

The Relationship Between Leadership Styles and Quality Practices in Healthcare Sector in Saudi Arabia

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Abstract

Today, there has been much focus on quality practices and how it relates to leadership style which is adopted at healthcare sector. As such this study main objectives are to determine the relationship between the leadership style and quality practice by the employees who work in King Khalid General Hospital- Hafr Al-Batin, Saudi Arabia and also, to evaluate the relationship between leadership styles and the employees' quality practice at healthcare workplace. A random sampling was used to arrive at the sample of employees using a questionnaire as a tool to collect the required data from the (146) employees who took part in the study. Quantitative data was

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coded and analyzed using SPSS, version 18 and presented it in means and standard deviation in tables and figures with accompanying descriptive details. The study established that the leadership style that contribute to quality practice at the hospital under investigation has adopted effective policy such as safety workplace environment, relation and co-operation, training and development, rewards, effective management, involvement, motivation and communication. While analyzing the relationship between leadership style and quality practice among healthcare employees, the study established that there was a strong correlation between leadership styles and quality practices and they strongly influence each other .The study concluded that variables that contribute to a better quality practice should be taken into consideration by healthcare leaders when addressing leadership style concerns. On the basis of the study, it was suggested that further studies should be done by taking each individual factor which would bring out an exhaustive and most comprehensive view of the relationship between the between leadership styles and quality practices and further studies should be done on other contact centers in Saudi Arabia.

Keywords: Leadership Styles, Quality practice, Healthcare.

المستخلص

اليوم ، كان هناك تركيز كبير على ممارسات الجودة وكيفية ارتباطها بأسلوب القيادة الذي يعتمد على قادة قطاع الرعاية الصحية. على هذا النحو ، فإن الأهداف الرئيسية لهذه الدراسة هي تحديد العلاقة بين أسلوب القيادة وممارسة الجودة من قبل الموظفين الذين يعملون في مستشفى الملك خالد العام - حفر الباطن، المملكة العربية السعودية وأيضاً لتقييم العلاقة بين أساليب القيادة وممارسة الموظفين للجودة في مراكز الرعاية الصحية. تم استخدام العينة العشوائية للوصول إلى عينة الموظفين باستخدام الاستبانة كأداة لجمع البيانات المطلوبة من (١٤٦) موظفًا شاركوا في الدراسة. تم ترميز وتحليل البيانات الكمية باستخدام برنامج (SPSS) الإصدار (١٨) وعرضها في جداول المتوسطات والانحراف المعياري مع التفاصيل الوصفية المصاحبة. أثبتت الدراسة أن أسلوب القيادة الذي يساهم في ممارسة الجودة في المستشفى قيد التحقيق قد تبنى سياسة فعالة تمثلت في بيئة العمل الآمنة، والعلاقة والتعاون، والتدريب والتطوير، والمكافآت، والإدارة الجيدة، والمشاركة، والتحفيز والتواصل. وأثبتت الدراسة أن هناك علاقة قوية بين أساليب القيادة وممارسات الجودة وأنها تؤثر بقوة على بعضها البعض، وخلصت الدراسة إلى أن على قادة مراكز الرعاية الصحية الأخذ في الاعتبار للمتغيرات التي تساهم في ممارسة جودة أفضل عند معالجة مخاوف أساليب القيادة. تم اقتراح إجراء مزيد من الدراسات من خلال أخذ كل عامل على حدة والذي من شأنه أن يبرز نظرة شاملة وأكثر شمولاً للعلاقة بين أساليب القيادة وممارسات الجودة، وينبغي إجراء مزيد من الدراسات في مراكز الاتصال أخرى بالمملكة العربية السعودية.

الكلمات المفتاحية: أساليب القيادة؛ ممارسة الجودة؛ رعاية صحية

1.0 Introduction

Leadership is crucial for the performance of every organization in the twenty-first century. (Mumford & Gibson 2011), In Addition, Leadership is an effective factor which has great impact employees' commitment and performance to achieve high-quality services (Lee, Cheng, Yeung, & Lai, 2011). In spite of the need to achieve the quality especially in healthcare sectors, it has been noted there is an absence of strong leadership roles and practices to enhance organizational effectiveness to achieve organizational goals in the healthcare sector (Al semari, 2015; Yaser, 2019).

The existence of a positive and efficient relationship between the leaders and their employees has become an important factor within the healthcare sector in the determination of overall employee output. the concept of this relationship has really increased in the light of various challenges facing healthcare employees, such as high workloads and long working hours. In addition, relationship styles of healthcare leaders play a significant role in ensuring improved the quality of the healthcare employees services. Meanwhile, leadership, which plays a major role in guiding and influencing employees toward goal achievement, is the driving force behind employee engagement.

