deliver outstanding services, and effective leadership allows mobilizing resources and maximizing positive health outcomes within the system. Leadership refers to the ability to channel employees' attitudes, beliefs, and talents toward the organization's goals. Management also plays a key role in providing high-quality, and patient-centered care to build confidence in the organization's operations and alleviate concerns about good governance. To demonstrate continuous improvement for effective service delivery of healthcare organizations, effective leadership plays a crucial role both at regional and global level. Effective leadership, therefore, may be necessary to prevent any negative consequences that could impair team performance and the results of healthcare systems (Fatima et. al., 2018). These days, there is little data on the influence and efficacy of leadership interventions, and the literature does not consistently present data to build conclusive evidence about the practices that could increase the effectiveness of management in the healthcare sector (Abraham et. al., 2021).

The creation of the Kazakhstan Association of Healthcare Managers (AHMK) during 2017 marks an essential milestone toward developing competent leadership throughout Kazakhstan's healthcare system although insufficient leadership remains an obstacle to identify specific system weaknesses. AHMK received the status of republican organization from the Vice Minister of Justice Azamat Amirgaliyev on January 26, 2021 (Abilova, 2023). AHMK now enjoys status as a republican organization because of its expanding power and dedication to healthcare leadership development throughout Kazakhstan (Abilova, 2023). AHMK exists

to deliver leadership and innovative services that benefit healthcare managers throughout their professional work in both public and private healthcare institutions. In addition, there was a Center for Management which was created by the order of the Minister of Health dated April 22, 2011, No. 212 “On ensuring the functioning of the Center for Management created under the Project”, to enhance the effectiveness of healthcare management. However, only twenty-two studies and projects in the area of health management have been carried out by the Center, and none of them have focused on leadership effectiveness (NRCHD, 2025). Most of them are carried out on human resources within the healthcare industry such as guidelines “Methodological principles of corporate governance in medical organizations” and “Methodology according to the evaluation criteria of the members of the Supervisory Board, incl. Corporate Secretary”. Consequently, there is a lack of data regarding healthcare leadership assessments within hospitals in Kazakhstan. The field lacks quantitative studies to determine essential leadership abilities that guarantee effective healthcare management practices in Kazakhstan. Addressing this gap is crucial for understanding how leadership impacts healthcare outcomes and for developing strategies to enhance leadership effectiveness in the country.

However, it is essential to know that the effectiveness of leaders depends on multiple organizational and individual characteristics which consist of gender differences, work commitments, work experiences, organizational cultures, leadership styles and emotional intelligence. On the contrary, ineffective leadership leads to low employee motivation, poor teamwork, mistrust, low self-confidence, and insecurity. Therefore, studies in both directions on which characteristics define a good leader and which methods can be utilized to cultivate good leaders are essential for the new generation of managers.

Any leader that has a high level of education in healthcare leadership and behavioral traits will be able to build strong human relationships and reach the goals of a healthcare

system, even though the characteristics and mission of a workplace influence the development of leadership style (Ford et. al., 2016). Any practitioner might be able to adjust their emotional intelligence and educational/professional experiences to healthcare environments, political boundaries, economic conditions, and human resources (Denis et. al., 2016).

No modern organization has a policy for choosing leaders in any particular healthcare setting (Dubinsky et. al., 2015). The process for selecting leaders in healthcare organizations remains a topic of debate, despite the existence of a self-assessment questionnaire for aspiring leaders and a leadership selection framework proposed by Dubinsky et al. (2015). Therefore, leadership effectiveness may vary in differing healthcare affiliations because each leader will use their own work-life experience.

The challenges in applying leadership skills and adaptive traits among team members are often key factors behind leadership failures. One contributing factor could be the lack of uniform leadership training for medical students. As a result, many medical professionals rely on work experience in healthcare settings as their primary way to develop and implement leadership styles (Quince et. al., 2014). The absence of standardized training in leadership development creates unstable practices because medical professionals cannot develop common leadership competencies. The lack of an organized framework for leadership education and development makes it substantially difficult to develop effective leaders throughout the healthcare sector of Kazakhstan. The identified research gap requires study to establish improved leadership development strategies.

1.2. Problem Statement

There is a deficiency of research investigating leadership effectiveness within Kazakhstan's healthcare sector even though it stands as a vital element for healthcare quality together with efficiency. The insufficient understanding about leadership generates problems

for developing specialty training programs and it creates essential skill deficiencies among healthcare managers who must handle patient care enhancements, team performance improvements and healthcare system complexities.

1.3. Purpose of the study

Therefore, the purpose of this study is to evaluate healthcare leadership effectiveness among managers employed by Kazakhstani medical organizations (hospitals of various sizes and specialties), specifically in Astana and Almaty cities.

1.4. Research questions

- What are the self-reported levels of possession of core leadership skills among healthcare managers in Kazakhstan?
- What factors do healthcare managers in Kazakhstan perceive as influencing the development and utilization of their leadership skills?

1.5. Significance and Contributions of the Study

By examining leadership qualities and their connection to successful leadership within the framework of Kazakhstan's healthcare system, the study closes a significant research gap that is a lack of empirical research specifically focused on identifying the core leadership skills that are essential for effective healthcare management in the country. Such information provides fundamental value to national performance enhancement while fueling leadership development. The research data will provide directions for building initiatives that enhance healthcare manager performance in Kazakhstan through leadership training and evaluation systems development. In addition, the study can help improve healthcare standards and boost the effectiveness of healthcare services in Kazakhstan by identifying the fundamental leadership characteristics required for efficient healthcare management. Effective leadership development programs may be designed based on the study findings, which can offer insightful

information on the variables influencing healthcare managers' growth and use of leadership skills. Moreover, the results from this study contribute new knowledge about healthcare leadership specifically among emerging nations that maintain similar healthcare systems worldwide.

1.6. Outline of the study

This Master's Research Thesis consists of six main chapters, which are: Introduction, Literature review, Methodology, Findings, Discussion and Conclusion. In Chapter 1, I describe the problem statement, the purpose of the study, and the research questions, and highlight the significance of the study and its potential to address gaps in research and guide leadership development initiatives for enhancing healthcare management in the country. Chapter 2 reviews the literature. Firstly, I look at the concept and definition of leadership and leadership theories. Secondly, I highlight the importance of effective leadership in healthcare. Then, the transformation of Kazakhstan's healthcare system and Leadership Development is discussed. The chapter concludes with evolving role of Leadership Development in Organizational change. Chapter 3 provides the methodology details used for the study. A quantitative research design has been used for the study. The data was collected via a cross-sectional survey of healthcare managers. Data on demographics, leadership abilities, perceived possession, perceived effectiveness, and influencing variables are all gathered through the survey. Ethical issues were addressed, and ethical principles was maintained according to NUSOM ethical guidelines. Chapter 4 has presented the major findings of the study, outlining the responses of the participants from the survey. These findings were presented according to the research questions. In the following Chapter 5 the study findings that emerged during the data analysis process were discussed in relation to the literature that was relevant to the purpose of the study. The findings are discussed and their relevance to each research question of the study. In the final chapter 6, there were provided a summary of the key findings addressing the research

questions, acknowledging the limitations of this study, and commencing by laying out suggestions for further research.

1.7. Hypothesis

Four hypotheses were formulated and tested:

- **H1:** A positive and significant relationship exists between Transformational Leadership (TFL) and Leadership Effectiveness (LE) in Almaty and Astana.
- **H2:** A positive and significant relationship exists between Transactional Leadership (TSL) and Leadership Effectiveness (LE) in Almaty and Astana.
- **H3:** A negative and significant relationship exists between Laissez-Faire Leadership (LFL) and Leadership Effectiveness (LE) in Almaty and Astana.
- **H4:** A positive and significant relationship exists between Emotional Intelligence (EI) and Leadership Effectiveness (LE) in Almaty and Astana

1.8. Conclusion

The main points from this chapter demonstrate the essential role of effective leadership for health improvement as Kazakhstan's healthcare leadership data remains under development. This research explains what core leadership attributes lead to being essential for efficient leadership and examines healthcare manager competence levels in these traits. Additionally, the study determines whether leadership competencies match subjective ratings of leadership effectiveness. Finally, the study addresses which factors help develop and execute these leadership practices. This research gap requires immediate attention because the investigation both solves present leader challenges while creating guidance to produce future healthcare leaders who can advance significant outcomes for organizations and patients. Therefore, the following chapters will elaborate on the further elements of the study.

CHAPTER TWO

2. Literature review

2.1. Introduction

This chapter's literature review explores the theoretical and empirical foundations relevant to the study's purpose. The theoretical section provides a critical analysis of three interconnected study variables: full-range leadership styles, emotional intelligence, and leadership effectiveness. The empirical section summarizes findings from previous studies, highlights gaps in the research, situation in Kazakhstan, and introduces the proposed research model.

Multiple information sources were utilized, including peer-reviewed journals, periodicals, and books available primarily through Nazarbayev University library. In addition, databases like Google Scholar, Academic Search Premier (EBSCO), and PubMed were used to conduct this literature review. The search words included: “healthcare leadership”, “leadership effectiveness”, “leadership in Kazakhstan”, “full-range leadership theory”.

Mendeley Reference Manager facilitated literature review and citation management, the reference management tool. Articles primarily were looked in English and Russian languages both were used during search process. The literature review covered the period of last 30 years.

2.2. Definition of the term “Leadership” and Leadership theories

Numerous academics have defined the term “leadership” differently. For example, according to Abbasialiya (2010), leadership is any actions of a leader that influences the accomplishment of goals and the well-being of staff members and the company. As stated by

Griffin (2012), leadership entails a sort of duty meant to accomplish certain goals by utilizing the existing resources, such as material and human, and guaranteeing a cohesive and coherent organization in the process. There are a lot of other definitions of the term “leadership” but all of them have in common: process, influence and achieving goals.

The Full Range Leadership Theory (FRLT) has emerged as one of the most widely studied and validated leadership models in recent years. According to Bodla (2010), it is among the most contemporary and globally adopted frameworks for assessing leadership effectiveness. Moreover, FRLT is one of the primary models used to assess leadership effectiveness. It distinguishes between active and passive leadership styles and suggests that leaders who adopt more active approaches tend to be more successful.

