THE MEDIATING ROLE OF PERCEIVED PSYCHOLOGICAL SAFETY IN THE EFFECT OF HEALTH-ORIENTED LEADERSHIP ON ORGANIZATIONAL COMMITMENT: A HOSPITAL SAMPLE[1]

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ABSTRACT | The purpose
of this study is to determine the effects of health-oriented leadership and psychological safety on employees' organizational commitment. For this purpose, the impact of health-oriented leadership on organizational commitment and the mediating effect of psychological safety perception in this impact were examined. The data of the study were collected face-to-face using a questionnaire consisting of scales for health-oriented leadership, organizational commitment, and psychological safety. The data collected from 130 participants consisting of employees of a private hospital in a province in Turkey, were analyzed using statistical software. The analyses revealed that health-oriented leadership positively affects organizational commitment, and psychological safety perception partially mediates this effect.

Keywords: *Health-oriented leadership, organizational commitment, psychological safety*
JEL Code: *M10, M12, M19*

Scope: *Business administration*
Type: *Research*

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[1] Compliance with the ethical rules of the relevant study has been declared.

SAĞLIK ODAKLI LİDERLİĞİN ÖRGÜTSEL BAĞLILIĞA ETKİSİNDE ALGILANAN PSİKOLOJİK GÜVENLİĞİN ARACI ROLÜ: BİR HASTANE ÖRNEĞİ

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ÖZ | Bu çalışmanın amacı, sağlık odaklı liderliğin ve psikolojik güvenliğin çalışanların örgütsel bağlılıkları üzerindeki etkilerini tespit etmektir. Bu amaçla sağlık odaklı liderliğin örgütsel bağlılığa etkisi ve bu etkide psikolojik güvenlik algısının aracılık etkisi incelenmiştir. Çalışmanın verileri sağlık odaklı liderlik, örgütsel bağlılık ve psikolojik güvenlik ölçeklerinden oluşan bir anket yardımıyla yüz yüze toplanmıştır. Türkiye'de bir ilde bir özel hastane çalışanlarından oluşan 130 katılımcıdan toplanan veriler istatistiki programlar aracılığıyla analiz edilmiştir. Analizler sonucunda sağlık odaklı liderliğin örgütsel bağlılığı olumlu yönlü olarak etkilediği ve bu etkide psikolojik güvenlik algısının kısmi aracılık rolü üstlendiği tespit edilmiştir.

Anahtar Kelimeler: *Sağlık odaklı liderlik, örgütsel bağlılık, psikolojik güvenlik*
JEL Kodları: *M10, M12, M19*

Alan: *İşletme*
Türü: *Araştırma*

1. INTRODUCTION

Throughout history, leaders have been needed wherever there are people. Therefore, leadership has existed since the beginning of human history (Kırmaz, 2010). The concept of leadership, which was previously at the forefront in religious, military and political fields, has gained similar importance in the organizational field (Akbaba and Erenler, 2008), especially as a result of the developments in the Industrial Revolution and its aftermath, and has aftermath, and has become an important and widely-studied concept in the literature (Pawar & Eastman, 1997). Leaders play an important role in ensuring that employees act willingly and voluntarily, are motivated, and achieve organizational goals (Yeşil, 2016; Önen & Kanayran, 2016; Kıngır & Şahin, 2005).

The new scientific environment shows that even if all the information about nature were available, we would not be able to reach a conclusion that is definitive and applicable in all circumstances. This means that our definitions of leadership and the characteristics that leaders should possess are only possible to the extent of the possibilities we can perceive (observe) (Baloğlu, 2011). "*A leader is someone who leads, guides, directs, and inspires others. Leadership is the process through which an individual influences a group to achieve a common goal*" (Gündüz & Dedekorkut, 2014). Leaders have always been prominent individuals in their communities with their personalities, physical characteristics, behaviors and approaches to events.

In the early days of leadership, there was a view that leadership was based on extraordinary ability and strength, that it was innate and that personal characteristics were at the forefront. With the emergence of behavioral and situational leadership theories, focus has shifted to behaviors and circumstances instead of solely the traits of the leader. In particular, situational leadership theory argues that a single leadership style is not possible for all circumstances and emphasizes that innate characteristics alone are not sufficient for a person to be a leader. Accordingly, the success of the leader depends not on his/her innate characteristics but on leadership actions that are suitable for the circumstances they encounter (Özalp & Öcal, 2000). Today, it can be statedthat there is a new understanding that recognize the significance of followers as well. Leaders who are appreciated, relied upon, and esteemed by their followers have a greater chance of attaining successful outcomes. When followers sense that their leader genuinely cares, appreciates, and has confidence in them, they are more inclined to put in extra effort to help the leader achieve their goals

A Review of the literature reveals the recent Emergence of various modern leadership styles such as authentic leadership (George, 2003), ethical

432

leadership (Gini, 1997), and humble leadership (Owens and Hekman, 2012). Among these, Health-Oriented Leadership (HoL-SOL) is a novel leadership style introduced to the literature by Franke and Felfe (2011). In the realm of business, due to numerous risks and challenges, achieving optimal performance levels and success depends on a variety of factors. One of the key factors in overcoming these risks and challenges is maintaining good health. The growing stress in the workplace and the related health risks that employees encounter have led to the emergence of the "Health- Oriented Leadership" paradigm (Kerse, Soyalın, & Özdemir, 2021).