Many researchers have investigated and highlighted the role and effectiveness of leaders and leadership styles, particularly in healthcare facilities (Denhardt et al., 2013). Previous studies concerning leaders and leadership styles have led many to accept the foundational knowledge and concepts identified by Bass (1985). Bass has explored three main leaders and leadership styles, referred to as the transformational leadership style, the

transactional style and the laissez-faire style (Gençer and Samur, 2016). The Bass theory was crucial because it has provided a theoretical base for leadership styles. This theory has formulated creative and rigorous ideas of structuring a purposeful, tentative and a systematic view in the healthcare sectors. This base now enables systematic inquiry in the healthcare practice, which helps in the capability of acquiring knowledge that would improve the health services.

1.1 Problem Statement

One of the key areas that the Saudi Arabia government is greatly focus is to improve the quality practice of healthcare sector. Claims have been made that the most effective way of achieving high-quality service delivery is linked to the type of leadership style adopted by the organization. but unfortunately, most of healthcare leaders do not often follow the appropriate leadership styles which enable to achieve high quality practices at their workplace. Therefore, this study is conducted to study the relationship between the type of leadership style and the quality practices in healthcare sector.. So, the problem of this study can be formulated in the following question:

1. To what extent can leadership styles and quality practices has relationship, and influence each other?
2. How can leadership styles affect the quality practice in healthcare sector?

1.2 Significance of the Study

The significance of this study can be as follow:

1. This study helps to explore very important issue that concerning healthcare quality practices when the managers follow effective leadership styles.
2. This study has investigated the quality practices which has great impacts on both employees' performance and services that deliver to the hospitals' customers.
3. This study is supportive to the healthcare sector for conducting additional research to clarify the relationship between leadership styles and implementation of high quality practice at the workplaces.
4. This study is helpful to pay the attention of managers and leaders to the fact that effective leadership styles can formulate creative, rigorous base to achieve high quality practices that improve the health services.

1.3 Objectives of the Study

The main objective of this study is to determine healthcare managers' leadership styles and its relationship to the quality practices at healthcare workplaces. Moreover, the aim is to know the effect of leadership styles on the quality practices at healthcare workplace.

1.4 Hypotheses of the Study

1. Leadership styles and quality practices has a relationship, and influence each other in a significant manner.

2. Using well prepared Leadership styles can positively affect the quality practice in healthcare sector.

1.5 Methodology of the Study

Descriptive and analytical methods has been followed to conduct this study. The sample is chosen purposefully from the employees who work in King Khalid General Hospital- Hafr Al-Batin, Saudi Arabia. The sample consists of (146) participants from the hospital under investigation during the year 2022-2023. A questionnaire is used as a tool to collect the required data, and the SPSS programme is used for data analysis using percentage and means.

1.6 Limits of the Study

The study is limited to the study entitled "The Relationship Between Leadership Styles and Quality Practices in Healthcare Sector in Saudi Arabia". The sample of the study is (146) participants from the employees who work in King Khalid General Hospital- Hafr Al-Batin, Saudi Arabia. This study is conducted during the year (2022 to 2023).

1.7 Previous Studies

This study was conducted by Denis Warri (2021) which entitled "Effects of Leadership Styles on Quality of Health Services". The study aimed at assessing the link between the type of leadership style and the quality of services among health workers. A descriptive research design with a simple random size of 150 health workers of the CBCHS was used. Data were collected using closed-ended questions and analyzed using IBM SPSS Statistics™ Version 20. Inferential statistics were used to determine the effects of leadership style on the performance of health workers. The mean comparison of quality scores across the different types of leadership styles

was using One Way ANOVA. The results show that most common leadership style among the hospitals of the CBCHS is the transformational leadership style followed by task-focused, person-focused, transactional, and passive-laissez-faire. Transformational leadership style was associated with higher scores for maintaining good public relations and customer care than other leadership styles. The effect of leadership styles on the quality of work was not confirmed as the results were not statistically significant. The study concludes that leadership styles play a critical role in improving the quality of work in healthcare settings. Health-related outcomes differ from one setting to another based on the different leadership styles. Although the effect of leadership style on the quality of work was not statistically significant.

This study was carried out by Algalithia and others (2020) which entitled "The Relationship between Leadership Styles and Organizational Identification in Saudi Arabia Healthcare Sector". The aim of this study is to review the influence of leadership styles on employee organizational identification in the healthcare sector in the Kingdom of Saudi Arabia. In particular, this study explores the mediating role of uncertainty avoidance in the relationship between leadership styles and organizational identification. This study uses a theoretical constructed model to observe and explain the relationship between variables. Therefore, this study adopts the Path-Goal Theory and Social Identity Theory to discuss the aforementioned relation. In this paper, Theoretical and empirical studies have been being reviewed and summarized to explore the relationship further. The study concludes that according to the Path-Goal Theory, leaders are viewed as the main source for enhancing employees' attitudes and performance. The theory has a

narrow focus as it concerns only the connection between the officially designated bosses and subordinates in their everyday working. The study also concludes with the limitation followed by a recommendation for future research.