2.3. Full Range Leadership Theory

According to the Full Range Leadership Theory growth model, the elements are arranged in a single continuum that extends from the transformational style, which is very active and effective, to the laissez-faire style, which is very passive and ineffectual. The transactional leadership style is depicted at the middle of the continuum, and each component is examined under the leadership style classification. According to Bass and Avolio (1997), there are three components of Full Range Leadership theory: transformational, transactional, and laissez-faire.

A. Transformational Leadership

Numerous academics have offered a variety of reasons regarding transformational leadership, stating that its characteristics include the ability to inspire, express a vision, and motivate others to accomplish great feats. Four elements make up transformational leadership, according to Bass and Avolio (1997): Individual Consideration, Inspirational Motivation, Idealized influence and Intellectual Stimulation. The charismatic components of idealized

influence are what make leaders trustworthy role models for their followers. The leaders exhibit a great deal of perseverance and resolve in pursuing their goals, exhibit high standards of moral behavior and ethics, put the interests of their subordinates before their own, and share both achievements and dangers with them. Leaders who use inspirational motivation drive performance by building meaning and optimism alongside enthusiasm in their employees' tasks but transformational leaders drive employees to reach goals through common visions and performance expectations and commitment to success. A transformational leader uses intellectual stimulation to promote innovative and creative thinking through problem reframing and assumption challenges combined with rational thinking. Individualized consideration is a trait of transformational leadership that involves stimulation of respectful relationships, addressing individual needs for growth, mentoring, and supporting subordinates in a nurturing environment to help them reach their full potential.

The transformational style that generates increased motivation through custodian practices also creates potential dangers due to its dependence on charismatic traits. The excessive focus on a leader's vision in healthcare might disrupt both team collaboration and create leadership fatigue due to demanding ethical standards. The focus on intellectual stimulation together with innovative problem-solving in transformational leadership encounters obstacles when implementing these practices in hospitals due to their strict protocols. The high importance of evidence-based practices and adherence to protocols within certain settings creates doubts about how well transformational leadership models would function in these environments.

B. Transactional Leadership

Booyens (1997) explains that transactional leadership is rooted in the legitimacy of traditional bureaucratic authority. Under this leadership style leaders participate directly with

their subordinates through mutual exchanges of essential resources like information. The main focus of transactional leaders consists of enhancing the existing operational environment as opposed to implementing extensive organizational changes. Key features of transactional leadership include contingent rewards and management-by-exception, which can be either active or passive.

Bass & Avolio (1997) describe contingent reward as the leadership process that combines motivating actions between leaders and followers through rewards, promises or praise to reach performance goals. They emphasized that contingent reward is a powerful leadership tool because it helps align employee and group performance with established goals. Management-by-exception can be categorized as either active or passive. Actively supervising team members while checking for violations of protocol or performance standards is the duty of leaders in the active form of leadership. The leaders proactively solve potential issues prior to the occurrence of irregularities according to Bass & Avolio (1997). The passive implementation of management-by-exception happens when leaders only assist when problems develop, or standards remain unfulfilled. A leader with this style maintains the principle that they should not repair things which function well, and this practice leads to problems with delayed corrective measures (Bass & Avolio, 1997).

The main function of transactional leadership as a stabilizing force remains criticized because its approach seems mechanical despite its goal of operational efficiency. The contingent reward system together with management-by-exception applies directly to healthcare settings because they require clear standards and accountability measures. Team success can be tied to important metrics through contingent rewards to make sure operational effectiveness is maintained. The strong focus of transactional leadership on handling daily responsibilities becomes a barrier to innovation because it pushes intrinsic motivation to remain deeply hidden within transactional work environments. The complex nature of healthcare

system structural issues requires leadership that exceeds transactional methods since visionary solutions are needed for reform.

C. Laissez-faire

Leadership experts identified laissez-faire leadership, also known as "hands-off" leadership, as a non-transactional leadership behavior inside the full-range leadership development model (Bass & Avolio 1997). Mester et al. (2003) point out that this leadership style depends on leaders who stay out of team member interaction by not choosing, rewarding or sharing both encouraging and critical feedback. Leaders who follow the laissez-faire style will hand over all decision-making authority to other individuals.

Laissez-faire leadership generates negative criticism because of its passive approach yet many people regard it as unproductive. Leadership by avoidance of decision-making processes along with a refusal to take responsibility leads to worsened problems regarding team role conflicts and decreased accountability and team member frustration (Mester et al., 2003). The laissez-faire leadership style shows effectiveness when leaders use it at particular times and places to promote innovation and autonomy. Research-driven healthcare teams with highly skilled specialty units succeed when left to their own devices due to the empowering effect on expert staff members who can then become more creative and assume ownership of their work. A hands-off leadership style presents significant problems during crises along with environments requiring intensive supervision. Patient safety and timely medical decisions are vital in healthcare so the effects of this type of leadership can create dangerous outcomes.

2.4. Understanding Emotional Intelligence

After a surge of interest in emotional intelligence research during the mid-1990s both popular and educational sectors began to expand their focus on this field of study. Mayer and colleagues (2004) propose that for emotional intelligence to be considered a genuine form of

intelligence, it must meet three key criteria. The three essential criteria for studying emotional intelligence include: 1) defining it as a unique set of competencies (Conceptual), 2) verifying its linkages with parallel assessment measures (Correlational) and 3) demonstrating its growth through experiential and developmental stages (Developmental).

Mayer and his colleagues (2004) defined emotional intelligence as the capacity to analyze emotions for logical improvement of judgment and decision-making abilities. The healthcare environment requires emotional intelligence to be more than theoretical knowledge since it delivers practical abilities for professionals to handle patient interactions and team dynamics along with leadership tasks. The development of these competencies enables people to improve personal performance while building a more emotional and operationally efficient healthcare environment.

According to Wolmarans (2001), emotional intelligence encompasses a distinct set of competencies utilized to develop the Emotional Competency Profiler (ECP), which is subsequently employed to assess overall emotional intelligence. The Emotional Competency Model developed by Wolmarans consists of seven specific dimensions:

Self-motivated individuals develop challenging objectives that they transform into meaningful visions. The model emphasizes keeping focused optimism when faced with obstacles that stand between you and your set goals. The dimension requires dedicated commitment toward an individual purpose along with sustained continuous work toward its achievement. Having self-esteem consists of two components which are bold adherence to your core values while receiving criticism and showing openness to admit wrongdoings or laughing at your mistakes when appropriate. The first step of this process requires you to embrace all your abilities and weaknesses without reservations or moral judgment. The ability to manage stress includes proper handling plus maintaining equilibrium between physicality along with

both mental and spiritual states. Self-management means sustaining each element of your wellness without compromising any aspect for any other aspect. People with this skill exhibit a calm nature that remains unchanged when facing conflict.

2.5. Leadership Effectiveness Dimensions

In this study, three essential elements were used to evaluate leadership effectiveness as a dependent variable in this research: creating a vision, implementing the vision, and developing followership. These dimensions were drawn from the framework established by the Management Research Group (Williams, 2013): creating vision, developing fellowship and implementing the vision.

The dimension of creating a vision focuses on a leader's ability to demonstrate several key competencies. Conservative thinking bases problem assessment by using established protocols to keep stability and support present status and lower possible risks. Such method delivers foreseeable and consistent results which promotes organizational consistency. Innovative thinking emerges through leaders who show the ability to handle dynamic situations through calculated risks alongside exploration of new concepts. Modifying internal structures for quick reaction to workplace speed requires this fundamental competency.

Leadership development through followership requires creating motivation and getting others to support their strategic direction. The adoption of an approachable and friendly informal attitude helps leaders build strong personal relationships with their team members. The ability to develop followership leads leaders to establish personal connections with team members that foster understanding and respect.

To carry out strategic implementation a leader must turn concepts into operational strategies then verify successful execution. The implementation process demands structure through systematic organization to create precise guidelines and procedural methods that

enhance work process consistency. A leader must be tactical at all times in order to achieve quick results by employing practical short-term strategies. The capacity to work on short-term needs while maintaining focus on extended outcome goals supports continued advancement.

2.6. The Importance of Effective Leadership in Healthcare

The achievement of organizational success depends heavily on effective leadership throughout every type of business entity particularly in healthcare institutions. Medical institutions require powerful leadership to solve complex issues alongside better patient results and secure flexible organizational management. Healthcare has experienced substantial changes during recent years because of three main factors that include technological innovations along with population trends and modifications in healthcare policies. The healthcare leadership must constantly adapt their strategy because of these evolving changes.

For example, a study that contributes to the understanding of healthcare leadership effectiveness is the mixed methods research by Teame et al. (2022), titled “Healthcare Leadership Effectiveness among Managers in Public Health Institutions of Addis Ababa, Central Ethiopia.” The study aimed to evaluate leadership effectiveness and its associated factors among managers in public health institutions in Addis Ababa. Although strong leadership is recognized as essential for improving performance in Primary Health Care Units, many African health systems—including Ethiopia’s—are characterized as fragile and under-resourced. The authors emphasized that effective healthcare leadership plays a critical role in saving lives and reducing mortality. However, a lack of leadership commitment was identified as a major barrier to implementing health reforms, despite the country’s introduction of the Health Sector Transformation Plan (HSTP), in which leadership was designated as a key pillar. The study concluded that the absence of strong leadership remained a significant challenge in realizing the goals of HSTP and achieving systemic improvements in healthcare.

The study by Teame et al. (2022) underscores the vital role of leadership in improving healthcare outcomes and navigating systemic challenges, aligning with broader efforts to understand leadership effectiveness in diverse healthcare environments. Although Ethiopia's context—characterized by weak infrastructure and limited leadership commitment—differs from Kazakhstan's more structured and reform-oriented system, the study's emphasis on leadership as a cornerstone of healthcare excellence provides a valuable point of comparison. Like Ethiopia, Kazakhstan faces leadership-related challenges, particularly in the implementation of strategic reforms and the translation of policy into practice. While the specific factors and leadership models may differ between the two settings, the study offers theoretical and practical insights into the transformative potential of effective leadership. Thus, it contributes meaningfully to the global discourse on healthcare leadership and highlights the importance of context-specific research in shaping leadership development strategies.