This study aims to address two main issues: first, the extent to which workers' perceptions of health-oriented leadership affecttheir organizational commitment and psychological safety; and second, the role psychological safety in the impact of health-oriented leadership on organizational commitment. Notably, there are only a few studies in the literature relatedto health-oriented leadership. Particularly within the national context, there is only one study on health-oriented leadership (Kerse et al., 2021). The literature review revealed a notable gap, as there has been no research examining health-oriented leadership, organizational commitment, and psychological safety together. Consequently, our study, which investigates these variables together, is expected to provide a valuable contribution to the existing literature.

2. CONCEPTUAL FRAMEWORK AND HYPOTHESES
2.1. Health-Oriented Leadership

As mentioned above, today's leadership characteristics and behaviors are largely dependent on the circumstances and the perception of the need for leadership. The significant level of uncertainty has made it challenging to plan for the long term and make the right decisions, making it a necessity to constantly restructure and adapt to the changing environment (Özalp & Öcal, 2000). In addition, factors such as chaos, competition and the necessity to keep up with change make employees the most valuable resources of organizations. Employees are expected to exhibit innovative behaviors, success motivation and loyalty to their organizations in order to cope with these situations and to be equipped to ensure success (Karip, 1998). To achieve all this, leadership should be based not on status and authority, but on the quality of the interaction between the leader and followers (İnce, Bedük & Aydoğan, 2004). Health-oriented leadership is a new approach that emphasizes the quality of these interactions through a focus on health. The concept of health is one of the main concepts that human beings have cared about the most throughout history. Being healthy is the key to achieving the elements that are attributed to many values, such as money, power, reputation

433

and authority, which people strive to achieve throughout their lives.

One of the most basic requirements for working efficiently, producing, improving oneself, achieving goals and living a happy life is to be healthy (Kerse et al., 2021). This is particularly important in today's business world where chaos and complexity, stress, performance pressure and uncertainty are increasing. In such an environment, worker health has the potential to be damaged at any time due to the multiplicity of negative situations to which it is exposed. However, for employees to perform better, it is essential to eliminate these negative factors and improve their health. Leaders significantly influence the development or detriment of health in the workplace (Klug, Felfe & Krick, 2019). One of the new leadership approaches that clearly illustrates the relationship between leader behavior and health is health-oriented leadership, developed by Franke and Felfe (2011).

Unlike other existing leadership styles, health-oriented leadership prioritizes employee well-being (Kaluza, Weber, Dick, & Junker, 2020). It explicitly focuses on employee health. Additionally, it aims to create beneficial working conditions and set an example for workplace health and safety behaviors (Franke, Felfe, & Pundt, 2014; Klebe, Felfe, & Klug, 2021). Health-oriented leaders promote health in communication and working conditions while focusing on values, awareness, and behaviors related to the well-being of followers (Franke et al., 2014). Indeed, the role of leadership in promoting and improving workplace health is undeniable (Klug, Felfe, & Krick, 2019).

Health-oriented leadership (HoL-SOL), which is based on Franke et al. (2014) and formed in line with the leader center and staff center, is a leadership approach that contributes to many positive outcomes such as effective delivery of products and services, Increasing employee motivation and organizational outputs. Leader-centric elements encompass the attitudes and mental frameworks of health-oriented leaders, which shape their health behaviors and experiences with stress. Whether or not leaders are in a state of stress can directly or indirectly reflect on and affect the behaviors or attitudes of employees because they are role models (Stuber et al., 2021). In terms of the role of leaders, this approach focuses on supporting the overall success of the organization, such as visioning, strategic planning and managing organizational performance. In staff-centered aspects, which involve the creation of working conditions that promote mental health (Nielsen et al., 2008), the leader prioritizes the welfare and growth of their employees. In addition, it helps to prioritize work tasks and reduce stress levels by taking a proactive approach, through engaging in direct and attentive communication while interacting with staff throughout the process (Elprana et al., 2016; Franke & Felfe, 2011).

434

Leadership oriented towards health prioritizes both the organization's success and the well-being of its employees. In other words, the health-oriented leader adopts a balanced approach to increase employee motivation and job satisfaction along with organizational goals. In this scenario, the leader attends to their own physical and psychological well-being, serving as an effective role model for the health of the staff (Skakon et al., 2010). Indeed, health-oriented leadership can be associated with several health indicators, including employee stress, anxiety, risk of burnout, and even depression. Emphasizing the significance of health-oriented leadership, which prioritizes the physical and mental well-being of employees, entails supporting health-promoting behaviors to mitigate workplace demands. In this regard, leaders pay attention to employee signs of overload, foster a positive team environment by providing useful resources, respect breaks and working hours, and encourage staff to attend stress prevention courses, potentially giving them more opportunities to rest and recover from work fatigue (Lutz et al., 2023).

At the heart of health-oriented leadership lie three key dimensions: the values, awareness, and behavior of leaders. These dimensions are fundamental to health-oriented leadership, encompassing leaders' management of their health, also referred to as self-care (Franke et al., 2015). The dimensions of health-oriented leadership include (Dannheim et al., 2021):

Values: Reflecting the leader's beliefs and priorities concerning the promotion of health for themselves and others.

Awareness: Referring to the leader's capacity to comprehend, evaluate, and manage both their health status and that of their team.