This study was done by Alloubani, A and other (2019) which entitled "Leadership styles' influence on the quality of nursing care". The purpose of this paper is to investigate managers' leadership styles, from the perspective of registered nurses, and its effects on the quality of nursing care in both the private and public healthcare sectors. An additional aim is to assess the relationship between leadership styles and particular organizational outcomes. The sample for this quantitative research study was comprised of 400 respondents, among which 50 were nurse managers, 150 were staff nurses and the remaining respondents were patients. Two questionnaires were used in this study: the multi-factor leadership questionnaire (MLQ) 5X short and a patient satisfaction with nursing care quality questionnaire (PSNCQQ). The results showed that A positive correlation was found between the transformational leadership style with leadership outcomes and the quality of nursing care ($r = 0.811^{**}$, 0.759^{**} , 0.789^{**} and 0.877^{**} for extra effort, job satisfaction, leader effectiveness and quality, respectively). This study was proposed as a baseline for upcoming studies in areas of education, nursing practice, research and quality. Moreover, this study was expected to be imperative to the hospital's management, in order to improve the current level of leadership, education models and advancement programs for the healthcare sector's senior staff.

This study was done by Danae F. and others (2017) which entitled "Importance of Leadership Style towards Quality of Care Measures in

Healthcare Settings: A Systematic Review". The main objective of this study is to assess whether there exist an association between different leadership styles and healthcare quality measures. The search was performed in the Medline (National Library of Medicine, PubMed interface) and EMBASE databases for the time period 2004–2015. The research question that guided this review was posed as: "Is there any relationship between leadership style in healthcare settings and quality of care?" Eighteen articles were found relevant to this research question. Leadership styles were found to be strongly correlated with quality care and associated measures. Leadership was considered a core element for a well-coordinated and integrated provision of care, both from the patients and healthcare professionals.

This study was carried out by Alharbi, M and Yusoff, R. (2012) which entitled "Leadership Styles, and Their Relationship with Quality Management Practices in Public Hospitals in Saudi Arabia". The purpose of this study was to determine the relationships between leadership styles (transformational leadership style, transactional leadership style and laissez-faire leadership styles), and quality management practices in Saudi public hospitals. A quantitative research design was adopted to collect data, test hypotheses, and answer the research questions. A cross-sectional survey method was used to conduct this study. Results of the study revealed that the transformational leadership style has a significant, positive relationship with quality management practices. However, the transactional and laissez-faire leadership styles were found to significantly and negatively relate to quality management practices. Based on the results, it is recommended that hospitals recruit leaders with transformational style, and also hold seminars

to train current leaders to become more transformational.

1.8 Definition of Keywords

Leadership Styles: Leadership styles refer to the behavioral approach employed by leaders to influence, motivate, and direct their followers. A leadership style determines how leaders implement plans and strategies to accomplish given objectives while accounting for stakeholder expectations and the wellbeing and soundness of their team.

Quality practice: Quality practice in healthcare is a subjective, complex, and multi-dimensional concept. Donabedian defined healthcare quality as ‘the application of medical science and technology in a manner that maximizes its benefit to health without correspondingly increasing the risk’ (Donabedian, 1980). He distinguishes three components of quality: 1) technical quality, 2) interpersonal quality, and 3) amenities.

Quality practice at workplace and employee performance often go hand-in-hand. For one thing, most conditions that contribute to performance like equitable salaries, financial incentives and effective employee selection will also contribute to the quality practice. In fact, every personal related action affects the quality achievement in some way (SubbaRao. Neelima Alfred. 2003).

Healthcare: Health care or healthcare is the improvement of health via the prevention, diagnosis, treatment, amelioration or cure of disease, illness, injury, and other physical and mental impairments in people. Health care is delivered by health professionals and allied health

fields. Medicine, dentistry, pharmacy, midwifery, nursing, optometry, audiology, psychology, occupational therapy, physical therapy, athletic training, and other health professions all constitute health care. It includes work done in providing primary care, secondary care, and tertiary care, as well as in public health.

2.0 Literature Review

2.1 Background

Leadership style crucial in the quality of healthcare sectors. The leadership styles, adopted by healthcare managers, are expected to affect patients' care (Sfantou et al., 2017). the role of the leaders of healthcare organizations has various dimensions, including the ability to properly supervise staff, organizing workflow and training both junior nurses and nursing students. In addition, they guarantee a high quality of nursing healthcare for patients (Alloubani, 2016; Huber, 2017). It is well known that successful leaders have one common characteristic as most of them focus on influencing people around them, with the goal of ensuring that high quality and optimum performance is achieved from the resources in the organization. Thus, Leadership styles which change and shape the institutional strategies, including their effectiveness and execution.