2.7. The evolving role of Leadership Development in Organizational change

Research on leadership development in the changing sector is receiving more attention since organizational change is multifaceted (Battilana et al., 2010). The success of change in that regard depends on several kinds of adjustments to leadership activities (Budhoo, 2012). One of the starting points is that when organizational change occurs, leadership must also change (Viitala et al., 2017). It is crucial to examine the roles and competencies of present leaders in order to create, carry out, and assess an efficient method of developing leadership competencies. As Viitala et al. (2017) argue, there is a need to strengthen the role of leadership and its development as a strategic asset and a general organizational-level issue. Although there is research available worldwide on leadership and management skills, as well as on a range of mechanisms for improving the skills of medical leaders, context is always important (ProInCa, 2018). One of the reasons for differences in leadership practices across countries is national

culture, although leadership behaviors are important across countries and cultures (Posner, 2013).

According to Kantanen et al. (2017), self-assessment is one method of evaluating leadership competencies; nevertheless, it should not be used to determine who the "best" or "worst" leaders are. In addition to serving as a tool to guide the required leadership development techniques, a shared competency model makes it easier to connect development activities to goals and objectives. (Day et al, 2014). According to other studies, leaders may think better of themselves than their staff members because they place a larger value on their active participation in staff development than do their staff members (Skela Savic and Robida 2013).

2.8. The transformation of Kazakhstan's healthcare system and Leadership Development

The entire social and economic structure of the Republic of Kazakhstan has undergone an extensive transformation, including the healthcare system (Omira et. al., 2024). It required almost thirty years to complete the reformation. During this time, new technical solutions are being implemented and the state management system is being reoriented. Thus, the years leading up to 2014 saw the Republic of Kazakhstan undergo a significant transition, which made it possible for the healthcare industry to stabilize (Omira et. al., 2024). In this context, the Kazakhstan Association of Healthcare Managers (AHMK) serves as the key organization for this transformation which was formed in 2017. AHMK won the republican organization status through the choice of Vice Minister of Justice Azamat Amirgaliyev on January 26, 2021 (Abilova, 2023). The AHMK exists to lead healthcare leadership while delivering expert assistance to management specialists throughout the healthcare industry both in the private and public sectors (Abilova, 2023). The Kazakhstan Association of Healthcare Managers (AHMK)

developed significant progress toward their healthcare leadership competency model for managers however they must address the underdevelopment of their website since multiple sections are unfinished. Thus, it might seem that Kazakhstan faces continuing obstacles in creating a complete infrastructure which supports healthcare leadership development across the country. The website displays a promising move to improve healthcare sector leadership effectiveness through its display of the competency model yet additional efforts are essential to achieve its complete dissemination and deployment.

The healthcare industry faces continuous difficulties in executing a comprehensive solution to leadership development requirements. Data indicates healthcare leadership competencies in Kazakhstan's hospital sector continue to encounter application barriers for effective leadership principles. The field lacks extensive research together with specific data related to healthcare leadership effectiveness. The ongoing research deficit indicates the essential need to conduct additional empirical studies for leadership improvement because Kazakhstan is currently undergoing healthcare reforms.

2.9. Conclusion

The literature review has explored various factors and challenges that affect leadership effectiveness. The observed literature indicates that Kazakhstan's healthcare changes need more investigations of specified leadership competencies which lead to effective management practices in this context thus additional research is required to develop recommendations.

In the next Chapter 3, there will be provided information on study methodology, particularly research design, research site, sampling, data collection, data analysis approaches.

CHAPTER THREE

3. Methodology

3.1. Introduction

This chapter focuses on the study's design and methodology. It provides an overview of the study area, research design, hypothesis, study population, sampling frame, and sampling methods. Additionally, it outlines the data sources, methods of data collection and analysis, and explains the rationale for choosing certain approaches and the procedures for conducting them. Finally, it concludes with a discussion of the ethical considerations and quality assurance issues involved in the study.

3.2. Research design:

A cross-sectional survey design was employed to collect data from healthcare managers working in medical organizations, which are hospitals of various sizes and specialties, in Kazakhstan, specifically in Astana and Almaty. A structured questionnaire was used to measure the different variables such as demographic indicators, leadership competencies, and effectiveness. A set of population-related factors which includes age, gender, academic level, career experience and employment level comprise demographic indicators. The validated Leadership skills assessment tool evaluated different leadership competencies from communication through decision-making to problem-solving and innovation to interpersonal abilities. Finally, leadership effectiveness is a validated scale that was used to measure the perceived effectiveness of healthcare managers in their roles.

3.3. Hypothesis

- **H1:** A positive and significant relationship exists between Transformational Leadership (TFL) and Leadership Effectiveness (LE) in Almaty and Astana.

- **H2:** A positive and significant relationship exists between Transactional Leadership (TSL) and Leadership Effectiveness (LE) in Almaty and Astana.
- **H3:** A negative and significant relationship exists between Laissez-Faire Leadership (LFL) and Leadership Effectiveness (LE) in Almaty and Astana.
- **H4:** A positive and significant relationship exists between Emotional Intelligence (EI) and Leadership Effectiveness (LE) in Almaty and Astana

3.4. Participants and Sampling approach:

A sample size of 10% of the target population is appropriate for obtaining statistically significant results, provided the sample size exceeds 30 (Mugenda, 2003). Since our target population exceeds 300 people, our sample size will be well above this threshold, ensuring statistical significance.

There are 52 public clinics, hospitals, and outpatient clinics in Astana, and 121 in Almaty, and there is an even bigger disparity in private clinics. Determining the exact number of healthcare managers in Almaty and Astana is challenging due to limited publicly available data. Assuming an average of five managers per institution, the estimated target population is 865.

To achieve a representative sample, approximately 80 healthcare managers were randomly selected from medical organizations in Astana and Almaty. The research employed stratified sampling to obtain proper representation between different health facilities including hospitals clinics and health centers while dividing managers into three groups based on their positions as basic (linear), mid-level and senior management staff. The participants were randomly selected from each stratum to maintain research reliability and prevent biased selection outcomes. The research sampling technique successfully obtained representative leadership insight from different healthcare settings and managerial positions. By applying

these two stratification criteria, the study established a clear and systematic approach to achieving a balanced and representative sample of healthcare managers in Astana and Almaty.

The three main levels of healthcare management are basic (linear), mid-level, and senior level. Basic managers focus on regulating specific departments while handling personnel schedules and executing day-to-day tasks and managing budgets together with regulations. Department heads along with directors constitute middle-level management that handles tasks including quality control and budget supervision and staffing management and strategic planning. CEOs together with COOs and CFOs ensure financial success and strategic leadership of the organization. Long-term planning along with strategic decision-making and business development and stability are the core responsibilities of these senior managers.

Managers with less than six months of service duration were not included in this study because they do not have enough experience and knowledge to give objective and significant feedback. Their limited experience acts as a barrier to giving objective assessments regarding leadership competencies combined with effectiveness. Studies using unseasoned managers could damage both the reliability and validity of their findings through the introduction of unreliable yet inaccurate participant data.

3.5. Data Collection:

Data for this study was collected through a structured survey administered to healthcare managers in Astana and Almaty. There were five sections to the survey. The first section gathers demographic information about the respondents; the second section asks general questions; the third section addresses leadership styles; and the fourth section addresses emotional intelligence. Lastly, the fifth section is intended for inquiries on the efficacy of leadership. Therefore, the Multifactor Leadership Questionnaire (MLQ), which was adopted from Bass and Avolio (1997), was used to gather data on full leadership style, and the

Emotional Competency Profiler (ECP), which was created by Wolmarans and Martins (2001), was used to gather data on emotional intelligence. Meanwhile, the Management Research Group (MRG) questionnaire was used to evaluate the effectiveness of the leaders (Williams, 2013). Adopting these questionnaires from earlier research was primarily motivated by the fact that they are more standardized, have been widely utilized by many researchers in related studies, and have been validated and vetted for dependability.

The survey was mostly disseminated online via the survey platform Qualtrics. Effective data gathering and analysis are made possible by this approach. Additionally, healthcare managers contacted directly via email and given a link to the online survey. Paper-based surveys were given out in person to healthcare administrators at various facilities in situations where internet access was restricted. The goal of this multi-modal strategy is to provide a representative and varied sample while also optimizing participation. Prior to participants beginning the questionnaire, informed consent was displayed on the Qualtrics platform. The consent form included the contact details for the NUSOM IREC and investigators, so participants may ask them any questions they may have. Survey participants received specific guidance on survey completion while an assurance about response confidentiality was provided. The team sent reminder notices to non-responding individuals in order to boost survey completion rates.

3.6. Data Analysis:

Descriptive statistics were employed to summarize respondent demographics and assess perceived levels of leadership competencies and effectiveness such as minimum, maximum, mean, standard deviation, percentages, and Pearson correlation. These numbers helped to analyze the relationship between the study variables.

Multiple linear regression analysis was not used since the total respondents who answered all survey questions (n=40) remained low. The researcher settled on this approach as a bigger participant number was necessary to create reliable and valid regression models. Correlation analysis is conducted to examine the relationship between leadership competencies and leadership effectiveness. Correlation analysis was used by the research to investigate relations between leadership style-emotional intelligence and leadership effectiveness. The research design chosen by investigator proved appropriate due to the participant numbers fitting the investigation aims and specifications. Also, it is used to examine the effect of independent variables on the dependent variable, specifically, it helped to identify the factors that predict leadership effectiveness with the help of Stata software. A p-value evaluation measured the relationship strength and degree of significance in these associations keeping $p < 0.05$ as the statistical threshold.

The reliability of the given measurement procedure is maintained. To keep the accuracy and precision of data collection instruments, standardized questionnaires such as the Multifactor Leadership Questionnaire (MLQ), Emotional Competency Profiler (ECP), and leaders' effectiveness assessment questionnaire from MRG were used. Moreover, Cronbach's alpha test was used to evaluate accuracy and precision. If the number is more than 0.70, it should be considered acceptable and reliable.