Behavior: Entailing the leader's implementation of tangible actions aimed at fostering health and well-being.

Leaders and followers are increasingly expressing concerns about workplace stress, leading to a rising interest in health-oriented leadership aimed at mitigating associated risks and enhancing overall well-being (Klebe et al., 2021). Moreover, this approach is considered to be a resource that improves working conditions and reduces stress factors, which in turn increases followers' productivity and workplace performance (Klebe et al., 2021). Furthermore, it's imperative for leaders to acknowledge health concerns within the workplace, show that they value employees' well-being as a crucial asset, and adopt the mindset that prioritizing healing outweighs short-term business objectives (Boehm, Baumgärtner, & Kreissner, 2016; Franke et al., 2014).

2.2. The Relationship Between Health-Oriented Leadership and Organizational Commitment

Since organizational commitment, another concept examined in the study is of interest to numerous fields, including sociology and psychology and organizational behavior, it is very difficult to make a specific definition upon which everyone agrees (Özsoy, Ergül, & Bayık, 2001; Çöl & Gül, 2005). In general terms, organizational commitment can be defined as an employee's loyalty to their organization, their interest in its success, and the strength of the bond they feel towards it (Koç, 2009; Bayram, 2005). Organizational commitment may be characterized as individuals identifying with the organizations they work for, internalizing them, making sacrifices by adopting organizational goals, having a great desire to join their organization permanently and firmly believing in the organization's objectives and principles, and directly or indirectly participating in organizational processes by integrating with the organization (Koç, 2009; Doğan & Kılıç, 2007). Organizational commitment is accepted to be an important phenomenon for maintaining employees' desire to stay in the organization permanently and for exhibiting creative and innovative approaches for the benefit of the organization (Bayram, 2005). It is becoming difficult to keep employees within an organization due to factors such as changing environmental conditions, needs, costs for recruits in the adaptation process and increasing competition (Durna & Eren, 2005).

Meyer and Allen (1991) classify organizational commitment into three types: affective commitment, continuance commitment, and normative commitment. They explain that the common thread among these forms of commitment is that they represent a psychological state that binds employees to an organization and influences the continuity of their association with it. They are also proposed as an element, not a type because they can be encountered independently and at different levels at the same time. For instance, one worker might feel a powerful urge and need to remain in the association and an obligation to have a place in the gathering, while another representative might feel a powerful urge but a moderate need (Maydiantoro et al., 2021).

Affective commitment, characterized by an employee's sense of ownership towards the workplace, loyalty to colleagues, and alignment with organizational values, reflects the desire to remain in the organization driven by emotional connections. Conversely, continuance commitment, as described by Meyer and Allen (1991), involves employees considering the potential drawbacks of leaving the organization, striving to maintain continuity, and feeling a sense of loyalty. This type of commitment may stem from concerns such as unemployment, financial loss, or damage to professional reputation upon leaving

436

the workplace, and it can play a significant role in diminishing an employee's intention to resign from their position. Normative commitment, which refers to feeling loyalty to the workplace due to social or moral responsibilities, may arise from employees feeling an ethical or social obligation towards the workplace. Meyer and Allen (1997) explained this situation as the feeling of loyalty of the personnel to the organization they are a part of by believing that they should not leave the organization in line with their sense of moral duty.

The dimensions of commitment related to the connection between the individual and the organization share a commonality in influencing the individual's decision-making process about whether to stay with or leave the organization. While the common thread among these commitment elements lies in the bond formed between the employee and the organization, reducing the likelihood of discord and departure, the characteristics of these bonds vary depending on the organizational commitment elements (Meyer & Allen, 1997). Individuals who are emotionally attached remain part of the organization out of desire, those exhibiting continuance commitment stay due to vested interests, and those demonstrating normative commitment remain because they believe their actions align with what is morally right. In general, it is stated that affective commitment is a motivation to stay in an organization that depends on desire, normative commitment is dependent on obligation and continuance commitment is dependent on need (Çöl & Gül, 2015; Obeng & Ugboro, 2003).

These factors underscore the significance of organizational commitment. Organizational commitment serves as a cornerstone that aids employees in various aspects, including clarifying expectations and goals, fostering positive emotional attitudes, and enhancing employee satisfaction. Moreover, organizational commitment transforms employees into individuals who exhibit loyalty towards their organizations and harbor a robust psychological connection with them. Therefore, organizational commitment can be considered an important concept that supports both employees and organizations (Soydaş, 2023). When examined in this context, it may show that leaders' behaviors may be related to organizational commitment. Indeed, Loke (2001) has shown that leader behaviors are an important factor that can increase or decrease organizational commitment. Similarly, Çakınberk and Demirel (2010), and Dick and Metcalfe (2001) found that leaders' supportive behaviors positively affect organizational commitment.