Bass theory (1985), identified three main leaders and leadership styles, referred to as the transformational leadership style, the transactional style and the laissez-faire style. The Bass theory has provided a theoretical base for leadership styles which are creative and rigorous ideas of structuring a purposeful, tentative and a systematic view in the healthcare sectors. This is

what now enables systematic inquiry in healthcare practice, which helps in the capability of acquiring knowledge that would improve patients' care.

2.2 Bass Leadership Styles

Each leadership style has distinct characterizations which will be explained as the following:

Huber (2017) defined the transformational leader as a pioneer who inspires supporters to perform at their maximum capacity after some time, by providing adjustment in recognition, and a sense of guidance. These leadership was divided into five sub-categories, which included individual consideration, intellectual stimulation, inspirational motivation, idealized influence in behavior and idealized influence in attributes. whereas, a transactional leader is a leader that has capacities in a caregiver role and is centered on the everyday operation. transformational leadership involves constant leader–follower interactions with the aim of achieving set goals. Through transformational leadership, leaders use techniques such as charisma, employee motivation and intellectual stimulation to ensure a high output quality is achieved and maintained, even without contingency rewards. (Chaudhry, 2012) More specifically, motivation and intellectual stimulation result in employee inspiration towards the achievement of set goals and objectives, in a way which ensures high levels of output regardless of various issues within the internal and externa work environment.

Transactional leadership was comprised of contingent reward, management by exception active and management by exception passive. Transactional leadership style revolves around management based on the contingency reward system, which involves reward provision upon the portrayal of

employee effort. The contingency reward system is used to complement the exception-based management model applied for this leadership technique, whereby while rewards are provided based on the achievement of high output by employees, low output results in punishment, which may be issued in the form of salary bonus cuts and reduced work break periods. (Chaudhry, 2012) Transactional leadership is further divided into two main forms: transactional active and transactional passive. Whereas transactional active leadership involves active monitoring of workers and immediate response to identified issues, transactional passive leadership only features leader intervention upon the occurrence of issues requiring immediate intervention. As such, the contingency reward system therefore acts as a motivator towards highquality output by employees through providing salary bonuses, promotions or other rewards for high effort.

The last leadership style is the laissez-faire style, which is considered a negative style of leadership. This style gives employees freedom of choice to independently find solutions to the raised problems, due to the frequent absence of their leaders. Adopting this leadership style means giving the team full power and freedom. With laissez faire leadership, the leader provides his team with the requisite tools and resources to perform their duties, but how they carry out their duties will be up to them. In order words, they will be free to make their choices. While it is not acceptable in every scenario, laissez-faire leadership can be an effective way to lead, provided the circumstances favor such an approach to leadership.

2.3 Quality Practice at Healthcare Sector

Quality has become an increasingly predominant part in lives. People are constantly looking for quality products and services. The existence of this

desire for quality has caused firms and organizations throughout the world to consider it as an essential component of any service and production process. Quality is a strategic differentiator tool for sustaining competitive advantage. Improving quality through improving structures and processes leads to a reduction of waste, rework, and delays, lower costs, higher market share, and a positive company image (Lagrosen, 2005). As a result, productivity and profitability improve (Alexander, 2006). Therefore, it is very important to define, measure and improve quality of healthcare services.

Healthcare quality practice is even more difficult to define and measure than in other sectors. Distinct healthcare industry characteristics such as intangibility, heterogeneity and simultaneity make it difficult to define and measure quality. Healthcare practice is an intangible product and cannot physically be touched, felt, viewed, counted, or measured like manufactured goods. Producing tangible goods allows quantitative measures of quality, since they can be sampled and tested for quality throughout the production process and in later use. However, healthcare quality practice depends on service process and customer and service provider interactions (Mosadeghrad, 2012). Some healthcare quality attributes such as timeliness, consistency, and accuracy are hard to measure beyond a subjective assessment by the customer.

2.4 Relationship Between Leadership Styles and Quality Practices

Adequate healthcare service delivery is often affected by factors such as leadership style and resource provision. (Musinguzi, 2018) In some countries, inadequate healthcare service delivery is usually a direct consequence of unequal resource distribution, which in turn leads to

healthcare institutions experiencing a lack of access to sufficient resources and funding. (Okello, 2015) Therefore, challenges such as inefficient of leadership style lead to increased employee turnover as a result of the combined effects of reduced employee satisfaction, low motivation and burnout from the increased workload stemming from a high patient-to-physician ratio. (Ashwell, 2010) As such, the quality of healthcare services provided by affected healthcare workers is reduced, adversely affecting the organization productivity.