Ensuring validity is crucial to confirm that the statements in the questionnaire are relevant to the study. This can be assessed using the Content Validity Index (CVI):

$$CVI = \frac{\text{Number of agreed}}{\text{Total number}}$$

$$CVI = \frac{72 + 70 + 69 + 71 + 73 + 68 + 67 + 69 + 66 + 70}{10 \times 77} = 0.90$$

The survey result was calculated to be 0.90, exceeding the threshold of 0.70, which confirms the validity of the instruments used in this study.

3.7. Ethical Considerations:

This study was conducted entirely in accordance with NUSOM research ethics guidelines. The researchers sought valuable permission from their subject pool to demonstrate awareness about both study functions and operational methods as well as safety hazards. The research maintained constant confidentiality status to safeguard participant personal information from the start to the conclusion of the study. All research participants could freely choose to take part in the study without any obligation and they possessed the ability to leave the study whenever they wanted. The research project maintained participant confidentiality from its beginning to its completion. For the protection of participant privacy their information underwent anonymization before any measures for data protection were activated. The Institutional Research Ethics Committee (IREC) at Nazarbayev University School of Medicine granted the ethical approval to follow approved guidelines during the research. During the study all participants received complete protection of their rights and their results remained free from falsification.

3.8. Limitations:

This study has several limitations, starting from the sample size that may be relatively small, limiting the generalizability of the findings. Astana and Almaty were selected as study areas because they function as major cities with multiple healthcare facilities which provided an effective research site. The restricted geographical scope prevents complete representation of leadership dynamics in less urban areas of Kazakhstan because they have potential unique challenges compared to major urban centers. The study collects data from participants who report their perceived abilities on leadership but these self-reported assessments might include possible distortions from social desirability bias and ability overestimation effects. The evaluation of perceived effectiveness functions as a valuable metric yet it fails to provide an

objective view of actual leadership effectiveness measurement. A cross-sectional design approach limits researchers from determining cause-effect relationships between leadership competencies and their effective outcomes. The assessment of perceived competencies fails to include all important competencies for full evaluation. As we got responses from healthcare managers, who are mostly busy, it caused a low response rate that negatively affected sample representativeness.

3.9. Conclusion

This chapter provided a detailed description of the methodology of the Master's Thesis. The data collection method was a structured survey. Pearson correlation helped to identify the factors that predict leadership effectiveness using Stata software. The reliability and validity of the given measurement procedure are maintained. Ethical issues were addressed, and ethical principles were maintained according to NUSOM ethical guidelines.

CHAPTER FOUR

4. Results

4.1. Introduction

This chapter outlines the findings of the study on Healthcare Leadership Effectiveness among Managers in Medical Organizations of Kazakhstan. To achieve the study's objective, a total of 77 answers to the survey were collected from participants from Almaty and Astana cities, Kazakhstan.

4.2. Respondents' general characteristics

Table 1. Gender distribution of respondents

Gender	Freq.	Percent
Female	62	80.52
Male	15	19.48
Total	77	100.00

The study's sample consisted of 77 participants, of which 62 (80.52%) identified as female and 15 (19.48%) identified as male (Table 1). This distribution indicates a higher proportion of female participants compared to male participants. The survey results display an evident gender bias among healthcare managers suggesting potential gender characteristics of health management roles in the studied environment. The results could be affected by the high number of female respondents in the study since gender differences in leadership understanding could exist.

Table 2. Gender to Age distribution of respondents

Gender	Age				Total
	18-30 y..	31-40 y..	41-50 y..	51-60 y..	
Female	16	15	16	15	62
Male	2	5	3	5	15
Total	18	20	19	20	77

The sample of 77 participants was analyzed based on gender and age distribution (Table 2). Among the 62 female participants, 16 (25.81%) were aged 18–30 years, 15 (24.19%) were aged 31–40 years, 16 (25.81%) were aged 41–50 years, and 15 (24.19%) were aged 51–60 years. Of the 15 male participants, 2 (13.33%) were aged 18–30 years, 5 (33.33%) were aged 31–40 years, 3 (20.00%) were aged 41–50 years, and 5 (33.33%) were aged 51–60 years.

Overall, an equal distribution of participants organized according to age groups occurred during the study since 18 participants (23.38%) fell between 18–30 years old and 20 participants (25.97%) were within 31–40 year range along with 19 participants (24.68%) between 41–50 years old and 20 participants (25.97%) from 51–60 years old.

The study data demonstrates strong gender inequality regarding participant age distribution. The female demographic shows stable distribution by age group although males have lower numbers in all four age groups including an extreme shortage in teenage and older adult demographics. The unequal gender distribution of participants stands as a crucial issue that requires investigation due to sampling biases or genuine differences between male and female involvement in the monitored population.

Table 3. Education level of respondents

Level of education - Selected Choice	Freq.	Percent
Diploma	9	11.69
First Degree	17	22.08
Master Degree	28	36.36
Other	8	10.39
PhD	15	19.48
Total	77	100.00

The educational qualifications of the 77 participants were categorized into five levels (Table 3). A total of 9 participants (11.69%) reported holding a college diploma, while 17 participants (22.08%) indicated having a first degree. The majority, 28 participants (36.36%), held a master’s degree. The statistical data implies that education beyond the undergraduate level exists as a priority for this population group. Among the respondents, 10.39% held unspecified qualifications while 19.48% had earned their PhD. The participant sample showed diverse academic qualifications because advanced degrees (master’s and PhD) made up a substantial part of the cohort. The high numbers of Master's degree recipients point to an industry or professional field that needs specialized skills from candidates who graduated with this level of study.

Table 4. Service years of respondents

Service years	Freq.	Percent
1-5 years	15	20.27
11-15 years	8	10.81
16 years and above	38	51.35
6-10 years	13	17.57
Total	74	100.00

The distribution of participants based on years of service was analyzed among 74 individuals (Table 4). A total of 15 participants (20.27%) had 1–5 years of service, while 13 participants (17.57%) reported 6–10 years of service. Those with 11–15 years of service comprised 8 participants (10.81%), and the majority, 38 participants (51.35%), had 16 years or more of service. The research indicates that participants with more than 16 years of experience make up a majority of the surveyed population.

The data indicates two concentrated groups exist among employees at the company: one composed of new staff members and another consisting of highly experienced personnel while the middle stages show limited numbers. Two possible interpretations from this data point either indicate that many older staff remain at their positions or new workers begin joining the team. The inactive presence of middle-level employees makes it challenging to develop successful leadership continuity programs.

Table 5. Current work position of respondents

Current work position - Selected Choice	Freq.	Percent
Core process coordinator	4	5.41
Expert	12	16.22
Other	35	47.30
Top leader	17	22.97
Vice leader	6	8.11
Total	74	100.00

The current work positions of the 74 participants were categorized into five roles (Table 5). A total of 4 participants (5.41%) held the position of Core Process Coordinator, while 12 participants (16.22%) were identified as Experts. The majority, 35 participants (47.30%), fell under the "Other" category. It included positions such as Faculty member, physician, cytologist, morphologist, Medical Director and Team Leader. Additionally, 17 participants (22.97%) were classified as Top Leaders, and 6 participants (8.11%) were Vice Leaders. The study reveals that leadership positions extend beyond traditional categories since a major portion of participants work outside predefined roles even though they hold leadership responsibilities.

Results show that participants mainly consist of females who possess doctoral-level education and professional experience exceeding sixteen years. Most participants fall into the "Other" work position category.

4.3. Characteristic Statistics

According to Williams (2013), if the agreement of raters is greater than 75%, then the overall leadership effectiveness is high; if it is more than 50 and less than or equal to 74%, then it is medium; and if it is less than or equal to 50%, then it is low. The maximum percentage of respondents' agreement with the three characteristics of leadership effectiveness falls between 50% and 74%, as shown in Tables 6, 7, and 8. This suggests that overall leadership effectiveness in the chosen public sectors is at a medium level. Furthermore, the mean value of "Implementing vision" is less than the other two leadership effectiveness characteristics. This suggests that organizational vision execution is lacking among leaders in the chosen public sectors of the study area.

Table 6. Leadership effectiveness in “Creating vision” (mean – 2.28)

How do you rate leadership effectiveness with respect to the leadership effectiveness	Freq.	Percent
High	21	33.33
Low	3	4.76
Medium	39	61.90
Total	63	100.00

The participants were asked to rate leadership effectiveness in Creating vision, and their responses were categorized into three levels. Out of the 63 participants, 39 (61.90%) rated leadership effectiveness as "Medium," followed by 21 participants (33.33%) who rated it as "High." Only 3 participants (4.76%) rated leadership effectiveness as "Low." Research needs to uncover why many individuals view the vision as "Medium" rating since it may stem from an unclear vision or ineffectual communication between the vision and operational tasks or inadequate vision promotion. Enhanced communication efforts about the vision could possibly drive "High" rating responses from employees making the workforce both more unified and more motivated.

Table 7. Leadership effectiveness in “Implementing vision” (mean – 2.13)

How do you rate leadership effectiveness with respect to the leadership effectiveness	Freq.	Percent
High	14	22.22
Low	6	9.52
Medium	43	68.25
Total	63	100.00

The participants evaluated leadership effectiveness in Implementing vision, and their responses were categorized into three levels. Results from 63 participants showed that a substantial number of 43 individuals or 68.25% considered leadership effectiveness to be at the medium level. Among the participants fourteen individuals (22.22%) assigned leadership effectiveness a "High" rating and six participants (9.52%) placed it at "Low."

Multiple issues with implementation strategies and resource accessibility together with communication and coordination problems seem to have developed during the implementation phase. The attention needs to center on analyzing concrete obstacles to operational success so proper adjustments can be made for better execution between goals and practical achievements. Failure to address these challenges will trigger both momentum loss and strategic vision unfulfillment for the organization.