Numerous studies in the literature investigate the correlation between leadership styles (Ismail et al., 2011; Keskes, 2014; Yahaya & Ebrahim, 2016), leadership types (Erben & Güneşer, 2008; Bahadori et al., 2021), and organizational commitment. For example, Abuzaid (2018) discovered that affective commitment and normative commitment, two aspects of organizational

dedication, have a favorable and significant link with ethical leadership. Rego, Lopes, and Nascimento (2016) found that organizational commitment is positively and significantly impacted by authentic leadership. Again, many leadership types like servant leadership (Lapointe & Vandenberghe, 2018) have been examined in the context of organizational commitment. There may be a potential link between health-oriented leadership and organizational commitment, based on the observed relationship between various leadership styles and commitment levels. Considering these theoretical and empirical foundations, we can propose the following hypothesis:

H_1: *Health-oriented leadership positively affects organizational commitment.*

2.3. Relationship between Health-Oriented Leadership and Psychological Safety

A key focus of this study is exploring the correlation between health-oriented leadership and psychological safety. Psychological safety and trust are not interchangeable concepts, even though they seem to have similar meanings. While psychological safety mostly manifests itself in the relationships of team members, trust focuses on how one person sees another, which reveals the communication between the two (Soyalın, 2019; Newman et al., 2017). The concept of psychological safety, defined as individuals' perceptions of the potential consequences of situations and actions in work environments, is recognized as a distinct and complementary phenomenon to trust. It can influence various behavioral and organizational outcomes (Edmondson, 2003). Psychological safety refers to the freedom to express oneself without apprehension of facing detrimental outcomes to one's self-esteem, status, or professional standing. It enables employees to articulate their concerns openly, communicate transparently, and receive constructive feedback (Kahn, 1990; Pearsall & Ellis, 2011).

Psychological safety enables employees to work without worrying about their jobs, themselves and their careers (Kahn, 1990). In other words, the employees believe that they feel safe about the situations they may encounter after expressing their opinions on issues that they see as wrong or that may be beneficial to the organization (Edmondson, 2003). Employees' high perception of psychological safety increases the chances of making the right decision by managing stress more successfully in problematic situations, under stress pressure, or when they make mistakes (Erkutlu, Kayacan & Özdemir, 2019). Therefore, when the perception of psychological safety increases, it reduces the likelihood of making mistakes as it enables employees to adopt a calm and

438

unhurried structure. This can positively affect the quality of their work output, their motivation, job satisfaction and skills (Akduru & Semerciöz, 2020).

Leaders ought to foster a sense of belonging and integration among employees within the organization, cultivating an atmosphere characterized by trust, collaboration, shared interests, and empathy. This can be achieved by encouraging followers to voice their thoughts and by instilling a culture that embraces risk-taking while ensuring their comfort in doing so. In this respect, leaders need to instill psychological trust in their team for the future of the organization (Chen et al., 2019). Followers who perceive psychological safety are less inclined to fret over potential repercussions when sharing diverse ideas (Chen et al., 2019; Taştan & İşiaçık, 2020). Research investigating the correlation between various leadership styles and psychological safety corroborates this finding. For example, Wang, Liu and Zhu (2018) found that humble leadership has a positive and significant effect on psychological safety. Again, many studies on the relationship between other leadership types and psychological safety (Liu, Liao & Wei, 2015; Jin, Qing & Jin, 2022; Sürücü, Yıldız & Sağba, 2023) indicate that there may be a relationship between health-oriented leadership and psychological safety.

H₂: Health-oriented leadership positively affects psychological safety.

2.4. Relationship between Psychological Safety and Organizational Commitment

Psychological safety, which can also be evaluated as the feeling of inner security, can be related to the individual's ability to open oneself to others, take risks and be emotionally attached. In other words, psychological safety can be related to being in an environment where one feels emotionally and physically safe, and this can be considered the basis of healthy relationships. Therefore, it can be expressed as a person's beliefs about how others will react to him/her asking questions and receiving feedback, reporting a mistake, or coming up with a new idea without worrying that they will be hurt or embarrassed when he/she speaks up or expresses his/her ideas about a particular mistake (Edmondson, 2004). In addition, it is a fact that this concept, which represents a cognitive state, incorporates three constructs: psychological empowerment, job commitment and trust. Psychological safety, which is considered one of the modern management concepts in our age and is a state of intrinsic motivation in which working individuals feel that they have control over their work, is defined as a psychological state that must be experienced by employees for organizational actions to be successful (Spreitzer, 1995).

Work engagement pertains to the extent of emotional connection an

individual has with their workplace, indicating a strong emotional dedication and concern for their duties. It denotes a deep integration with and attachment to a specific job role (Kanungo, 1982). When employees feel psychologically safe within the organization, they perceive themselves as valued, cared for, and respected by the company, leading to positive outcomes such as heightened job satisfaction (Detert & Burris, 2007; O'Neill & Arendt, 2008). These favorable outcomes can foster organizational commitment and subsequently enhance work engagement. The relationship between psychological safety and organizational commitment can be explained through social identity theory, which correlates with the concept of the social self. Since the organization holds significant importance in employees' lives, it becomes central to their social identity. Consequently, a positive self-perception enables employees to demonstrate a high level of commitment to both their organization and their roles (Kim, 2020).

Furthermore, prior research (Frazier et al., 2017; Singh & Winkel, 2012) indicates a positive association between psychological safety and organizational commitment. This finding is significant as it suggests a potential link between these two factors. Given these findings alongside earlier studies, it is logical to anticipate that psychological safety impacts organizational commitment.