Consequently, the characterizations of transformational leadership, through their encouragement of employee satisfaction, commitment and motivation, have significant levels of impact on employee engagement levels, especially amid high-stress working conditions in the health sector. As such, this makes transformational leadership suitable for application within the health sector with the aim of maintaining high levels of output. Therefore, leadership style is considered a core element for a well-coordinated and high quality provision of healthcare, both from the patients and employees. Effective leadership style fosters a high-quality work environment leading to positive safety climate that assures positive patient outcomes. Failure of leadership style creates a quality work place ultimately harms patients. (Kvist, 2013).

The development of leadership theories and quality management practices have the same common objectives of improving employees performance and enhancing the work experience of organizational members. But it is unclear what specific leadership styles are most effective in organization pursuing quality management practices. It is however evident that the role of leadership is a key factor in effective quality management in organizations

as all excellence models include leadership as an enabling driver. However, Transactional leadership is not seen as significance in quality improvement primarily because it is linked with rewards and punishment, and hence an exchange. Meanwhile, transformational leadership may impact quality practices because the leaders play the role of motivators who guide subordinates. Overall, when an organization has transformational leaders, it is able to involve the employees who—when motivated—perform their best. This leads to high quality performance in the organization. Thus, quality improvement is directly related to leadership styles.

3.0 Methodology

This section presents the procedures and the methods the researchers have employed to carry out the study. The section comprises of the study design, target population, sample and sampling procedure, data collecting instruments, data collection procedures and methods of data analysis.

3.1 Research Design

This study used descriptive survey research design in the context of one organization. Survey studies are appropriate to describe and report the way things are and enabled the researchers to get more detailed information on employee perception on factors affecting their performance at healthcare sector. They are characterized by systematic collection of data from members of a given population through questionnaires.

3.2 Target Population

The study targeted all the employees who work in King Khalid General Hospital- Hafir Al-Batin, Saudi Arabia. This includes all levels of management and officers in different sections within the contact center.

3.3 Sample Design

The sample used in this study is (146) employees which represent more than (40%) of the total number of the study population (360) member.

3.4 The Tool

In order to get all the necessary data, a questionnaire was used as a tool to collect the necessary required information. The design of this tool is discussed in the following sub-sections.

3.4.1 Content of Questionnaire

The instrument in this study was a questionnaire. It was designed on the basis of the hypotheses of the study after a comprehensive investigation into the field of humanities and social studied concerning management. The participants were asked eight (8) questions for each dimension. The participants indicated their answers using a 5-point Likert scale (*strongly agree to strongly disagree*) to give their own point of views and the questionnaire was done through an online survey. Different statistical and econometric techniques were applied, using the Statistical Package for the Social Sciences (SPSS 25.0), results were displayed in the form of percentages and means.

The questionnaire was divided into two parts. The first part was about the demographic information of the participants, such as gender, education and years of experience. The second part of the questionnaire was about the variables that have been selected for the study and included two dimensions. The statements of the questionnaire were designed according to:

Dimension (1): included the first eight (8) statements which are concerned the relationship between leadership styles and quality practices.

Dimension (2): included the second eight (8) statements which concerned the effect of leadership styles on the quality practice.

3.4.2 Validity of the Questionnaire

To test the face validity, the questionnaire was judged by three long experienced university members who work in university of Hafr Al Batin. They gave comment on the questionnaire's statements and then the questionnaire was modified according to their suggestions. To ensure the questionnaire's content validity the researchers, after typing the questionnaire in its final version, distributed it to fifteen (15) participants from a pilot sample. Then this pilot sample was collected and the majority of the participants commented that the questionnaire was clear and had content validity.

3.4.3 Reliability of the Questionnaire

Reliability is a term used when the assessment tool has the ability to perform accurately its intended purpose when it is applied again over time. There are number of methods that can be adapted to measuring the reliability of questionnaire; the researchers uses Cronbach's Alpha to check the reliability, also, Pearson's correlation analysis was used to find out whether there was a positive relationship between the employees' performance and the empowerment practice.

Table (3.1): Reliability statistics

Variables	No. Of Items	Cronbach's Alpha
Relationship Style	8	0.88
Quality practice	8	

Source: Done by the researcher (The Statistical Package Program for Social Sciences) (Questionnaire Data-2022)

By running a reliability test to the data, the value of Cronbach's Alpha was found to be (0.88) which means that instrument was reliable as shown in table (3.1). Based on this statistical result, it is clear that the questionnaire has adequate reliability.