Table 8. Leadership effectiveness in “Developing followership” (mean – 2.17)

How do you rate leadership effectiveness with respect to the leadership effectiveness	Freq.	Percent
High	17	26.98
Low	6	9.52
Medium	40	63.49
Total	63	100.00

The assessment of leadership effectiveness in "Developing Followership" revealed that most respondents, 40 out of 63 (63.49%), rated it as "Medium." Additionally, 17 participants (26.98%) perceived leadership effectiveness in this area as "High," while 6 respondents (9.52%) rated it as "Low."

The development of followership transcends task direction because leaders must create relationships through trust-building and aim to inspire commitment from their followers. Some organizations should concentrate on analyzing the "Medium" rating causes before introducing strategies that would build stronger leader-follower connections through development chances appreciation programs and alignment toward shared goals. The enhancement of these leadership elements enables leaders to develop a more engaged team that achieves better performance results.

Leadership effectiveness is predominantly rated as "Medium" in all three aspects (implementing vision, influencing others, and developing followership). A substantial number

of survey participants scored the variable as "High" shows strong areas but the minimal ratings as "Low" points toward particular aspects which need additional attention. Leadership development initiatives should concentrate on enhancing strategies for advancing from moderate to high effective performance in all dimensions.

In addition, the reported sample size varies between 63 and 74 respondents across different tables and analyses due to varying response rates for specific questions in the survey. While the total number of distributed surveys yielded 77 initial responses, not all participants answered every question. The study population of healthcare managers show such differences because of their rigorous professional commitments and limited schedule availability.

Non-response to particular questions introduces potential bias, as it reflects the challenges of obtaining comprehensive data from busy professionals in leadership roles. This non-response may also skew the results if the characteristics of those who skipped certain questions differ significantly from those who completed them. The findings of this research face challenges due to non-response bias because it reduces study generalization to the population. Survey participants who did not respond to all questions demonstrated different viewpoints or capabilities than respondents who answered the questionnaire thus leading to potential misrepresentation of certain approaches.

4.4. Identifying the relationship between the main variables of the study

Table 9. Pearson Correlation matrix

	LE	TF	TS	LF	EI
LE	1.0000				
TF	0.4534* 0.0038	1.0000			
TS	0.5424* 0.0004	0.3441* 0.0166	1.0000		
LF	0.2617 0.1076	-0.0995 0.5056	0.2069 0.1630	1.0000	
EI	0.5696* 0.0002	0.2361 0.1275	0.3792* 0.0122	0.0625 0.6904	1.0000

A Pearson correlation test was performed to analyze the relationship between the independent variables (TFL, TSL, LFL, and EI) and the dependent variable (LE), as given in Table 9. Additionally, the strength of the association between these variables was assessed using correlation effect size guidelines outlined by Evans (1996).

Table 10. Assessing the effect size of correlation results

R	r^2	Strength
0 – 0.19	0 – 4%	Very weak
0.20 – 0.39	4 – 16%	Weak
0.40 – 0.59	16 – 36%	Moderate
0.60 – 0.79	36 – 64%	Strong
0.80 – 1.0	64 – 100%	Very strong

The results in Table 9 display that leadership effectiveness shows a positive significant relationship with transformational leadership style which reaches a value of $r = 0.4534$. The p-value (0.038) produces results below the alpha threshold (0.05) indicating that the research relationship maintains significance in the study area. Additionally, when compared to the research validation norm, the strength of this association falls within the moderate range ($r^2 = 0.18$).

Table 9 shows that the relationship between leadership effectiveness (LE) and transactional leadership (TSL) yields $r = 0.5424$ with a p-value of 0.0004 and reaches below the 0.05 alpha threshold. The relationship between these variables demonstrates moderate strength according to the r^2 value of 0.29.

As it is clearly seen from Table 9, Laissez-faire leadership showed a statistically insignificant correlation due to the fact that the p-value for LFL is 0.1076, which is greater than the commonly used significance level of 0.05. This indicates that there is insufficient evidence to reject the null hypothesis. In this case, the null hypothesis is that there is no relationship between LFL and LE.

Similarly, Table 9 shows a significant positive relationship between leadership effectiveness (LE) and emotional intelligence (EI), with $r = 0.5696$ and a p-value of 0.0002. The relationship between these variables shows moderate strength because r^2 equals 0.32.

Table 11. Overview of the Results for Hypothesis Testing

Hypothesis	Result
A positive and significant relationship exists between Transformational Leadership (TFL)	Accepted

and Leadership Effectiveness (LE) in Almaty and Astana.	
A positive and significant relationship exists between Transactional Leadership (TSL) and Leadership Effectiveness (LE) in Almaty and Astana.	Accepted
A positive and significant relationship exists between Laissez-faire Leadership (LFL) and Leadership Effectiveness (LE) in Almaty and Astana.	Rejected
A positive and significant relationship exists between Emotional Intelligence (EI) and Leadership Effectiveness (LE) in Almaty and Astana	Accepted

4.5. Conclusion

The findings of this study provide clear evidence regarding the relationships among leadership styles, emotional intelligence, and leadership effectiveness in healthcare settings in Almaty and Astana. The study results confirm scholarly evidence about adaptive leadership and emotional intelligence as essential elements that drive healthcare results. The research findings establish critical frameworks for developing targeted leadership development programs which offer valuable knowledge toward better healthcare management practices for resource-limited and changing environments.

CHAPTER FIVE

5. Discussion

5.1. Introduction

The discussion section begins by interpreting the findings of the study considering its objectives and existing literature. The research investigates leadership styles together with emotional intelligence to determine their effects on leadership effectiveness in healthcare management of Kazakhstan's Almaty and Astana areas.

5.2. Demographic analysis

The findings of this study give valuable information into the dynamics of leadership effectiveness in medical organizations in Kazakhstan. The demographic analysis indicates that females are the predominant participant group with advanced educational qualifications and huge professional experience. It also shows that there is a gender disparity and high educational attainment within sampled leadership population. Therefore, for Kazakhstan to gain benefits from future leadership initiatives it needs structured methods to address gender disparities while using the comprehensive knowledge of seasoned leaders.

Leadership effectiveness stands as a crucial factor in healthcare settings because it helps with complex problem solving and implementation of reforms according to the literature analysis. Transformational leadership style often benefits from gender diversity because women leaders tend to use empathetic along with collaborative leadership approaches (Bass & Avolio, 1997). The research identifies an absence of women in senior executive positions for healthcare services despite their notable contributions to the health sector according to (ProInCa, 2018). The integration of diverse views between men and women represents a vital priority because it brings advancement to innovation while improving the success of organizations.

Internationally the situation of gender imbalance in leadership positions exists beyond Kazakhstan's borders. Research across different nations indicates women make up most healthcare staff members yet fail to achieve leadership roles at higher levels. A study held by WHO (2019) demonstrates that healthcare is predominantly female-run but executive-level roles heavily favor men because of structural challenges and cultural norms at work. Teame et al. (2022) demonstrate that other work environments achieve multiple benefits from mentorship programs combined with leadership development programs alongside gender-equity-promoting organizational policies.

The high education level demonstrated by leaders forms a significant finding in this research. Kazakhstan benefits from well-experienced leaders because their extensive expertise allows them to bring healthcare reforms and enhance system efficiency. Specific leadership development programs designed for the healthcare needs of Kazakh healthcare organizations have not been sufficiently developed to meet the specific demands of the Kazakh context. The Netherlands together with Finland illustrate how healthcare systems benefit from leadership training integration during sectoral reforms which prepares their leaders to handle strategic and operational needs (OECD, 2022).

Future leadership initiatives in Kazakhstan need to combine two strategies based on these research results. Initiatives should work to solve possible gender disparities through senior leadership development programs which include international best practices. Leaders in Kazakhstan should use their deep skills to boost their leadership potential by participating in strategic training which combines transformational with transactional leadership and addresses healthcare sector challenges. Combining international developments with local requirements will enable Kazakhstan to establish leadership structures which support its healthcare reform initiatives effectively.

5.3. Dimensional analysis of Leadership effectiveness

The analysis of leadership effectiveness based on three key dimensions, which are creating vision, implementing vision and developing followership, shows that most of the participants assess their effectiveness at a medium level across all aspects. The study data suggests leadership intervention programs must have specific targets because current leadership ability levels are insufficient. Particularly, improvements should be made in the domain of implementing vision because it showed the lowest mean score (2.13). Improving the ability to implement organizational vision is critical to achieving institutional goals and promoting long-term success. Kazakhstan requires intervention programs that unite strategic vision implementation training with continuous mentorship to rectify leadership effectiveness deficiencies. The focus of leadership development programs should be on delivering operational guidance through practical approaches that include goal-setting and progress tracking together with team-led change participation.

The ability to create visions stands as an essential leadership trait for changeable environments such as healthcare since it is commonly associated with transformational leadership. Effective vision communication by leaders motivates stakeholders to unite their work efforts while creating strong organizational cohesion (Williams, 2013; Bass and Avolio, 1997). According to the literature, both the skill of developing a vision and the expertise to execute it via strategic planning along with resource allocation and operational execution play equal importance in achieving concrete results (Williams, 2013).

The low effectiveness in implementing vision observed in this study aligns with global findings. Many healthcare leaders face challenges related to turning their vision into operational goals according to leadership studies particularly in resource-limited developing

economies (Williams, 2013). Factors such as inadequate leadership training, bureaucratic hurdles, and limited stakeholder engagement are often cited as barriers.

The development of followership represents an essential component since it keeps organizational stakeholders and personnel in alignment with shared organizational vision. Effective followership development requires creating trustworthy environments to promote mutual rapport between leaders and team members while giving members scope to possess organizational objectives (Williams, 2013). Followership results from focused communication and collaboration efforts according to the literature even though participants in this study indicate medium effectiveness ratings (Avolio & Gardner 2005).

5.4. Correlation analysis

The significant positive correlations between leadership effectiveness and specific leadership styles provide critical understandings into their roles in organizational success. Transformational leadership (TFL) demonstrates a moderate relationship with leadership effectiveness ($r = 0.4534$, $r^2 = 0.18$). According to Bass and Avolio (1993), transformational leaders use idealized influence and intellectual stimulation and inspirational motivation and individualized consideration to inspire their teams. Healthcare leaders use such traits to lead through organizational obstacles while guiding teams to fulfill their objectives despite structural and systemic barriers. Implementation of transformational leadership faces challenges in hospitals as cited in the literature because these medical facilities maintain both evidence-based practices and rigid protocols (Bass and Avolio, 1993). The hospital system's rigid structure highlights the necessity of context-aware solutions for the integration of TFL in Kazakhstan's healthcare operations.