H₃: *Psychological safety positively affects organizational commitment.*

2.5. Psychological Safety as a Mediator Variable

Lastly, the study explores the mediating role of psychological safety in the relationship between health-oriented leadership and organizational commitment. In simpler terms, it explores how health-oriented leadership might influence organizational commitment through psychological safety. Literature has provided evidence that psychological safety can act as a mediator in the correlation between health-oriented leadership and organizational commitment. For instance, Timuroğlu and Gül (2023) found that psychological safety mediates the relationship between humble leadership and expressed personal initiative. The mediating role of psychological safety in the connection between health-oriented leadership and organizational commitment can also be explained by the Conservation of Resources Theory (Hobfoll, 2001). This theory emphasizes that the resources that employees have and want to obtain are important to them. Therefore, employees are psychologically empowered when their existing resources are protected and their efforts toward what they want to achieve are supported (Hobfoll, 2001). When examined from the perspective of the Conservation of Resources Theory (Hobfoll, 2001), perceived health-oriented leadership has the capacity to enhance employees' resources, particularly psychological safety. This enhancement of resources is likely to raise the level of

440

organizational commitment. Hence, it is reasonable to expect that health-oriented leadership may influence organizational commitment through its impact on psychological safety.

H₄: *Psychological safety mediates the relationship between health-oriented leadership and organizational commitment.*

The research model in Figure 1 was created keeping in mind that the variables have a statistically positive relationship.
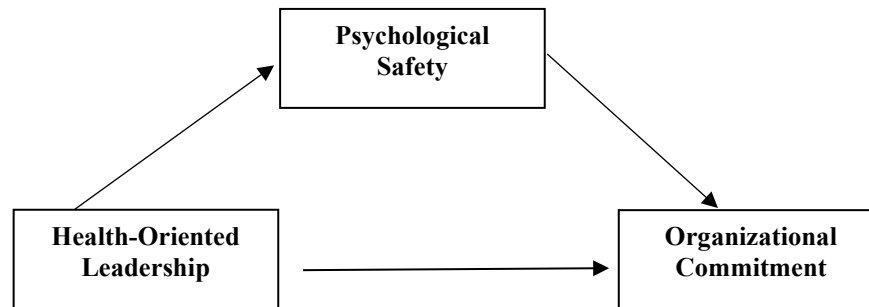

Figure 1: Research Model

3. METHODOLOGY
3.1. Purpose

The primary objective of this study is to ascertain whether health-oriented leadership directly impacts organizational commitment and whether psychological safety plays an indirect role in this relationship. A review of the literature indicates that while research on health-oriented leadership and associated topics is growing, there is only one study on this subject in Turkey. By enhancing comprehension of the mediating role of psychological safety in the impact of health-oriented leadership on organizational commitment, this study aims to benefit both researchers in the field and managers in related domains.

3.2. Sample

Considering time and cost constraints, it was decided to conduct the research in only one city. Therefore, the population of the research consists of 190 people working in a private hospital in Aksaray. Simple random sampling was used. The study sample comprises approximately 190 individuals employed in a private hospital. 145 out of the 190 surveys given to the employees were

returned. Following examinations, 15 surveys were deemed unsuitable for analysis due to inaccuracies and incompleteness. With a 5% margin of error at a 95% confidence level, it was determined that the remaining 130 questionnaires were sufficient to represent the sample.

3.3. Data Collection Tools

The researchers administered the questionnaire in person to the participants, and data from 130 responses were analyzed. The scales utilized in the study were chosen from measurement tools frequently employed in prior research, with established reliability and validity across diverse cultural settings. These scales, adapted into Turkish, had been utilized in previous studies.

Health-Oriented Leadership Scale: The study employs the Health-Oriented Leadership Scale, initially developed by Franke, Felfe, and Pundt (2014) and adapted into Turkish by Kerse et al. (2021). It utilizes 10 items representing the positive health behavior dimension of the scale.

Psychological Safety Scale: The study uses the 7-item 1-dimension Psychological Safety Scale developed by Edmondson (1999) and adapted into Turkish by Yener (2015).

Organizational Commitment Scale: The study utilizes the organizational commitment scale, originally developed by Jaworski and Kohli (1993) and adapted into Turkish by Şeşen (2010). A 5-point Likert-type rating scale was used in all measurements.

3.4. Ethical Permissions for the Research

This study adhered to all regulations outlined in the "Directive on Scientific Research and Publication Ethics of Higher Education Institutions." No actions listed under the second section of the Directive, titled "Actions Contrary to Scientific Research and Publication Ethics" were undertaken. The study, with protocol number 2022/08-46, underwent review by the Aksaray University Human Research Ethics Committee on December 27, 2022. Following examination, the committee unanimously determined that the study adhered to the ethical principles outlined in the Aksaray University Human Research Ethics Committee Directive.

4. FINDINGS

The data collected in the study were imported into the Statistical Package for the Social Sciences (SPSS 26.0) software for analysis in a computerized environment. Various analytical tools were employed, including SPSS, AMOS, and the Process MACRO software programs. The analysis encompassed confirmatory factor analyses, reliability assessments, correlation analyses, and

regression analyses. The quantitative findings from these analyses constitute the basis for the study's outcomes.

4.1. Demographic Findings

Demographic findings obtained from the 130 hospital employees who participated in the study are presented in Table 1.