3.5 Data Analysis

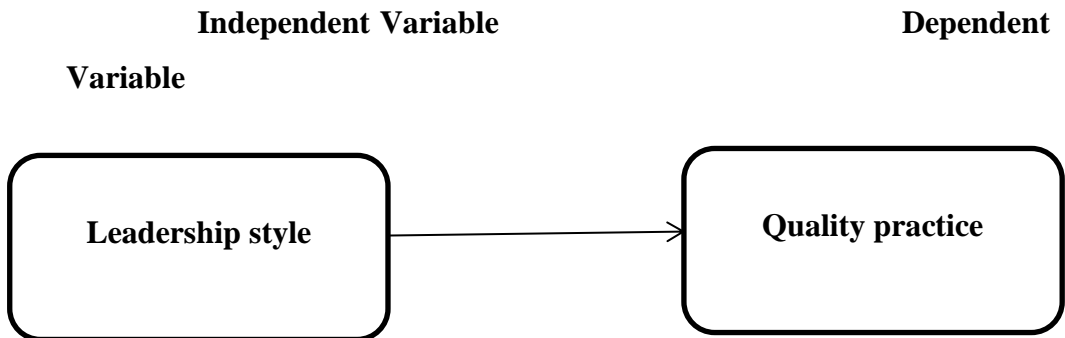
The researchers used descriptive statistics such as mean, frequencies and percentages to analyze variables of quality practice at the target workplace. To analyze the relationship between quality practices and employee performance Pearson correlation method is used. The researcher used content analysis to analyze qualitative data. Data was organized and prepared for analysis by coding and entry' in the Statistical Package for Social Sciences version 18 after checking for completeness and errors. Descriptive statistical techniques are preferred because they provide an efficient summary to the data collected making it easier to draw meaningful conclusions.

4.0 Data Analysis, Results Interpretation and Discussion.

This section presents the data analysis, results, interpretation and discussion of the findings, which is presented in tables and figures. The first section presents the response rate and background characteristics of the respondents, that is. sampled employees in King Khalid General Hospital in Hafr Al-Batin.

4.1 Theoretical Framework

The objective of the study was to know healthcare managers' leadership styles and its relationship to the quality practices at healthcare workplaces. Moreover, the aim is to know the effect of leadership styles on the quality practices at healthcare workplace. (146) respondents were selected from the place under investigation which represented more than (40%) of the total population size (360). The response rate was 100% and majority of the questionnaires were readable and legible adequately to proceed for keying in and data analysis.



(Done by the Researchers - 2022)

The researcher also relied on the following criterion in judging the estimation of the arithmetic means for the items of the questionnaire as it shown in the following table (4.1):

Table (4.1): Estimation of arithmetic means

Less than or equal to (2.33)	Low
Greater than (2.33) and less than (3.67)	Average
Greater than or equal to (3.67)	High

(Source: Statistical Package for Social Sciences version 18)

4.2 The Analysis of the Questionnaire's Results

This study explore the role of empowerment in the performance of healthcare employees on the basis of the following hypotheses:

- **H1:** Leadership styles and quality practices have relationship, and influence each other in a significant manner.
- **H2:** Using well prepared Leadership styles can positively affect the quality practice in healthcare sector .

4.2.1 The First Part: The Demographic Characteristics

The researchers considered the demographic information of the employees who took part in the study. These demographic characteristics included: gender, education and years of experience.

Demographic characteristics of the participants table (4.2)

Characteristics	Number	Percentage
Gender		
Male	93	63.7%
Female	53	36.3%
Education level		
Bachelor	94	64.3%
Master	22	15.1%
PhD	8	5.5%
Others	22	15.1%
Years of experience		
Below 5 years	13	8.9%
6 to 10 y	45	30.8%
11 to 15 y	67	45.9%
Above 15	21	14.4%

The results which were displayed in table (4.2) showed that a total of hundred and forty six (146) out of three hundred and sixty (360) participants completed the survey questionnaire (response rate: 40.6%; n = 146). All

participants are frontline healthcare employees working in different departments. The gender distribution of the respondents showed that the majority of the employees who took part in the study. (63.7%) were male, and the rest, (36.3 %) were female. This may not imply that more male than female employees were sampled to take part in the study, it can be attributed to the random sampling procedure applied by the researchers.

The educational level of the employees was determined in the study. This is because it is a characteristic of quality of work life and affects how employees' perceives its effects to on their performance. Distribution of employees in terms of their educational level is shown in table above (4.2) which displayed that the largest number of the employees, (64.3 %) were bachelor degree holders while PhD holders were only (5.5%). Whereas Master degree and others had (15.1%) each. These findings signify that majority of the respondents were bachelor degree holders and this is attributed to the fact that the organization employs fresh graduates from college with this degree.

Number of years worked by the employees at King Khalid General Hospital in Hafr Al-Batin. was also established in this study. This is shown in table (4.2) above. The analysis of the results showed that a majority of the respondents (45.9 %) had worked in the firm for 11 to 15 years, whereas the (30.8 %) had worked for between 6-10 years. The least percentages (8.9%, 14.4%) of the respondents were in the range of less than 5 year and above 15 years . This implies that most of the respondents had a better understanding of quality of work at the organization under investigation and the impact it has on the overall job performance.

4.2.2 The Second Part: The Questionnaire Statements

The study was interested in determining the relationship between Leadership styles and quality practices and how leadership styles can positively affect the quality practice in healthcare sector. To achieve these objectives, the questionnaires were distributed to the selected samples who were asked to indicate the level of agreement using a liker t scale of 1 - 5 where 1 is strongly disagree (SD). 2 is disagree (D). 3 is neutral (N). 4 is agree (A) and 5 is Strongly agree (SA). Where a score < 1.4 means SD. 1.5 - 2.4 means Disagreed. 2.5 - 3.4 means Neutral. 3.5 - 4.4 means Agreed and > 4.5 Strongly Agree. A standard variation of > 1 implies a significant variance meaning there is no consensus in the responses while < 1 shows there was no significant variance hence consensus in responses. The participants response is shown in the following table (4.3) using mean and standard deviation.

4.2.3. The first dimension: the relationship between Leadership styles and quality practices

The sample which is selected in the study were provided with a number of statements deemed to affect the quality practice at their workplace. They were asked whether they strongly agreed, agreed, were neutral, disagreed or strongly disagreed with them as prevalent in their firm. Their response is shown in table (4.3) using mean and standard deviation.

Table (4.3) means and standard deviation of the first dimension

Test items	Mean	Std. Deviation
Leadership styles play an integral role in enhancing quality measures in healthcare sector.	3.75	0.80
Quality practices vary according to leadership styles in the healthcare sector.	3.63	0.89
Effective leadership style leads to high quality and successful outcomes in healthcare sector.	4.11	0.66
There is a correlation between certain leadership style and healthcare quality indicators.	4.38	0.93
There is association between leadership style and patient satisfaction.	4.52	0.69
There is association between leadership style and employees satisfaction in healthcare sector.	4.44	0.80
Leadership styles improve the quality of healthcare workplace environment.	4.13	0.63
Effective leadership style has great role in developing the performance of healthcare provision	3.52	0.92
Average mean and Std. Deviation	4.10	0.79

Source: Done by the researcher (The Statistical Package Program for Social Sciences) (Questionnaire Data-2022)

From the above table (4.3) it is clear that (4.52) of the employees were strong agreement that "There is association between leadership style and patient satisfaction". And (4.44) agreed that " There is association between leadership style and employees satisfaction in healthcare sector". About (4.38) of the respondents also agreed that "There is a correlation between certain leadership style and healthcare quality indicators". While (4.13) represented those who agree that "Leadership styles improve the quality of healthcare workplace environment". With a mean score of (4.11) employees agreed that " Effective leadership style leads to high quality and successful outcomes in healthcare sector". Respectively, (3.75) of the participants were also in agreement that "Leadership styles play an integral role in enhancing quality measures in healthcare sector". About (3.63) of the employees agreed that "Quality practices vary according to leadership styles in the healthcare sector". And those who agreed to "Effective leadership style has great role in developing the performance of healthcare provision" were (3.52).

The overall results of this dimension showed that there was an agreement between employees that leadership styles and quality practices have strong relationship, and influence each other in a significant manner in healthcare sector. As, the average mean and standard deviation are (4.10) and (0.79) respectively; this means there is an agreement among the respondents who participated in this study that their leaders have adopted effective and well organized leadership style that enable them to achieve high quality practice at their workplace in the hospital under investigation. Most of the respondents comment that they are satisfied with their leaders and they practice high quality in this organization. These results strongly proved the

first hypothesis of this study.

- **H1: Leadership styles and quality practices have relationship, and influence each other in a significant manner.**

4.2.4. The second dimension: Leadership styles can positively affect the quality practice in healthcare sector

Table (4.4) means and standard deviation of the second dimension

Test items	Mean	Std. Deviation
Employees and leaders work together to ensure the safest possible working conditions.	3.39	0.89
The organization offers training programs to help employees to perform the job efficiently.	3.62	0.83
Leaders always strive to help and advice employees and provide timely feedback to the employees.	3.69	0.74
Rewards are given according to the employees' responsibilities at work and are linked to job performance	3.81	0.74
Rituals and traditions of enterprise unite employees to work further effectively.	3.80	0.85
Sense of belongingness increase because of the cooperation among the employees.	3.72	0.56
Employees are motivated by their working	3.58	0.78

conditions to reinforce desired workplace behaviors to enhance performance.		
In general King Khalid General Hospital in Hafr Al-Batin. is a good employer.	3.19	0.78
Average mean and Std. Deviation	3.60	0.77

Source: Done by the researcher (The Statistical Package Program for Social Sciences)

From the table (4.4) above, (3.81) of the respondents agreed that "Rewards are given according to the employees' responsibilities at work and are linked to job performance". And, (3.80) of them agreed that " Rituals and traditions of enterprise unite employees to work further effectively". About (3.72) of the participants also agreed that "Sense of belongingness increase because of the cooperation among the employees". Respectively, (3.69) of the respondents agreed "Leaders always strive to help and advice employees and provide timely feedback to the employees". With a mean score of (3.62), employees agreed that "The organization offers training programs to help employees to perform the job efficiently". While (3.58) employees agreed that "Employees are motivated by their working conditions to reinforce desired workplace behaviors to enhance performance". And about (3.39) of the participants were in agreement that "Employees and leaders work together to ensure the safest possible working conditions". Whereas, (3.19) of the respondents were in agreement with "In general King Khalid General Hospital in Hafr Al-Batin. is a good employer". The average mean and standard deviation was (3.60) and (0.77) ,which implied employees agreed and were in consensus that overall leadership styles can positively affect the quality practice in healthcare sector and this strongly supported

the second hypothesis of this study.

- **H2: Using well prepared Leadership styles can positively affect the quality practice in healthcare sector .**

5.0 Summary, Conclusions and Recommendation

This section provides the summary of the findings that was obtained from the questionnaire results, and also gives the conclusions and recommendations of the study based on the objectives of the study. The objective of this study is to determine healthcare managers' leadership styles and its relationship to the quality practices at healthcare workplaces. In addition, to know the effect of leadership styles on the quality practices at healthcare workplace.

5.1 Summary of Findings

More male than female employees took part in the study apparently due to the random sampling procedure utilized in the survey. The educational level of the majority of the respondents fell within the bachelor degree. This may be due to the fact that the organization looks for youth and fresh graduates from colleges. As for years of experience the results showed that the majority of the participants have worked in the firm for 11 to 15 years apparently due to the relatively recentness of contact center trends locally. They were presumed to have a better understanding of quality of work at the call center and the impact it has on the overall job performance.

The analysis of the data enabled the researchers to come up with the following major findings:

The study established that the leadership style key factors that contribute to

quality practice at the King Khalid General Hospital in Hafr Al-Batin. Relationship between leadership style and quality practice is strongly seen in the organization under investigation. Such practice seemed to contribute more to both patients and employees satisfaction, healthcare quality indicators and workplace environment. As well as the role of leadership style in enhancing quality measures in healthcare sector and developing the performance of healthcare provision.

Leadership style is also found to be among the positive factors that affecting quality practice in the mentioned healthcare organization .There was an agreement among respondents that leaders who adopted effective leadership style are able to provide safe working conditions. work in a motivating environment. Employees agreed that compensation and reward is a key contributor to quality of work life. Most of respondents agree that it is good to link rewards with job performance and they are adequately and fairly compensated. Employees agreed managers provide timely feedback to the employees and they were neutral on whether managers always strive to help and advise them.

There was a strong agreement among the respondents on that the leadership style which is adopted in their workplace make them practice high quality work because good conditions for the interesting work is created, therefore employees get used to their work willingly. Since, many studies acknowledge that involvement is a key indicator of high quality at any workplace (study done by Denis Warri, 2022. And Algathia and others, 2020).

Employees agreed that training and development programs are both effective and efficient and have helped them achieve the required skills for

performing their job effectively. Motivation was viewed to also contribute to quality practice life because it reinforces desired workplace behaviors thus enhancing performance. Thus, most of the employees at the hospital under investigation felt motivated by their working conditions.

The study, therefore, established that there was a strong correlation between quality practices and all the variables namely; work environment, compensation and reward, motivation, management, training and development, team work and communication, relation and cooperation. There was an indication that better working environment and high compensation and rewards greatly influences employees motivation to perform better. Communication, motivation, and management had a strong correlation coefficient to employees' high quality practices. So, all these factors represent a key components of leadership style that the leaders in King Khalid General Hospital- Hafr Al-Batin adopt so as to achieve high quality practices among the employees in this hospital.

5.3 Recommendations

1. Variables that contribute to a better quality practice should be taken into consideration by the leaders and the choosing leadership style when addressing high quality performance concerns.
2. Leadership style should be prepared to involve the employees, the leadership then will have a dedicated and motivated workforce working towards common goal and objectives.
3. Healthcare leaders should apply appropriate leadership style to operationalize the quality practice among their employees. Policy-makers' support, in terms of providing necessary resources and establishing

supportive rules and regulations is critical.

5.4 Conclusions

This study has concluded that employees are the most valuable asset in any organization. Therefore, a successful and highly productive business can be achieved by engaging employees in improving their performance (Parker et al 2003). Therefore, high quality practice can only be achieved by establishing effective well organization leadership style that suits the organization workplace environment as well as the employees responsibilities and personal needs. Quality practice of work life that employees perceive as crucial when it comes to enabling their performance. This study proved not only that the employees' insights and suggestions are invaluable but that they were all eager to participate and voice their thoughts on what they perceive as factors affecting their performance to achieve the required quality at their working place. Engaging the workforce and providing better quality of work life , identifying the overarching factors and addressing the most significant factors, may not only lead to a motivated. satisfied workforce .improved overall performance, but may also help attract and retain more employees in the contact centers.

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