Transactional leadership (TSL) showed a stronger moderate correlation ($r = 0.5424$, $r^2 = 0.29$) with leadership effectiveness. This result highlights the importance of goal-oriented

and performance-based leadership in maintaining effective operations within medical organizations. The findings demonstrate an outcome that supports Bass and Avolio's (1997) observation that transactional leadership uses contingent rewards and management-by-exception to successfully operate within structured environments such as healthcare settings. Medical organizations in Kazakhstan display hierarchical structures that are enhanced when leaders implement transactional leadership models. Research from around the world demonstrates transactional leadership enhances accountability as well as standard compliance which benefits health systems that aim for both efficiency improvements and quality performance.

The significant positive relationship between emotional intelligence (EI) and leadership effectiveness ($r = 0.5696$, $r^2 = 0.32$) underscores the critical role of EI in enhancing leadership impact. Leaders with high emotional intelligence are better equipped to understand and manage their emotions, empathize with others, and build cohesive teams. These traits are essential for coping with complex problems occurring in medical organizations and driving effective decision-making. Mayer et al. (2004) explain that emotional intelligence includes three fundamental competencies of self-awareness empathy and relationship management that enable successful navigation of communication interactions and the creation of collaborative workspaces. Leaders in healthcare face challenging situations yet emotionally intelligent leadership methods improve both team decisions while decreasing stress and developing team resistance to pressures. Medical organizations worldwide show that leaders demonstrating emotional intelligence achieve better results with their teams by connecting with various members while handling stakeholder requirements (Wolmarans et. al., 2001) .

Even though there is an insignificant correlation between laissez-faire leadership (LFL) and leadership effectiveness ($p = 0.1076$), it suggests the view that passive approaches to leadership are less likely to contribute to positive organizational outcomes. This finding aligns

with existing research that critiques laissez-faire leadership for its lack of direction and accountability. Research supports the description of LFL as an ineffective strategy that Mester et al. (2003) and other scholars have termed passive and inadequate. Active decision-making combined with personal responsibility makes laissez-faire leadership an inappropriate choice for healthcare needs including medical organizations because precise and timely interventions are vital.

The research evidence reveals that LFL sometimes encourages innovation and autonomy development within specialized health care teams which perform research tasks. The implementation of LFL in restricted circumstances leads to diminished team morale together with broken organizational unity according to global research examples (Mester et. al., 2003).

5.5. Conclusion

In summary, the study highlights several actionable areas for leadership development. Efforts should focus on enhancing transformational and transactional leadership styles while mitigating the negative effects of laissez-faire approaches. The effectiveness of leadership can achieve further growth through emotional intelligence training programs that strengthen capabilities in vision implementation and followership development. The research identifies clear strategies to develop healthcare leadership excellence in Kazakhstan that will produce superior organizational performance and health outcomes.

CHAPTER SIX

6. Conclusion

6.1. Introduction

This study explored leadership effectiveness among healthcare managers in medical organizations in Kazakhstan using a cross-sectional survey design. The structured questionnaire collected information from 77 Astana and Almaty participants that measured demographic data together with leadership styles and emotional intelligence and leadership effectiveness ratings. A significant number of survey participants possessed advanced academic qualifications together with many years of professional experience and they were mostly female. Most participants evaluated leadership effectiveness through the medium rating in all three aspects including vision creation and implementation with follower development. The study findings demonstrated that leadership effectiveness exhibited meaningful correlations with transformational leadership and transactional leadership dimensions and emotional intelligence but failed to display significant relationships with laissez-faire leadership.

6.2. Study finding summary

The study demonstrates how transformational and transactional leadership along with emotional intelligence strengthen leadership effectiveness in medical organizations of Kazakhstan. The study suggests that while healthcare managers demonstrate moderate levels of effectiveness in various leadership dimensions, there is room for improvement in all of them but especially in implementing vision. Laissez-faire leadership, characterized by its lack of active engagement, does not significantly contribute to leadership effectiveness, reinforcing the importance of proactive leadership styles.

6.3. Recommendations

The leadership effectiveness in healthcare can improve significantly when targeted interventions are jointly executed with the Ministry of Health and the Kazakhstan Healthcare Managers' Association. Leadership development programs should concentrate their efforts on creating both transformational and transactional leadership skills in participants. The educational programs direct their content to teach students how to lead strategically along with job management together with team motivation and engagement techniques. The success of decision-making processes links directly to emotional intelligence (EI) training since this mindset directly affects team relations and organizational decisions. Managers in healthcare improve their emotional resilience and empathetic capabilities through workshops and practice-based training which matches healthcare environments. The Nazarbayev University School of Medicine (NUSOM) alongside other academic institutions should supply evidence-based resources to establish these initiatives.

In addition, strategies aimed at improving the execution of the organizational vision should be prioritized. Given that “implementing the vision” scored the lowest among the leadership effectiveness dimensions, leadership training programs should include modules on operationalizing strategic goals. To address the observed gender inequality, policies should be developed to promote gender diversity and inclusion in leadership roles. Such initiatives produce balanced representation which leads to development of an inclusive decision-making environment. Workload management issues must get proper attention as the last step in this process. Healthcare leaders maintain several time-consuming responsibilities which obstruct their participation in development programs. Supportive improvements to tasks combined with additional resources will help leaders dedicate their time to actively participate in leadership development activities.

6.4. Policy, Practice and Research Implications

The development of specialized leadership training programs which cater to Kazakhstan healthcare system needs should stand as the top priority for policymakers to improve leadership effectiveness. Integration of these programs into national healthcare strategies should include all essential data obtained through this study. Leadership assessments and performance evaluations established by mandatory policies will both unveil developmental areas and guide funding towards leadership development initiatives.

Medical organizations understand from these results that they need to cultivate cultures that advance leadership training across their facilities. The organizations must grant healthcare managers access to leadership development initiatives including mentoring services and continuing education opportunities and workshops. Medical organizations must implement the evidence-based Full Range Leadership Theory (FRLT) to help their managers practice more effective leadership styles including transformational and transactional approaches with reduced occurrences of laissez-faire behaviors.

Additional research needs to examine the contextual elements that affect leadership success within Kazakhstan's healthcare field. The assessment of leadership interventions through extended research projects would generate important healthcare performance data. Research needs to concentrate on creating and verifying evaluation instruments that measure leadership abilities while assessing their influence on healthcare performance outcomes specifically for Kazakhstan's healthcare industry.

6.5. Future studies

Future research regarding healthcare leadership effectiveness needs to address the restrictions found in this research. Extending the sample with more diverse participants from various backgrounds across different geographic areas represents the key requirement to

generate more applicable findings. The use of longitudinal studies can provide insight into the causal relationships between leadership styles, emotional intelligence, and leadership effectiveness over time.

Objective assessments, such as performance metrics and peer evaluations, should be used with self-reported data to present a comprehensive perspective on leadership competencies. Additionally, the results from 360-degree feedback assessments consisting of supervisor along with subordinates and peer evaluations give powerful leadership insights to help identify development opportunities. Research about cultural influences is essential because leadership approaches and their success depend heavily on the special Kazakhstani socio-cultural environment.

Future research needs to implement shorter questionnaires combined with survey follow-up notifications as well as payment incentives to eliminate survey refusal bias from their results.

Lastly, research needs to analyze how leadership development programs affect medical outcome results. Researchers need to use this information to find solutions which create the best leadership competency development opportunities and translate these improvements directly into measurable organizational gains.

6.6. Conclusion

The research delivers thorough information regarding Kazakhstan medical organization managers' leadership effectiveness by analyzing fundamental leadership components alongside leading styles and emotional intelligence dimensions. Findings reveal that medical organizations in Kazakhstan primarily have experienced female leaders with superior education yet demonstrate gender imbalances that affect their overall leadership effectiveness. The leaders assessed their capabilities reasonably well in their roles but considered vision

implementation to be their weakest point. Research through correlation analysis validated transformational leadership (TFL), transactional leadership (TSL) along with emotional intelligence (EI) as essential contributors to leadership effectiveness for organizational success. The results indicate that laissez-faire leadership (LFL) demonstrates no meaningful connection between its use and leadership effectiveness which supports the inadequate nature of passive leadership methods. The research data indicates the study proposes specialized leadership training programs to develop TFL together with TSL and EI competencies. The approach should work to improve gender balance alongside workload optimization and strategic goal implementation. Medical organizations, academic organizations and policymakers need evidence-based training and evaluation frameworks to develop stronger leadership capabilities so policymakers should collaborate with medical organizations and academic organizations in implementation. Future studies should handle the research limitations through increased study participants and extended research duration and by using independent performance metrics. The advancement of leadership competencies within Kazakhstan's medical organizations will create better organizational performance which better enables healthcare sector management of complex issues.

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APPENDICES

APPENDIX-A: Recruiting email

Subject Line: Request for research participation

Dear [intended participant/s],

My name is Samrat Abenov, and I am a researcher from Nazarbayev University in the School of Medicine. We are conducting a research study about the effectiveness of healthcare managers.

I am emailing you to invite you to be part of my research project “Healthcare Leadership Effectiveness among Managers in Medical Organizations of Kazakhstan: a cross-sectional study”. The purpose of the research is to evaluate healthcare leadership effectiveness and related aspects among managers employed by Kazakhstani public health organizations, specifically in Astana and Almaty. If you decide to participate in this study, you will be asked to complete the survey that will take about 15 minutes to participate in the research. A cross-sectional survey design will be employed to collect data from healthcare managers working in medical organizations, which are hospitals of various sizes and specialties, in Kazakhstan, specifically in Astana and Almaty. A structured questionnaire will be used to measure the different variables such demographic indicators, leadership competencies and effectiveness.