Table 1: Demographic Findings of the Participants

VARIABLE	CATEGORY	FREQUENCY	%
Gender	Male	39	30
	Female	91	70
Marital Status	Single	51	39.23
	Married	79	60.77
Age	25 or less	31	23.85
	26-35	56	43.08
	36-45	35	26.92
	Over 45	8	6.15
Education Status	High School	38	29.23
	Associate degree	42	32.31
	Bachelor's	41	31.54
	Postgraduate	9	6.92
Work Experience	Less than 1 year	11	8.46
	1-4 Years	41	31.54
	5-8 Years	34	26.15
	9 Years and Over	44	33.85

Table 1 shows the frequency analysis results of the participants' gender, marital status, age, education level and work experience. Examining the data, it's apparent that a significant majority of participants are female (70%), outnumbering male participants (30%). A considerable portion of participants are married (60.77%). Analyzing age distribution, about 24% are 25 or younger, 43% are between 26-35, 27% are between 36-45, and 6% are 45 or older. In terms of education, the majority have an associate degree (32%), followed closely by those with a bachelor's degree (32%). As for work experience, 34% have more than 9 years, and 32% have 1-4 years of experience.

4.2. Reliability Analyses

Reliability analyses were conducted using Cronbach's Alpha value to evaluate the consistency of responses for each scale utilized. The health-oriented leadership scale, considered as an independent variable, exhibited a Cronbach's Alpha value of 0.959, indicating high consistency. Regarding the organizational commitment scale, treated as a dependent variable, the Cronbach's Alpha value was 0.854, meeting the standard criteria and indicating the scale's reliability. The psychological safety scale, employed as an intermediary variable, generated a Cronbach's Alpha value of 0.689, demonstrating acceptable reliability.

4.3. Confirmatory Factor Analysis of the Scales

Confirmatory Factor Analysis (CFA) is employed to evaluate the validity of a model established through the relationships among predetermined latent and observable variables. It assesses whether the proposed model aligns with the sample data (Yılmaz & Çelik, 2013). The initial CFA model for the scales was developed and tested using the AMOS 22 program. The confirmatory factor analysis for health-oriented leadership is presented in Figure 2.
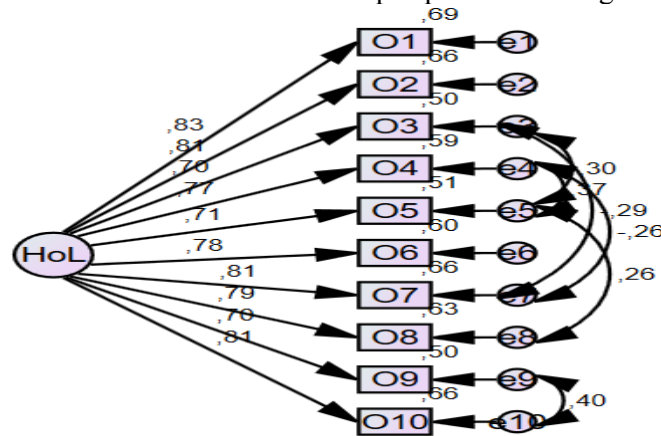

Figure 2: Confirmatory Factor Analysis of the Health-Oriented Leadership

The details presented in Figure 2 indicate that there are no issues with the standardized regression loadings, as the item values ranging from 0.70 to 0.83 surpass the minimum threshold of 0.50. Examining the estimation results for the health-oriented leadership scale model revealed that the goodness-of-fit indices did not meet the reference values. Consequently, adjustments were introduced among the model's items, resulting in improved fit values closer to the reference benchmarks. Following these modifications, the goodness-of-fit indices aligned

444

closely with the reference values found in the literature, making the health-oriented leadership scale compatible with the model (Table 2).

Table 2: Model Fit Values for Health-Focused Leadership

Variable	CMIN/DF	RMSEA	CFI	NFI	IFI	TLI
HoL	1.749	0.76	0.977	0.948	0.977	0.964
Reference Values	0< χ2/sd ≤ 5	<.05-.08≤	≥.90	≥.90	≥.90	≥.90

The estimation outcomes for the model associated with the organizational commitment scale were then examined. The Ö6 item was removed from the model because its factor loadings were below the reference values. The goodness-of-fit indices did not meet the reference values. Therefore, modifications were introduced, specifically between items e2 and e5 of the model, resulting in improved fit values. The fit values subsequent to the modification between items e2 and e5 are presented in Table 3. Figure 3 illustrates the confirmatory factor analysis of the organizational commitment scale.
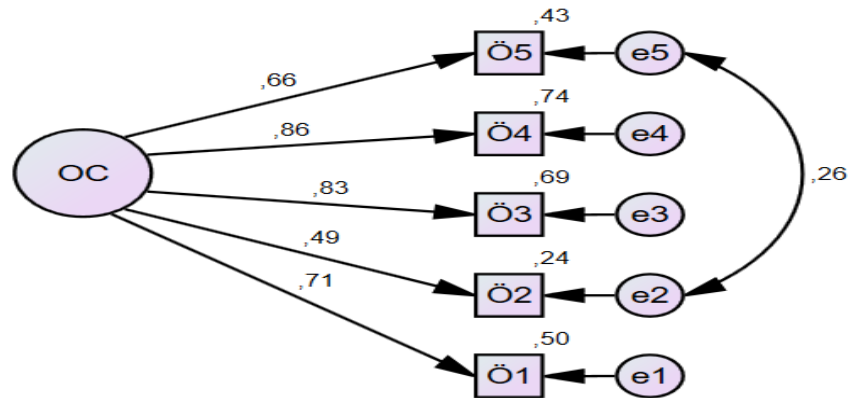

