



THE IMPACT OF HEALTH LEADERSHIP ON THE WORK ENVIRONMENT IN HEALTH FACILITIES

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Abstract:

The aim of this study is that the quality of health leaders has an influencing role on the employees and the work environment in terms of the employee's comfort and the psychological extent and friendliness to perform the work. in a positive way, and also the definition of officials or decision-makers in the selection of leaders who can influence properly, correctly, and positively, and thus put the right man in the right place, so that this thing will be reflected on the employees and the work environment. The questionnaire was distributed electronically through social media to prevent crowding and avoid the spread of the Coronavirus, as it has not ended yet, as 950 questionnaires were distributed to Mecca Health employees, and only 800 questionnaires were distributed answered.

Keywords: leadership, environment, health facility.

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1- Introduction:

Leadership is characterized as the manner of a person when a series of activities are immediate towards a collective target. Key aspects of the leadership function contain influencing the group activities and confirming the shift. difficulty when thinking about the leadership of healthcare professionals is that most theories were not, they are advanced in the healthcare case but are usually developed to put up a business and then stratify to healthcare. The theory is founded on organizational behavior studies that suggest people are happier and more satisfied with their work when they have supportive leaders who empathize at a personal level. (4,5) Healthcare systems contain many professionals Complex and non-linear groups, departments, and disciplines interactions between them. Often the complexity of such systems is unique as an outcome of limitations regarding different illnesses Multidirectional areas and goals and multidisciplinary staff. Inside large organizations such as health care systems, the many parts with associated subcultures may supply or conflict with each other. Leadership wants to take benefit of diversity within its organization as a complete and use sources efficiently when designing management processes while supporting employees to work towards combined goals. Types of leadership, including Transformational Leadership The transformational theory goes beyond the traditional transactional leadership style (which focuses on supervision, organization, and team performance) and confirms a person works more effectively if they have a feeling of the task. The transformational theory requires heads to communicate seeing in a meaningful and exciting way creating unity and Collective purpose The manager is obliged to have a vision, is able to authorize others, and can be depicted as a transformative boss. Transformational leaders are able to pay to show to override wait through their ability to impact positions (6) Collaborative leading collaboration is an assertive and collaborative process that takes place When people work together for mutual benefit, V.I. A form of organizational symbiosis. Collaborative command communicates information to co-workers, helps, and brotherhood, letting them make informed resolutions. (7,8) Like promoting collaborative communication strategies in Health care management through encouraging dialogue between many stakeholders; commutation of knowledge and know-how. And decreasing the grade of complexity within healthcare institutions. (9) portion driving numerous searches have shown

that autonomous healthcare workers with immediate trust for their patients do not reply well to authoritarian leadership to lead highly qualified healthcare professionals. (4,7,10,11) driving requires to concentrate the development of active collaborative connection through shore and mission delegation, and this could be the basis for widespread implementation of the shared leadership model within the healthcare setting, as it heartens shared governance, continuous workplace learning, and development of effective working relationships. (12,13) Shared leadership is a system-level management/leadership system that delegate staff within the decision-making procedures. (14) It offers persons the opportunity to handle and develop within a team and effectively improves the work environment and job satisfaction. (15,16) dynamic teamwork is an electronic key to the shared-leadership path, with a focus on recognized squad worth and optimizing party competence to improve exercise .portion leadership ideally scores in personage staff members take over leadership behaviors, greater autonomy, and improved patient care outcomes. (17) When organizational and group inter-relationships are developed and fostered to achieve defined goals, they can influence the practices of groups and individuals outside of the core team and also increase the standing of the group within the organizational hierarchy. (18,19) Distributed Leadership: globalization necessitates that responsibility and initiative be more widely distributed and many large corporations. This distributed leadership approach requires 4 key characteristics:19 sense-making - the ability to understand the constantly changing business environment and interpret the ramifications of changes within an organization; relating - the ability to build trusting relationships, balance advocacy with inquiry ,and cultivate networks of supportive confidants; visioning - creating credible and compelling images of the desired future that those in the organization can work towards, and inventing - creating new ways of approaching tasks or overcoming seemingly insurmountable problems. (18,19) Ethical leadership effective leadership practice can have a significant impact on your health the working lives of healthcare personnel, patient outcomes, and fate organization. In some cases, the leader will need to influence Group members by: (1) creating enthusiasm for risky strategies, (2) requiring a change in core beliefs and values, and (3) Influencing decisions that favor some over others. A good leader must possess intentions, values , and behaviors that are

not intended to harm and respect the rights of all parties. (20,21)