By examining leadership qualities and their connection to successful leadership within the framework of Kazakhstan's healthcare system, the study closes a significant research gap that is a lack of empirical research specifically focused on identifying the core leadership competencies that are essential for effective healthcare management in the country. This data is crucial for enhancing the nation's performance and leadership development. The study's findings can guide the creation of initiatives targeted at improving the efficacy of Kazakhstan's healthcare managers, such as performance evaluation systems and leadership training programs.

Your participation is voluntary, but I hope you will choose to be part of this project! You are free to not answer any questions that you do not want to answer.

If you would like additional information about this study, please call or email the Principal Investigator, Samrat Abenov, +7(747)5476367, samrat.abenov@nu.edu.kz

Thank you for considering participating in this study.

Sincerely,
Samrat Abenov

Appendix-B: Email for Association of Healthcare Managers of Kazakhstan

Subject: Request for Partnership in Healthcare Leadership Research

Dear Healthcare Managers Association,

We hope this letter finds you well.

The Nazarbayev University School of Medicine (NUSoM) is conducting a research study aimed at understanding the leadership competencies of healthcare managers in Kazakhstan. This research is part of a larger effort to improve the quality of healthcare services and enhance leadership development within the healthcare sector.

We are seeking your support in recruiting healthcare managers to participate in our study. Your organization's extensive network and influence within the healthcare community would be invaluable in reaching potential participants.

We would be grateful if you could share information about the study with your members through newsletters, emails, or social media. Encourage members to participate by highlighting the importance of research and the potential benefits. Provide contact information for key individuals who may be able to assist with participant recruitment.

We are committed to conducting ethical and rigorous research and will ensure that all participant information is kept strictly confidential. The findings of this study will be spread through academic publications and presentations, contributing to the advancement of healthcare leadership knowledge.

We appreciate your time and consideration. We look forward to the possibility of collaborating with your organization to advance healthcare leadership in Kazakhstan.

Sincerely,

Nazarbayev University

School of Medicine

Appendix-C: Email for hospitals

Subject: Request for Permission to Conduct Research Study on Healthcare Leadership

Dear [Hospital Administrator's Name],

We hope this letter finds you well.

The Nazarbayev University School of Medicine (NUSoM) is conducting a research study aimed at understanding the leadership competencies of healthcare managers in Kazakhstan. This research is part of a larger effort to improve the quality of healthcare services and enhance leadership development within the healthcare sector.

We kindly request your permission to conduct this study at [Hospital Name]. The study will involve a brief survey administered to healthcare managers to gather information on their leadership experiences, challenges, and aspirations.

We assure you that all participant information will be kept strictly confidential and used only for research purposes. The findings of this study will be spread through academic publications and presentations, contributing to the advancement of healthcare leadership knowledge.

We would be grateful for your support and cooperation. Please let us know if you have any questions or require further information.

Thank you for your time and consideration.

Sincerely,

Nazarbayev University

School of Medicine

Appendix-D: Consent form

Introduction. You are invited to participate in a research study entitled Healthcare Leadership Effectiveness among Managers in Medical Organizations of Kazakhstan: a cross-sectional study

Procedures. The purpose of this study is to evaluate healthcare leadership effectiveness and related aspects among managers employed by Kazakhstani public health organizations, specifically in Astana and Almaty. By examining leadership qualities and their connection to successful leadership within the framework of Kazakhstan's healthcare system, the study closes a significant research gap that is a lack of empirical research specifically focused on identifying the core leadership competencies that are essential for effective healthcare management in the country. Data for this study will be collected through a structured survey administered to healthcare managers in Astana and Almaty. The survey will mostly be disseminated online via survey platform Qualtrics. Effective data gathering and analysis are made possible by this approach. This survey will take approximately 15 minutes to complete.

Risks. The potential risks of participating in this study are:
The little inconvenience of spending the time to take part in the study is the only minimal risk.

Benefits. The result of this project can be the development of effective leadership training programs and organizational policies. This, in turn, can lead to enhanced healthcare quality, increased efficiency, and strengthened healthcare systems.

Compensation. No tangible compensation will be given.

Confidentiality & Privacy. Any information that is obtained during this study will be kept confidential to the full extent possible. All efforts, within reason, will be made to keep your personal information in your research record confidential but total confidentiality cannot be guaranteed.

Confidentiality and privacy will be maintained throughout the research process. Participant data will be anonymized to protect their identities like name and surnames. Data will be stored securely on password-protected computer, and there will not be any personally identifiable information. Only aggregated and anonymized data will be presented in publications or reports

Voluntary Nature of the Study. Participation in this study is strictly voluntary, and if agreement to participation is given, it can be withdrawn at any time without prejudice.

Points of Contact. It is understood that should any questions or comments arise regarding this project, or a research related injury is received, the Principal Investigator, Samrat Abenov, +77475476367, samrat.abenov@nu.edu.kz should be contacted. Any other questions or concerns may be addressed to the Nazarbayev University Institutional Research Ethics Committee, resethics@nu.edu.kz.

Statement of Consent.

I, _____,

Give my voluntary consent to participate in this study.

The researchers clearly explained to me the background information and objectives of the study and what my participation in this study involves.

I understand that my participation in this study is voluntary. I can at any time and without giving any reasons withdraw my consent, and this will not have any negative consequences for myself.

I understand that the information collected during this study will be treated confidentially.

Signature: _____ Date: _____

Researcher: Samrat Abenov

Signed _____ Date _____

Appendix-E: Ethical approval



Kuanysh Yergaliyev <kuanysh.yergaliyev@nu.edu.kz>

to me ▾

Wed, Dec 18, 2024, 4:59 PM



Samrat,
Congratulations.
IREC approved, go ahead with data collection.
Best,
Kuanysh

----- Forwarded message -----

From: **NUSOM Research Ethics committee** <nusom-rec@nu.edu.kz>

Date: Wed, Dec 18, 2024, 16:27

Subject: Re: IREC application of MPH student. Samrat Abenov

To: Kuanysh Yergaliyev <kuanysh.yergaliyev@nu.edu.kz>

Dear Kuanysh,

I am glad to inform you that your study research "**Leadership Effectiveness among Managers in Medical Organizations of Kazakhstan: a cross-sectional study**" (**Reference number assigned: 2024Nov#11**) has been approved from an ethical perspective.

Could you please bring a signed application to Aknur (r.927).

Best wishes,
Yuliya

1	I instil pride in others for being associated with me					
2	I go beyond self-interest for the best of the employee's interest					
3	I act in ways that build others' respect for me					
4	I emphasize the importance of having a collective sense of mission					
B	Inspirational Motivation					
1	I talk optimistically about the future					
2	I help others find meaning in their work					
3	I articulate a compelling vision of the future					
4	I specify the significance of having a strong sense of purpose					
C	Intellectual stimulation					
1	I pursue differing viewpoints when solving problems					
2	I let others look at problems from many different angles					
3	I advise new ways of looking at how to complete tasks					
4	I re-examine critical supposition to question whether they are appropriate					
D	Individualized Consideration					
1	I spend time teaching and coaching					
2	I treat others as individuals rather than just as a member of a group					
3	I consider an individual as having different needs, abilities and aspirations from others					
4	I help others develop themselves					

Questions about Transactional leadership style						
A	Contingent Rewards					
1	I make clear what one can expect to receive when performance goals are achieved					
2	I express satisfaction when others meet expectations					
3	I call attention to others can get for what they accomplish					

4	I provide recognition/rewards when others reach their goals					
B	Management-by- Exception-Active					
1	I give attention on irregularities, mistakes, exceptions and deviations from standards on time					
2	I tell others the standards they have to know to carry out their work					
3	I keep track of all mistake					
4	I Follow attentively if mistakes are corrected timely					
C	Management-by- Exception-Passive					
1	I fill to interfere until problems become serious					
2	As long as things are working, I do not try to change anything					
3	I wait for things to go wrong before taking action					
4	I show that I am a firm believer in “if it isn’t broke, don’t fix it.”					
Questions About Laissez-Faire Leadership Style						
A	Avoidance					
1	I avoid getting involved when important issues arise					
2	Whatever others want to do is OK with me					
3	I avoid making decisions					
4	I delay responding to urgent questions					

Part 4: the following questions are about emotional intelligence. So indicate your answer from the scales given 1–5 by using a tick mark “√” in the box provided

	Questions relating Emotional Intelligence	Scale				
		Not at all	Once in a while	Sometimes	Fairly often	always
A	Emotional Literacy					
1	I am aware of and understands my feelings					

2	I Care about others					
3	I Listen attentively to what people say					
4	Chooses the right time to deal with emotional issues					
B	Self-Esteem / Self-Regard					
1	I used to Publicly admit my mistakes					
2	I am willing to face challenges					
3	I am responsible for my own thoughts, feelings and actions					
4	I used, to tell the truth even at my own expense					
C	Self-Management					
1	I used to respond calmly to explosive events and people					
2	I have a calming effect on others					
3	I can manage stressful situations calmly					
4	I assert my rights in a constructive manner					
D	Self-Motivation					
1	I remain committed to a cause in spite of obstacles					
2	I see challenges as opportunities					
3	I used to see the brighter side of things					
4	I have the ability to create a positive mood					
E	Change Resilience					
1	I advocate the imperative for change and innovation					
2	I give value to personal difference					
3	I used to accept criticism and learn					

Part four: the following questions are about leadership effectiveness. So indicate your answer from the scales given 1–5 by using a tick mark “√” in the box provided

		Scales				
		1	2	3	4	5

	Questions about leadership effectiveness	Not at all	Once in a while	Some times	Fairly often	always
A	<i>Creating a Vision</i>					
1	I study problems in light of past practices to make sure predictability, strengthen the status quo and minimise risk					
2	I feel comfortable in fast-changing environments; being willing to take risks and to consider new and untested approaches					
3	I used to set clear vision to my sector					
4	I used to communicate the mission and vision of the sector with people around me					
5	Taking a long-range, broad approach to problem-solving and decision making through objective analysis, thinking ahead and planning					
B	<i>Developing Followership</i>					
1	I used strongly persuasive and assertive stance to convince my					

End of questions

Thank you!