Figure 3: Confirmatory Factor Analysis of the Organizational Commitment Scale

Table 3: Model Fit Values for Organizational Commitment

Variable	CMIN/DF	RMSEA	CFI	NFI	IFI	TLI
OC	1.329	0.51	0.990	0.963	0.991	0.982
Reference Values	0< χ2/sd ≤ 5	<.05-.08≤	≥.90	≥.90	≥.90	≥.90

445

Examining Table 3 reveals that the values obtained after the modification meet the reference values. Therefore, the organizational commitment scale becomes an acceptable model. Finally, the estimation results of the measurement model for the psychological safety scale were examined. The confirmatory factor analysis (Figure 4) and the fit values (Table 4) are presented below.
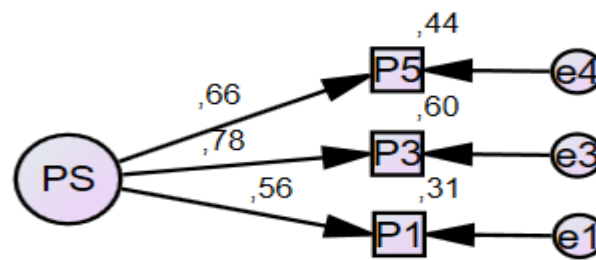

Figure 4: Confirmatory Factor Analysis of the Psychological Safety Scale

Table 4: Model Fit Values for Psychological Safety

Variable	CMIN/DF	RMSEA	CFI	NFI	IFI	TLI
PS	.579	.000	1.000	.985	1.011	1.036
Reference Values	0< χ2/sd ≤ 5	<.05-.08≤	≥.90	≥.90	≥.90	≥.90

Examining the estimation results of the psychological safety measurement model revealed that the scale had problems in terms of parameter estimates. Items P2, P4, P6 and P7 were removed from the model because their factor loadings were below the reference values. Consequently, the psychological safety scale model reached acceptable values and achieved compatibility.

4.4. Testing Hypotheses

The quantitative data collected in line with the study's objectives was transferred to a digital environment in the Excel program. Subsequently, an analysis was carried out using the SPSS 26.0 (Statistical Package for Social Sciences) and AMOS programs.

To determine appropriate tests for data analysis, the normal distribution was assessed using Kolmogorov-Smirnov and Shapiro-Wilk tests, along with

Skewness and Kurtosis values. The results indicated normal distribution suitability (p>0.05, Skewness: 0.020, Kurtosis: -0.298). Consequently, parametric tests (reliability, correlation, regression) were applied. In line with the study's purpose, multiple correlation analyses tested the relationship between psychological safety and organizational commitment among hospital employees influenced by health-oriented leadership.

Table 6 displays the results of the Pearson Correlation analysis. Examining the correlation matrix in Table 5, it reveals that a simple correlation analysis was performed to assess the significance of the relationship between health-oriented leadership and employees' psychological safety in the hospital.

Analyzing Table 6 reveals the following results: the participants perceive Health-Oriented Leadership at a high level (Mean = 3.31), while their Perceived Psychological Safety is at a medium level (Mean = 3.09), and Organizational Commitment is also at a medium level (Mean = 3.22). Regarding the relationships between variables, Health-Oriented Leadership is positively correlated with Organizational Commitment (r = 0.474, p < 0.05) and Psychological Safety (r = 0.202, p < 0.05), and Psychological Safety in turn is positively correlated with Organizational Commitment (r = 0.401, p < 0.05).

Table 5: Mean, Standard Deviation, and Correlation Analysis Results for Variables

	Variables					
		Mn.	Sd.	1	2	3
1	HoL	3.31	.817	1.00		
2	PG	3,09	.513	.202*	1.00	
3	OC	3.22	.657	.474**	.401**	1.00
HoL: Health-Oriented Leadership, PG: Psychological Safety, OC: Organizational Commitment						
** p<0.01; * p<0.05					

As correlation analysis solely provides insight into the direction and strength of relationships between variables, it might be misleading to formulate conclusions solely based on its results (Kerse & Babadağ, 2019). Therefore, a regression analysis was conducted with the Bootstrap method to examine the mutual influence of variables and to test whether psychological safety acts as a mediator in health-oriented leadership's impact on organizational commitment. Hayes' Process Macro (2018) facilitated these analyses. The results are presented in Figure 5.
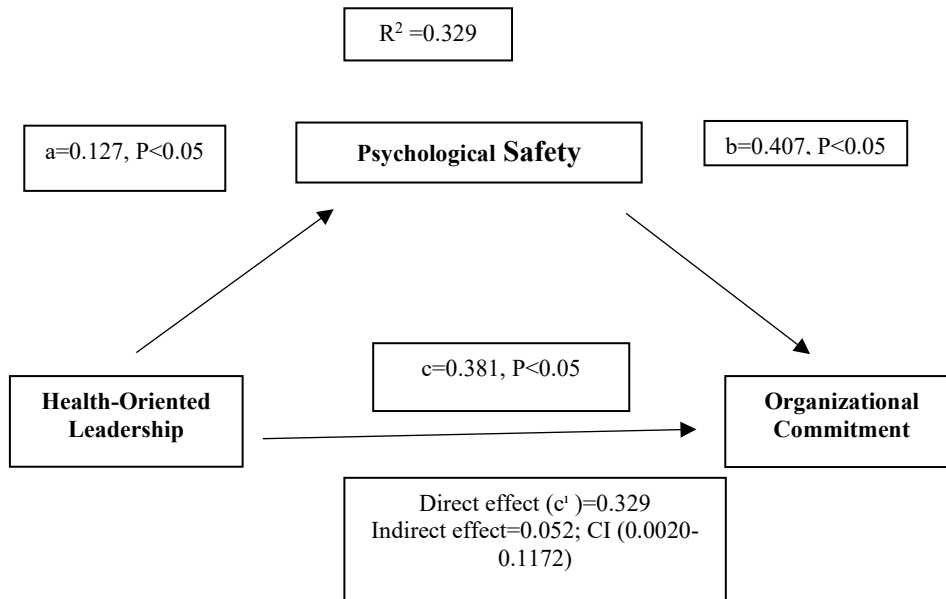
Figure 5: Findings Related to Hypothesis Testing

According to the findings in Figure 1, health-oriented leadership has a positive impact on psychological safety (b= 0.127, p < 0.05, 95% CI [0.0190, 0.2340]) and organizational commitment (b= 0.329, p < 0.05, 95% CI [0.4483, 0.4100]), also due to COVID-19. Additionally, Psychological safety positively affects Organizational commitment (b = 0.407, p < 0.05, 95% CI [0.2185, 0.5969]). Consequently, H1, H2, and H3 are accepted. In addition to health-oriented leadership's direct effect on organizational commitment (b = 0.329, p < 0.05, 95% CI [0.2109, 0.4483]), there is also an indirect effect (b = 0.052, p < 0.01, 95% CI [0.0019, 0.1157]) (Figure 5). This suggests partial mediation. In other words, health-oriented leadership positively affects organizational commitment not only directly but also by increasing the level of psychological safety. Therefore, H4 is accepted.

5. DISCUSSION AND CONCLUSION

Leaders play a key role in organizational activities and achievements by motivating employees (Durna & Eren, 2005), who themselves play a major role in the quality, efficiency and effectiveness of goods or services (Yeşil, 2016; Önen & Kanayran, 2016). Many problems such as complex staff structures with different areas of expertise, high workloads, and violence against

448

healthcare workers make leadership more important in healthcare services (Keklik, 2012; Şahne & Şar, 2015). In the health sector, as in other sectors, the elements that will lead the organization to success such as competition, profit and sustainability are emphasized. In order to achieve this, a career path for employees, incentives, bonuses and similar motivating factors are used as a tool. Efforts to keep up with new developments can also be considered in this context. Since all this is achieved through employees, who are seen as strategic resources, both the employees and the leadership that directs, mobilizes and influences them become more important. In this context, for effective and efficient results, the leadership style that will ensure that employees are committed to their organizations and the factors that can affect employees' organizational commitment are important.

This study examined health-oriented leadership, which is accepted to be a new leadership style. Health-oriented leadership (Franke et al., 2014), which includes important behaviors in terms of the value leaders place on employees' health, is expected to have a more specific and purposeful effect (Franke et al., 2014; Rudolph et al., 2020). This study examined the direct and indirect effects of health-oriented leadership on organizational commitment (through psychological safety). There is no other study examining the mediating role of psychological safety in health-oriented leadership's effect on organizational commitment.

The results indicated that perceived health-oriented leadership positively influences both psychological safety and organizational commitment. These findings align with previous studies examining various leadership styles (Wang et al., 2018; Liu et al., 2015; Jin et al., 2022; Sürücü et al., 2023; Abuzaid, 2018; Rego et al., 2016; Lapointe & Vandenberghe, 2018). The mediation analysis results indicated that psychological safety partially mediates the impact of perceived health-oriented leadership on organizational commitment. In essence, perceived health-oriented leadership was found to enhance organizational commitment directly as well as indirectly through its influence on psychological safety.

The findings clearly show that it is important for managers of healthcare institutions to exhibit attitudes and behaviors that will be good for employee health. Accordingly, health-oriented leadership contributes to the emergence of many positive individual and organizational outcomes by increasing the commitment of healthcare professionals to their organizations. The present study proves this.

Alongside its contributions to the literature, the study also has certain limitations. One of these limitations is that the sample consists of a limited

449

number of employees and was collected from a single organization. This makes the results difficult to generalize. Another limitation is that the data was collected during a period when there were concerns about whether the Covid-19 pandemic was over, which influenced how the participants answered the survey. Taking into account these limitations, future studies may benefit from larger samples, different variables and different sectors.

6. CONFLICT OF INTEREST STATEMENT

There is no conflict of interest between the authors.

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This study did not benefit from any funding or support.

8. AUTHOR CONTRIBUTIONS

ŞÖ: Idea;
ŞÖ, NŞ: Design;
ŞÖ: Supervision;
NŞ: Collection and/or processing of resources;
ŞÖ, NŞ: Analysis and/or interpretation;
NŞ: Literature review;
ŞÖ, NŞ: Author of the article;
ŞÖ: Critical review

9. ETHICS COMMITTEE STATEMENT AND INTELLECTUAL PROPERTY COPYRIGHTS

The study adhered to the ethics committee's principles, and necessary permissions were obtained in accordance with intellectual property and copyright regulations

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452

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