2-Material and Methods:

This study went on in (the city of Mecca in Saudi Arabia), and began writing the research and then writing the questionnaire in July 2022, and the study ended with data collection on 20 November 2022. The examiners used the descriptive analytical approach that uses a quantitative or qualitative description of the social phenomenon, (The impact of health leadership on the work environment in health facilities). This type of study is characterized by analysis, reason, objectivity, and reality, as it is concerned with individuals and societies, as it studies the variables and their effects on the health of the individual, society, and consumer, age, gender, nationality, and marital status. Status, occupation, and use of the Office Group 2010 histogram for Excel to rank the results by dragging them on the statistical software (3).

3- Results and Discussion:

A questionnaire is a significant and useful tool for collecting a huge part of data, However, researchers were not able to personally meet entrants on the online survey, due to social distancing organized at the time to not allowed contagion between participants and examiners and vice versa (not coronavirus participation completely hiding from the nation). only replied to the questionnaire electronically, because the question holds eleven questions, and all were closed. The online approach has also been used to generate valid samples in similar studies in Saudi

Arabia and elsewhere (2). The first question was about whether your manager treats you at work with respect and affection. 98% answered yes and 2% answered no. The second question was about whether work tasks are distributed between you and your colleagues in a transparent and impartial manner by your manager. 89.8% answered yes, and 10.2% answered the third question about do you face any harassment or bullying by your manager at work. 69.4% answered yes, and 30.6% answered the fifth question: Does your manager have a future vision for developing and improving work? 91.8% of respondents answered yes, while 8.2 answered no. The sixth question was about whether your manager motivates and encourages employees to develop and improve work performance. 85.7% answered yes, while 14.3% said no. The seventh question is: Does your manager interact with your problems positively or negatively? 76.1% are positive, while 23.9% and 0% do not react. The eighth question is, does your manager search for your achievement at work, or is he only interested in your presence at work? 65.2% are accomplished at work, while 23.9% are present at work and 10.9% are not looking. About the ninth question about whether your manager seeks to achieve work goals or seeks to build personal glory for him? 69.6% have work goals, while 13% have special glory for him, and finally, 17.4% do not seek. The tenth question is whether your manager has selfishness, self-love, and domineering characteristics over others. 16.3% yes, while 83.7% do not. The eleventh question is: Do you suffer from job dissatisfaction with your work? 22.4% yes, while 78% do not.

Table 1: The impact of health leadership on the work environment in the health facility

Questions	Yes	No
whether your manager treats you at work with respect and affection	%98	%2
whether work tasks are distributed between you and your colleagues transparently and impartially by your manager.	%90	%10
do you face any harassment or bullying by your manager at work?	%83.7	%16.3
Does your manager have a higher academic qualification such as (Master's or Ph.D.)?	%68	%32
Does your manager have a future vision for developing and improving work?	%92	%8
Does your manager motivate and encourage employees to develop and improve work performance?	%86	%14
does your manager have the characteristic of selfishness, self-love, and domineering over others?	%84	%16
Do you suffer from job dissatisfaction at your work?	%78	%22

Conclusion:

The leader has a major function in impact the subordinates, whether passive or favorable, and that is why decision-makers have to make sure that they must put the right man in the right place, because of his action on his employees, hungered

them, and interesting them to do the work, and they have psychological and job satisfaction in the work environment because they meet the public Which obligate them to have satisfaction so that they can do their work with perfection and seriousness. This study complemented the following results: Most

healthy employees are satisfied with their managers in general, their managers motivate and encourage them continuously, they deal with them with respect and affection, and they have a future vision in developing and improving the performance of work and their employees alike. The study shows that the characteristics of the leader have a role and influence the employees in the work environment, There is a study by Wiedemann and Stromberg published in LHS called "Leadership for a healthy work environment - a question about who, what, and how are consistent with the results of this study, as it was mentioned that " The results showed that the employees felt that their health partly depended on the attributes that leaders possessed, what leaders do and how leaders do it. This study confirms that leadership influences the perception of a healthy workplace". (22)

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References:

1. Alserahy, Hassan Awad, et al (2008), The thinking and scientific research, Scientific Publishing Center, King Abdul-Aziz University in Jeddah, the first edition.
2. Al Zoghbi, Muhammad and AlTalvah, Abas (2000), Statistical system understanding and analysis of statistical data, first edition, Jordon- Amman.
3. Kadasah, N.A.; Chirwa, G.C.; et al. Knowledge, Attitude and Practice Toward COVID-19 Among the Public in the Kingdom of Saudi Arabia: A Cross-Sectional Study. *Front. Public Health* 2020, 8, 217.
4. Garman AN, Brinkmeyer L, Gentry D, Butler P, Fine D. Healthcare leadership 'outliers': An analysis of Senior administrators from the top U.S. hospitals. *J Health Adm Educ* 2010;27(2):87-97. 2.
5. Collins D, Holton E. The effectiveness of managerial leadership development programs: a meta-analysis of studies from 1982 to 2001. *Hum Resour Dev Q* 2004;15(2):217-248.
6. Weick KE, Sutcliffe KM. Mindfulness and the quality of organizational attention. *Organ Sci* 2006;17(4):514-526. July/August.
7. Chen, Jui-Chen, Leadership effectiveness, leadership style, and employee redness. Leadership and organization development journal, v26, no 4, 2005, page 280- 288(9).
8. Lavis JN, Davies HT, Oxman A, Denis JL, Golden-Biddle K, Ferlie E. Towards systematic reviews that inform health care management and policy-making. *J Health Serv Res Policy* 2005 Jul;10(Suppl 1):35-48.
9. Harrison B. The nature of leadership: historical perspectives & the future. *J Calif Law Enforcement* 1999;33(1):24-31
10. Greig G, Entwistle VA, Beech N. Addressing complex healthcare problems in diverse settings: insights from activity theory. *Soc Sci Med* 2012 Feb;74(3):305- 312. 11.
11. 11-Resource Development Quarterly. 2004; 15(2):217-48.
12. Henry JD Jr, Gilkey RW. Growing effective leadership in new organizations. In: Gilkey RW, editor. *The 21st-century healthcare leader*. San Francisco: JosseyBass; 1999.p. 101–10.
13. Jeffrey Braithwaite, L (H), "Editorial", *Leadership in Health Services*, 2008, vol: 21, issue1, 8-15.
14. Kotter JP. *What leaders really do?* Business leadership. San Francisco: JosseyBass; 2003.p. 29–43. 15- Garman, A. N. "Evidence update: Linking leadership Practices to organizational outcomes." Presentation To the NCHL Leadership Excellence Networks web meeting, October 21, 2011.
15. 16- Wiseman L, McKeown G. *Multipliers: how the best leaders make everyone smarter*. New York: Harper Collins. Garman, A. N. "Evidence update: Linking leadership Practices to organizational outcomes." Presentation to the NHL Leadership Excellence Networks web meeting, October 21, 2011. 17- VanVactor JD. *Collaborative communications: a case study within the U.S. Army medical logistics community*. Saarbrucken, GE: VDM Publishers; 2010.
16. Mann S. *Unleashing your leadership potential: seven strategies for successful leadership and organization development*, 2011, vol 32, issue 8. p 855-56.
17. Garman, A. N., McAlearney, A. S., Harrison, M. I., Song, P.H., & McHugh, M. *High-performance work Systems in health care management, part 1: development Of an evidence-i*
18. Salem S Al-Touby, *Functional Results-Oriented Healthcare Leadership: A Novel Leadership Model*, *Oman Medical Journal* (2012) Vol. 27, No. 2: 104- 107.

19. Almgren G. Health care politics, policy, and services: a social justice analysis. New York: Springer Publishing Company, 2007.
20. Vidman. Åsa , Strömberg .Annika “Leadership for a healthy work environment – a question about who, what and how”. University of Gävle, Gävle, Sweden. Leadership in Health Services Vol. 34 No. 1, 2021 pp. 1-15 Emerald Publishing Limited 1751-1879 DOI 10.1108/LHS-06-2020-0041.