Kazakh version:

Бірінші бөлім: Демографиялық сұрақтар

Төменде ұсынылған нұсқалардың бірін таңдаңыз:

1. Жыныс: А. Әйел адам В. Ер адам
2. Жас: А. 18-30 В. 31-40 С. 41-50 D. 51-60 E. >61
3. Білім деңгейі: А. Орта-техникалық В. Бакалавриат С. Магистр дәрежесі D. Докторлық дәреже E. Басқа _____
4. Жұмыс өтілі: А. 1-5 жыл В. 6-10 жыл С. 11- 15 жыл D. 16 жыл және одан көп
5. Қазіргі лауазым: А. Жоғары буын басшысы В. Басшының орынбасары С. Үйлестіруші D. Сарапшы E. Басқа _____

Екінші бөлім: Жалпы сұрақтар

6. Келесі көшбасшылық стильдердің қайсысы негізінен сіздің секторыңызда қолданылады?

- А. Трансформациялық В. Транзакциялық С. Либералды (Laissez-faire) D. Басқа _____

7. Келесі параметрлерге қатысты көшбасшылықтың тиімділігін қалай бағалайсыз?

Тиімділік параметрлері	Төмен	Орташа	Жоғары
Идеология құру			
Идеологияны іске асыру			
Ізбасарларды дамыту			

Үшінші бөлім: көшбасшылықтың үш стилі туралы келесі сұрақтар (трансформациялық, транзакциялық және араласпау). Сондықтан берілген өрістегі "√" құсбелгісін пайдаланып, жауабыңызды 1-ден 5-ке дейінгі шкала бойынша көрсетіңіз.

	Трансформациялық көшбасшылық стилі бойынша сұрақтар	Шкаласы				
		1	2	3	4	5
А	Харизматикалық әсер					
1	Мен басқаларға олардың менімен байланысы үшін мақтаныш					

	сезімін ұялатамын					
2	Мен қызметкерлердің мүддесі үшін жеке мүдделерімнен тыс әрекет етемін					
3	Мен өз әрекеттеріммен басқалардың өзіме деген құрметін оятамын					
4	Мен миссияны ұжымдық түсінудің маңыздылығын атап өтемін					
B	Шабыттандыратын уәждеме					
1	Мен болашақ туралы оптимистік айтамын					
2	Мен басқаларға олардың жұмысының мағынасын табуға көмектесемін					
3	Мен болашаққа сенімді көзқарас қалыптастырамын					
4	Мен күшті мақсат сезімінің мағынасын нақтылаймын					
C	Интеллектуалды ынталандыру					
1	Мен мәселелерді шешуде әртүрлі көзқарастарды қарастырамын					
2	Мен басқаларға мәселелерді әр түрлі жағынан қарастыруға мүмкіндік беремін					
3	Мен тапсырмаларды орындаудың жаңа тәсілдерін ұсынамын					
4	Мен олардың сәйкестігін тексеру үшін негізгі болжамдарды қайта қараймын					
D	Жеке көзқарас					
1	Мен оқу мен тәлімгерлікке уақыт бөлемін					
2	Мен басқаларға жеке тұлға ретінде қараймын					
3	Мен жеке қажеттіліктерді, қабілеттер мен ұмтылыстарды қарастырамын					
4	Мен басқаларға дамуға көмектесемін					

Транзакциялық көшбасшылық стилі туралы сұрақтар						
A	Шартты сыйақылар					
1	Мен өнімділік мақсаттарына қол жеткізген кезде не күтуге болатынын нақты айтамын					
2	Басқалар күткендей болған кезде мен қанағаттанамын					
3	Мен басқалардың қол жеткізген жетістіктері үшін не ала алатынына назар аударамын					
4	Басқалар өз мақсаттарына жеткенде мен мойындаймын/марапаттаймын					
B						
Алып тастау-белсенді басқармасы						
1	Мен бұзушылықтарға, қателіктерге, алып тастауларға және стандарттардан уақытында ауытқуларға назар аударамын					
2	Мен басқаларға өз жұмысын орындау үшін білуі керек стандарттар туралы айтамын					
3	Мен барлық қателерді қадағалаймын					
4	Мен қателіктердің уақтылы түзетілуін мұқият қадағалаймын					
C						
Алып тастау-пассивті басқармасы						
1	Мен проблемалар күрделі болғанша араласуға ниеттімін					
2	Бәрі жұмыс істеп тұрғанда, мен ештеңені өзгертуге тырыспаймын					
3	Мен әрекет етуді бастамас бұрын бірдеңе дұрыс болмайынша күтемін					
4	Мен "егер бірдеңе бұзылмаса, оны жөндеудің қажеті жоқ" деген қағидаға қатты сенетінімді көрсетемін					
Либералды көшбасшылық стилі туралы сұрақтар (Laissez-faire)						
A	Болдырмау					

1	Маңызды сұрақтар туындаған кезде, мен араласудан аулақ боламын					
2	Басқалар не істегісі келсе де, бұл мен үшін жақсы					
3	Мен шешім қабылдаудан аулақ боламын					
4	Мен шұғыл сұрақтарға жауаптарды кейінге қалдырамын					

Төртінші бөлім: Эмоционалды интеллект туралы келесі сұрақтар. Сондықтан берілген өрістегі "√" құсбелгісін пайдаланып, жауабыңызды 1-ден 5-ке дейінгі шкала бойынша көрсетіңіз

	Эмоционалды интеллектке қатысты сұрақтар	Шкаласы				
		Ешқашан	Анда-санда	Кейдк	Жиі	Әрқашан
A	Эмоционалды сауаттылық					
1	Мен өз сезімдерімді түсінемін және ұғынамын					
2	Мен басқаларға қамқорлық жасаймын					
3	Мен адамдардың айтқанын мұқият тыңдаймын					
4	Эмоционалды мәселелерді шешудің дұрыс уақытын таңдаңыз					
B	Өзін-Өзі Бағалау					
1	Мен өз қателіктерімді көпшілік алдында мойындауға дағдыланғанмын					
2	Мен қиындықтарға тап болуға дайынмын					
3	Мен өз ойларыма, сезімдеріме және әрекеттеріме жауаптымын.					
4	Мен шындықты өзіме зиян келтіріп айтуға дағдыланғанмын					
C	Өзін-өзі басқару					
1	Бұрын мен жарылғыш оқиғалар мен адамдарға сабырлы түрде жауап беретінмін					
2	Мен басқаларға тыныштандыратын әсер етемін					

3	Мен стресстік жағдайларды тыныштықпен жеңе аламын					
4	Мен өз құқығымды сындарлы түрде қорғаймын					
D	Өзін-өзі ынталандыру					
1	Мен кедергілерге қарамастан адал болып қала беремін.					
2	Мен қиындықтарды мүмкіндік ретінде қарастырамын					
3	Мен заттардың жарқын жағын көруге дағдыланғанмын					
4	Менің жағымды көңіл-күй қалыптастыруға қабілетім бар					
E	Тұрақтылықтың өзгеруі					
1	Мен өзгерістер мен инновациялар қажеттілігін жақтаймын					
2	Мен жеке айырмашылықтарға мән беремін					
3	Мен сынды қабылдауға және олардан үйренуге дағдыланғанмын					

4	Мен әртүрлілікті бағалаймын					
F	Тұлғааралық қатынастар					
1	Мен ұзақ мерзімді сенімді қарым-қатынасты сақтай аламын					
2	Мен басқа адамдардың дамуына қызығушылық танытамын					
3	Мен командалық рухты құра аламын					
4	Мен бұрын басқалардың үлесін мойындайтынмын					

Бесінші бөлім: Көшбасшылықтың тиімділігі туралы келесі сұрақтар. Сондықтан берілген өрістегі "√" құсбелгісін пайдаланып, жауабыңызды 1–ден 5–ке дейінгі шкала бойынша көрсетіңіз

	Көшбасшылықтың тиімділігі туралы сұрақтар	Шкаласы				
		1	2	3	4	5
		Ешқашан	Анда-санда	Кейде	Жиі	Әрқашан
A	<i>Идеология құру</i>					

1	Мен болжамды қамтамасыз ету, статус-квоны нығайту және тәуекелді азайту үшін өткен тәжірибелер аясында мәселелерді зерттеймін.					
2	Мен тез өзгертін жағдайларда өзімді жайлы сезінемін; тәуекелге баруға және жаңа және тексерілмеген тәсілдерді қарастыруға дайынмын					
3	Мен өз саламды анық көруге дағдыланғанмын					
4	Мен айналадағы адамдарға сектордың миссиясы мен көзқарасын жеткіздім					
5	Объективті талдау, болжау және жоспарлау арқылы мәселелерді шешуге және шешім қабылдауға ұзақ мерзімді, кең көзқарасты қолдану					
В	Ізбасарларды дамыту					
1	Мен ізбасарларымды сендіру үшін сенімді және табанды ұстанымды қолдандым					

2	Мен эмоционалды экспрессивті және реактивтімін					
3	Мен болашақ көшбасшыларды тәрбиелеуге дайынмын					
4	Мен өзімді ашық, мейірімді және бейресми ұстаймын, еркін және жеңіл тұлғааралық қарым-қатынасты тез орнату қабілетін көрсетемін.					
5	Менде этикалық құндылықтар бар және мен дәйекті түрде әрекет етемін.					
3	Идеологияны іске асыру					
1	Мен жүйелі және ұйымдастырылған тәсілді қолдануға дағдыланғанмын; дәл, әдістемелік түрде жұмыс істегенді жөн көремін; нұсқаулар мен процедураларды әзірлеймін және қолданамын.					

2	Мен сектордың көзқарасына жету үшін күн сайын жұмыс істеймін					
3	Мен қысқа мерзімді және практикалық стратегияларға назар аудара отырып, дереу нәтиже алу қажеттілігін атап өтемін					
4	Мен басқалардан не қалайтынымды және не күтетінімді нақты айтамын; өз ойларым мен идеяларымды анық білдіремін; ақпараттың дәл және тұрақты ағынын сақтаймын					
5	Мен басқаларға маңызды қызметпен айналысуға мүмкіндік беремін және оларға өз пікірін білдіру үшін жеткілікті автономия беремін					

Сұрақтардың соңы

Рахмет!

Russian version: