Leadership Dynamics Exploring the Management Strategies in Public Hospitals

Turki Al Masaeid[1], Mohammad A.K Alsmairat[2], Ghaiath Altrjman[3], Asaad Hameed Al-Ali[4]

Abstract

The study aimed to investigate the leadership styles of managers in Ministry of Health (MoH) hospitals. A representative sample of 105 managers from various MoH hospitals in the UAE was selected using random sampling. The researcher developed a questionnaire to identify prevalent leadership styles among managers. The study concluded that the most common leadership pattern among managers was free leadership, with a small but statistically significant difference in the sample's responses regarding leadership styles in public hospitals, favoring the free leadership pattern. Additionally, the study found no significant differences in employees' perceptions of leadership styles among the managers, with these nonsignificant differences attributed to variables such as nationality, education level, service duration, and gender for specific leadership styles.

Keywords: Leadership Styles, Free Leadership, Democratic Leadership, Autocratic Leadership, Public Hospital Managers.

- **Introduction**

Leadership is a critical factor in influencing and directing individuals toward the attainment of common objectives. Effective leadership involves motivating workers and adapting leadership styles to diverse situations, signifying the methods employed by leaders to utilize their available powers in guiding others (Malik, 2023). The study of leadership behavior has garnered considerable attention from researchers, particularly concerning leaders' styles in leading subordinates. In organizational settings, managers often prioritize job performance over the development of subordinates' or workers' interests, aiming to motivate employees through active participation and fostering positive relationships within the group to enhance overall performance. Leadership is characterized by the ability to motivate and inspire followers to achieve their goals and provide support and tools to ensure goal accomplishment. Effective leaders guide, coach, and inspire others to reach their full potential, fostering a collaborative culture, and leading by example. Leadership is crucial for institutional growth and development, involving the inspiration, direction, and guidance of individuals to fulfill their responsibilities and achieve organizational goals. It requires personal and acquired skills of motivation and organization, with subordinates supporting leaders in problem-solving and governance. The

---

[1] Assistant Professor of Teaching and Learning, Abu Dhabi School of Management, Email: turkimasaeid@gmail.com
[2] Assistant Professor of Supply Chain, Business Department, College of Business Administration, American University in the Emirates, Email: moh_cis2004@yahoo.com
[3] Department of Marketing and Digital Communication, Faculty of Business, Al-Ahliyya Amman University, Email: G.Turgman@ammanu.edu.jo
[4] Business Administration Department, Faculty of Business, Al-Ahliyya Amman University, Email: A.alali@ammanu.edu.jo

choice of leadership style depends on a thorough assessment of the leadership context, aligned with specific group expectations and experiences in particular circumstances (Qasim, 2003).

Recent research has delved into various aspects of leadership, such as the implementation of organizational interventions for advancing women in healthcare leadership (Alsyouf et al., 2022; Mousa et al., 2022; Dbesan et al., 2023), the influence of leadership on employee performance and organizational health (Wijayanti et al., 2023), and perceived utilization of leadership styles among nurses (Gashaye et al., 2023). Additionally, studies have explored the impact of leadership on healthcare outcomes, team behavior, and job performance assessments in healthcare settings (Orukwowu, 2022). Furthermore, the development of leadership support services for nurses and midwives during the COVID-19 crisis has been investigated (Bond et al. 2022).

Existing literature on leadership styles in healthcare and hospital settings has identified several research gaps that warrant further exploration. These include the need for a deeper understanding of the correlation between leadership styles and nurses' job satisfaction, exploring the medium-term implications of leadership styles on stressors and health-related outcomes, and focusing on ethical leadership and its impact on employee performance and organizational outcomes. Additionally, there is a need for research that focuses on the predominant leadership styles used by SMEs in different contexts. Addressing these research gaps is essential for advancing effective leadership practices and improving healthcare outcomes.

- **Theoretical Background**

Leadership has been the subject of continuous scrutiny, study, and discussion among scholars and historical figures. Leadership is crucial in administrative processes where organizations hinge on success or failure. Montana and Charnov (1993, p. 216) define leadership as the process of inspiring or influencing others to work with high commitment and perseverance in accomplishing tasks and achieving goals within the context of the administrative process. This definition highlights the crucial link between leadership and human resources, as the success of organizations largely depends on their employees' performance.

Leadership styles are a set of unique characteristics and essential elements that allow managers to influence their subordinates and shape their behavior within an organization. This type of leadership distinguishes an individual's approach to managing a team and is a critical component of effective leadership (Qasim, 2003).

According to Prince (2008), conventional leadership styles are no longer effective in responding to global advancement. Consequently, businesses in emerging and developing economies are seeking new leadership models. In today's business world, which is characterized by constant change due to globalization and the knowledge and information revolution, there is a growing emphasis on administrative leadership and the necessary skills for successful management and direction of business and society.

Prince (2008) argued that administrative studies and theories chiefly linked leadership to the social, psychological, and philosophical sciences during the first half of the twentieth century. Before the emergence of modern developments in economics and business, traditional theories examined leadership characteristics using three main approaches: trait, behavioral, and situational (Yukul, 1998). These theories aimed to identify the qualities and skills that differentiate influential leaders from others and investigate the impact of leadership on workers and organizational change. Leadership as an administrative practice refers to decision-making,

order-giving, and supervisory activities carried out by individuals with official authority. It involves guiding and influencing others to cooperate to achieve specific goals (Alharbi & Yusoff, 2012). One notable theory related to leadership characteristics is the theory of "charismatic leadership," which suggests that an individual possesses exceptional qualities and behaviors that earn admiration, trust, and respect from others, leading them to consider themselves as their leader. This theory challenges the idea that leadership is solely linked to an organization's official position.

Leadership styles play a crucial role in organizational decision-making processes and are often categorized into various patterns, as identified by Ghazal (1994). These styles range from autocratic to more participative and empowering approaches, reflecting different levels of employee involvement in the decision-making process. The autocratic leadership style, as delineated by Al-Zoubi and Al-Batayneh (2014), centralizes decision-making authority in the hands of the leader, with limited to no input from subordinates. Leaders operating under this style may vary in their approach, from those who unilaterally impose decisions to those who engage subordinates in a semblance of discussion to gain support, as observed. However, this style often leads to a suppression of innovation and creativity, a lack of diverse perspectives in decision-making, and potential administrative and morale issues within the workforce. It may be effective in situations requiring rapid decision-making but generally does not foster loyalty or leadership development among employees.

In contrast, democratic leadership recognizes the value of collective participation and leverages the skills and input of subordinates in decision-making processes. This approach not only encourages practical and well-supported decisions but also fosters a cooperative environment. The extent of such participation can vary, but it invariably involves a collaborative relationship between the leader and subordinates, contributing to a more engaged and innovative workforce. This style emphasizes the shared responsibility in administrative processes and decision-making, aligning with the principles highlighted by Al-Zoubi and Al-Batayneh (2014).

Effective leadership is marked by a leader's ability to cultivate a cooperative environment, endorse teamwork, delegate appropriately, and make decisions that reflect various perspectives, as noted by Alharbi and Yusoff (2012). Such leadership stimulates innovation, elevates morale, and values human relationships, thereby bolstering productivity. It also emphasizes the growth of new leaders through participatory practices and stresses the importance of involving subordinates in administrative decisions, with robust communication channels to ensure a stress-reduced workplace with committed employees.

The FreeStyle leadership model positions the leader as an equal team member, focusing on setting objectives and policy frameworks while granting subordinates autonomy to debate and make decisions. This model fosters a culture of innovation and collaboration but is sometimes critiqued for the leader's minimal participation in decision-making. According to Al-Sakarna (2014), addressing societal disregard for critical issues involves cultivating an environment where diverse opinions are heard and synthesized by leaders who set overarching goals and facilitate the evaluation of different perspectives, thus leading to well-rounded and effective decisions.

The significance of understanding these leadership styles is underscored by the extensive body of literature that has explored their implications for organizational dynamics and employee performance(Alhawamdeh & Alsmairat, 2019; Al-Thawabiya et al., 2023; Atikah et al., 2022; T.Muguna et al., 2022). The study by Elkhwesky et al., (2022) provides a systematic and critical review of leadership styles in contemporary hospitality, emphasizing the need for future

research in this area. Furthermore, Farmanesh & Zargar, (2023) emphasized the critical role of trust in leadership and its impact on employee and organizational outcomes. Alshawabkeh, (2023) conducted a systematic literature review on the effectiveness of ethical leadership on employee performance, shedding light on the ethical dimensions of leadership styles. Additionally, this study highlighted the importance of understanding different leadership styles and their appropriateness in achieving organizational goals. Moreover, (Hatta et al., 2023) assessed the influence of leadership style, decision-making, communication, and team building on the success of MSME entrepreneurial businesses, emphasizing the practical implications of leadership styles in the business context.

The literature also delves into the relationship between leadership styles and various organizational and contextual factors, such as safety climate, learning organizations, and work motivation(Abdul Musid et al., 2022; Gumilar et al., 2022; Julie Ann B. Real et al., 2023; Satrya, 2022). These studies provide valuable insights into the complexities of leadership styles and their implications for organizational management, employee well-being, and overall performance. Figure 1 below represents many types of leadership theories.
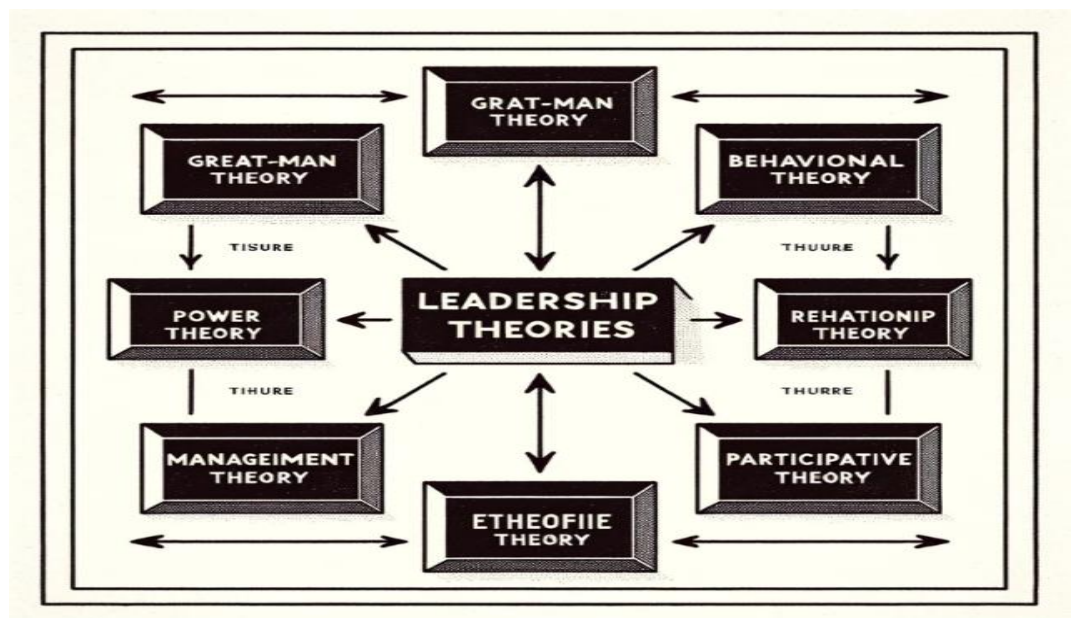

Figure 1: Types of Leadership Theories (Ogunode et al.,2023).

The United Arab Emirates (UAE) government has demonstrated a strong interest in the healthcare sector, as evidenced by its commitment to providing high-quality healthcare services and promoting the well-being of its population. The country's healthcare system has undergone significant transformation and expansion, reflecting the government's dedication to enhancing healthcare infrastructure and services. The UAE's recognition as the fourth best country out of 78 in terms of efforts and programs related to healthcare and social education, as highlighted in the United Nations' annual report in 1997, underscores the country's commitment to healthcare and social welfare initiatives. Additionally, the UAE secured the top position among eight countries in the Middle East and North Africa for healthcare, with a notable focus on women's health. The country has also made significant strides in specialized healthcare services, including the performance of over 66 surgical operations annually across various medical specialties. The high ratio of doctors, with approximately 1,530 physicians and one doctor for

every three families, reflects the country's emphasis on healthcare provision and accessibility.

The evolution of the healthcare infrastructure in the UAE is evident in the significant expansion of healthcare facilities and services. In the early 1970s, the healthcare services were limited to 7 hospitals and 12 health centers, providing around 700 beds in total. However, by 1995, the number of hospitals in Dubai alone had increased significantly to over 50, offering approximately 6,000 beds. The government's efforts also extended to the establishment of numerous pharmacies, medical warehouses, primary healthcare centers, and centers dedicated to maternal and childcare. The launch of the Dubai Medical City in 2002 further exemplified the country's commitment to advancing healthcare, with 90 medical centers and 2,500 licensed professionals. The high satisfaction rate among clients, as indicated by a study conducted by the Nielsen Research Center, reflects the success and effectiveness of these healthcare initiatives.

The UAE's healthcare system has also prioritized primary healthcare services, encompassing basic treatment, dental care, and health outreach programs. The Ministry of Health has collaborated with relevant authorities to develop pharmaceutical policies, ensuring the safety and efficacy of pharmaceutical products. The implementation of controls and legislation governing pharmaceutical trade and regulations has further strengthened the healthcare system. Additionally, the healthcare infrastructure has seen significant expansion, with 30 hospitals in the UAE offering a total of 4,681 beds, reflecting the country's commitment to providing accessible and comprehensive healthcare services.

The numerous studies that have delved into "leader behaviors" in the healthcare sector indicate that some managers adopt behaviors that prioritize work and execution through specific procedures and methods, while others focus on their employees, aiming to cultivate positive relationships, nurture well-being, and ensure job satisfaction. These studies underscore the critical role of leadership in shaping the healthcare environment and influencing the delivery of healthcare services. The leadership styles and behaviors of healthcare leaders have a direct impact on the quality of care, innovative behaviors of healthcare workers, and the overall effectiveness of healthcare institutions. Therefore, understanding and promoting effective leadership in healthcare settings is essential for driving positive outcomes and ensuring the delivery of high-quality healthcare services to the population.

In conclusion, the UAE's commitment to the healthcare sector is evident in its efforts to expand healthcare infrastructure, enhance specialized healthcare services, and prioritize primary healthcare initiatives. The government's dedication to providing high-quality healthcare services and promoting the well-being of its population underscores the critical role of effective leadership in shaping the healthcare environment and driving positive outcomes in healthcare delivery.

- **Methodology**

In order to achieve the objectives of the study, a descriptive survey approach was employed to assess the leadership styles among hospital managers under the Ministry of Health. The study population consisted of all employees of the Ministry of Health hospital registered for 2023/2024, totaling 4,790 workers. This population includes individuals serving under the management of division heads, department heads, unit heads, sector managers, hospital directors, general managers, and senior managers, as per the records of the Statistics and Research Center of the Ministry of Health in the UAE.

For the study sample, a random sampling method was utilized to select 105 workers from

among all managers in Ministry of Health hospitals. The researcher developed a questionnaire comprising 30 items distributed among three leadership styles: democratic style (10 items), autocratic style (10 items), and freestyle (10 items). The questionnaire aimed to investigate the leadership styles of managers in public hospitals and was divided into two parts. The first part collected demographic information, such as gender, nationality, length of service, and educational level. The second part consisted of a series of statements related to leadership behaviors and practices, with respondents asked to rate their level of agreement with these statements on a 5-point Likert scale.

The validity of the questionnaire was assessed both statistically and through the opinions of arbitrators. Additionally, the reliability of the tool was examined by calculating the reliability coefficient (Cronbach's alpha coefficient), which was found to be approximately 0.925 for all questionnaire items. This high value indicates that the questionnaire has a high level of reliability. The collected data were analyzed using the Statistical Package for the Social Sciences (SPSS).

- **Participants Profile**

The study sample's characteristics were ascertained through the collection of general data in the first part of the questionnaire and subsequent statistical analysis. The primary objective was to comprehensively understand the composition of the respondents' community in terms of scientific, practical, and social aspects. These identified characteristics represent variables that may significantly impact the results of the study if replicated. Moreover, any alterations in these characteristics may also exert influence on the outcomes of similar studies conducted on the same population, with the findings of this study serving as a benchmark. To achieve this, the frequency distributions of the variables were determined in the following sequence: nationality, experiance, education level, and gender. Table 1 presents the distribution of the respondents based on nationality.

Table (1): Sample Characteristics.

Variables	Categorization	Frequency	Percent
Nationality	Non-Local	78	74.3
	Local	27	25.7
Experience	less than 5	16	15.3
	5-10	20	19.0
	more than 10	69	65.7
Education Level	Less than high school	8	%7.6
	High School	21	%20
	diploma	32	%30.4
	Bachelor's degree or higher	44	%42
Gender	Female	68	%65
	Male	37	%35
Total		105	100%

The table provided is a demographic breakdown of a sample consisting of 105 individuals, categorized by nationality, experience, education level, and gender. Out of the total sample, 78 individuals (74.3%) are non-local while 27 (25.7%) are Local. In terms of experience, 16 individuals (15.3%) have less than 5 years of experience, 20 individuals (19.0%) have between 5 to 10 years, and the majority, with 69 individuals (65.7%), have more than 10 years of experience. Regarding education levels, 8 individuals (7.6%) have less than a high school education, 21 (20%) have completed high school, 32 (30.4%) hold a diploma, and 44 (42%)

have a Bachelor's degree or higher. Gender distribution shows that 68 individuals (65%) are female and 37 (35%) are male, totaling 100% of the sample size.

- **Results**

- **First: Prevalent Leadership Styles Among Hospital Managers**

The research instrument consisted of 30 items that delineated the leadership styles practiced by hospital managers within the Ministry of Health. The table displays the means, standard deviations, and rankings for each item as well as for the entire questionnaire.

Table (2): Means and Standard Deviations for the Survey Items.

SD	Mean	Item rank	Items
1.1288	3.9333	1	Satisfies workers' personal needs and looks after them.
.86072	4.2381	2	Uses kind words when conversing with employees.
.73542	4.3619	3	Allocates leadership roles and tasks to employees based on efficiency and equal opportunity principles.
.72096	4.4571	4	Implements constructive suggestions from employees.
.74024	4.4608	5	Clearly communicates expectations to workers.
.77769	4.4757	6	Treats employees fairly and objectively.
.78563	4.4762	7	Provides opportunities for employees to exchange experiences.
.72315	4.5631	8	Continuously communicates the organization's objectives and policies to employees.
0.81	4.37	9	Aims to boost workers' morale.
0.792	4,012	10	Delegates some of his administrative responsibilities to employees.
5 0.807	4.3348		Democratic average performance
.82958	4.1731	11	Ensures employees work to their full potential.
.90555	4.2308	12	Uses a rigorous method to monitor workers.
.79398	4.2476	13	Prioritizes work methods over attending to workers' needs.
.80895	4.2571	14	Makes decisions independently, without consulting employees.
.82186	4.3048	15	Employs pressure and threats to accomplish tasks.
.70516	4.5714	16	Strictly adheres to instructions and bulletins from senior management.
0.81	22 4.29	17	Points out and records employee mistakes.
.2958 1	3.1731	18	Makes quick judgments to address issues.
1.5992	3.2571	19	Works independently, without delegating tasks to employees.
1.7185	3.9055	20	Overlooks working conditions and neglects human relations
_ 0.9289	413 4.0		Autocratic average performance
.75992	4.2571	21	Overestimates employees' abilities and relies heavily on them.
.81234	4.3143	22	Forgoes his role in guiding and instructing employees.
.92709	4.3173	23	Gives little consideration to employees' needs.
.81112	4.3398	24	Allows workers flexibility with official working hours.
.70477	4.3429	25	Is lenient with underperforming employees.
.82487	4.3810	26	Transfers most administrative responsibilities to employees.
.89790	4.4381	27	Allows employees the autonomy to choose their work methods.
0.82	4.34	28	Focuses on social interactions at the expense of work.
.49831	4.5897	29	Lets employees handle their issues independently.
.82487	4.5631	30	Gives employees the freedom to execute tasks without oversight.
_ 0.7881	3883 .4		Free mode performance
0.841 5	4.2548		Tool

Table 2 presents the mean and standard deviation for each section of the questionnaire, encompassing leadership style and the overall questionnaire. Respondents' average scores ranged from 3.1731 to 4.5897, with standard deviations of 0.2958 and 1.7185, respectively. The highest-ranking paragraphs, with an average score of 4.6, were paragraph 29, which pertains to managers allowing workers to handle their issues independently, and paragraph 30, which emphasizes workers being given the freedom to complete assigned tasks without supervision. Following closely, paragraph 7, emphasizing the importance of allowing workers to exchange experiences, and paragraph 6, which stresses treating workers fairly and objectively, were ranked second with an average score of 4.47. Paragraph 5, highlighting the importance of communicating expectations to workers, ranked third with an average score of 4.46. Additionally, paragraph 4, emphasizing the implementation of workers' constructive suggestions, ranked fourth, with an average score of 4.45. Conversely, the lowest responses from the study sample were observed for paragraph 18, "He makes hasty judgments in solving existing problems," with an arithmetic mean of 3.17, and paragraph 19, "Violators of the laws of entry and residence of foreigners are among the groups that commit the most crimes," with a mean of 3.26.

In terms of the leadership style-related responses from the questionnaire sections, the average arithmetic response for the democratic leadership style was 4.3348, with a standard deviation of 0.8075. The arithmetic average response for autocratic leadership style was 4.0413, with a standard deviation of 0.9289. Free leadership style had an arithmetic mean of 4.3883, with a standard deviation of 0.7881. These results suggest that the free leadership style is dominant, albeit by a narrow margin. To ascertain the statistical significance of these differences at the significance level ($\alpha \geq 0.05$), one-way ANOVA was utilized. Further details are provided in Table 6.

Table (3): analysis of variance for leadership styles

Leadership style	Sum of Squares	df	Mean Square	F	Sig.
Democratic style	10,729	3	4.33	28,244	0.000 *
	9,782	102	0.095		
	20,512	105			
Autocratic style	19,968	3	4.04	46,462	0.000 *
	11,067	102	0.107		
	31,035	105			
Free style	13,382	3	4.39	12,157	0.000 *
	28,346	102	0.275		
	41,728	105			
the Toolas a whole	10,617	3	4.25	20,434	0.000 *
	13,379	102	0.130		
	23,997	105			

The study aimed to assess potential significant differences in the perceptions of hospital workers towards the leadership styles of their managers within the Ministry of Health, particularly concerning their educational background. To achieve this, a comprehensive statistical analysis was conducted using the entire research instrument. The study sought to identify any significant differences at a predetermined significance level of $\alpha \leq 0.05$.

- **Second, Managers' Perceptions Differ in Leadership Styles**

In order to ascertain whether there were statistically significant differences at the significance level ($\alpha \leq 0.05$) in workers' perceptions of the leadership styles of hospital managers in the

Ministry of Health, particularly concerning the nationality variable, arithmetic means and standard deviations were calculated for the entire research instrument. It is important to note that there is variability in the job responsibilities of hospital managers within the Ministry of Health, which may be influenced by their level of education.

Table (4): Levene's Test Results for Differences between Means.

Nationality	N	Mean	Std. Deviation	f	Sig
Non-local	78	321.	0.23	0.272	0.605
local	27	413	_ 3 0.8		

There were no statistically significant differences in hospital managers' perceptions of leadership styles among workers in the Ministry of Health, when attributed to nationality. To determine whether there were statistically significant differences at the significance level ($\alpha \leq 0.05$) in workers' perceptions of the leadership styles of hospital managers in the Ministry of Health, specifically related to the education level variable for the entire tool, means and standard deviations were computed. Table 4 displays the average leadership style. One-way ANOVA was conducted to examine the differences.

Table (5): Means and Standard Deviations for Education Level.

Education	N	Mean	Std. Deviation
Less than secondary	8	3,241	0.342
High School	21	3,871	0.36
diploma	32	4.03	0.543
Bachelor's degree or more	44	4.3	0.7
Total	105	3.86	0.486

Table 5 illustrates the variation in hospital employees' perceptions of the leadership styles of their managers within the Ministry of Health, segmented by educational attainment. Individuals with a bachelor's degree or higher rated their perception the highest, with an average score of 4.3 and a standard deviation of 0.7. This is in contrast to diploma holders, who reported a slightly lower average perception score of 4.03 and a standard deviation of 0.543.

A one-way ANOVA was conducted to explore potential variations in the average ratings provided by the respondents regarding the leadership styles of hospital managers in the Ministry of Health, with a specific focus on education-level variables across the survey. Additional details for the analysis are presented in Table 6.

Table (6): One-Way Analysis for Education Level.

	Sum Squares	degrees of freedom	mean of squares	F	Sig.
Between Groups	0.020	2	0.010	0.180	0.836
Within Groups	2,374	102	0.057		
Total	2,395	104			

As shown in Table 9, there were no significant differences in the perceptions of leadership styles among hospital managers in the Ministry of Health based on education level. To explore potential differences in workers' perceptions of the leadership styles of hospital managers in the Ministry of Health, a statistical analysis was undertaken. The analysis specifically investigated the influence of employees' length of service on their perceptions, with the

significance level set at $p \leq 0.05$. Arithmetic means and standard deviations were computed for the entire survey, and one-way ANOVA was employed to compare the average ratings of the participants. The results of the analysis are presented in Table 7.

Table (7): Means and Standard Deviations of Service Duration.

Service Duration	Mean	Std. Deviation	N
Less than 5 years	3.48	0.43	16
5-10	3.89	0.875	20
more than 10 years	4.98	0.864	69
Total	4.12	0.723	105

Table 7 shows that workers' perceptions of the leadership styles of hospital managers in the Ministry of Health vary based on the length of service variable for the entire tool. The highest arithmetic mean, 4.98, with a standard deviation of 0.864, was noted for the category "more than 10 years. A one-way ANOVA was conducted to determine whether there were differences in the average ratings of respondents regarding workers' perceptions of the leadership styles of hospital managers in the Ministry of Health, specifically related to the length of service variable for the entire tool. The results are presented in Table 8.

Table (8): Results of One Way ANOVA Test.

	Sum of Squares	df	Mean Square	F	Sig
Between Groups	7.9	2	0.0650	0.178	0.838
Within Groups	42.6	102	0.6445		
Total	50.5	104			

There were no significant differences in the hospital managers' leadership style perceptions related to the length of service variables in the Ministry of Health tool. To determine whether there were statistically significant differences at the significance level ($\alpha \leq 0.05$) in workers' perceptions of the leadership styles of hospital managers in the Ministry of Health, specifically related to the gender variable for the entire instrument, arithmetic means and standard deviations were computed. Levene's Test for Equality of Variances was also conducted to assess the differences between arithmetic means. The results are presented in Table 9.

Table (8): Levene's Test Results for Differences between Means.

Nationality	N	Mean	Std.deviation	F	Sig
Female	68	4,078	0.7865	0.272	0.605
Male	37	3,998	0.89		

The results showed that the dominant leadership style used by the Ministry of Health is transformational, followed by transactional and laissez-faire.

- ## Discussion, Conclusion, and Recommendations

The study's findings suggest a predominant preference for a free leadership style among hospital managers in the Ministry of Health, as supported by the literature that posits such an approach is well-suited to the healthcare environment. This preference, while statistically significant, is marginal. Research by authors like (Atikah et al., 2022) have demonstrated that the healthcare sector often benefits from leadership that emphasizes empathy and open

communication, key components of the free leadership style. This approach, which offers considerable autonomy and minimal direct oversight, aligns with the compassionate ethos of medical professions and has been shown to improve job satisfaction and performance, as found in studies such as those by (Al-Thawabiya et al., 2023).

Regarding the second aspect of the study, the analysis indicated that demographic factors such as nationality, educational level, length of service, and gender do not have a significant impact on the perception of leadership styles among employees of the Ministry of Health. This aligns with the findings of (Alshawabkeh, 2023), which indicated that effective leadership transcends demographic boundaries, fostering an inclusive environment. The study thus reflects a universal approach to leadership within the health sector of the emirate, corroborating the idea that leadership in healthcare should be adaptable and diverse to cater to the needs of all employees. This universality is indicative of an overarching leadership style that is adopted across the board, reinforcing the notion of inclusivity within the Ministry's management practices.

Based on the conclusions of this study, several recommendations were made. These include prioritizing the alignment of leadership behaviour with the desired practices of the UAE Ministry of Health, developing a comprehensive program to enhance administrative performance, and conducting further research focused on the managers of the Ministry of Health's hospitals across the entire United Arab Emirates. Additionally, it was recommended to design a program geared towards nurturing democratic and laissez-faire leadership within the Ministry of Health's hospitals.

For future research, it is recommended to explore the impact of various leadership styles such as transformational, participatory, and empathic leadership. Furthermore, examining the characteristics and personalities of managers, including factors such as gender diversity and intellectual background, and their influence on leadership performance, would be beneficial. Additionally, a specific area of study could focus on the three basic styles that shape leadership and how the gender variable influences the relationship between managers and subordinates.

References

Abdul Musid, N., Mohd Matore, M. E., A. Hamid, A. H., Musid, N. A., Mohd Matore, M. E. E., & A. Hamid, A. H. (2022). The Issues in Digital Leadership Worldwide: A Conceptual Paper. International Journal of Academic Research in Business and Social Sciences, 12(9). https://doi.org/10.6007/ijarbss/v12-i9/14603

Al-Ahmad, H. S. G. (2008). Effect of organizational culture on the development of creative behavior of employees. University of Aleppo, College of Economy, Unpublished Master's thesis.

Al-Ghazal, S. K., Mc Kiernan, M., Khan, K., & Mc Cann, J. (1994). Clinical assessment results after primary digital nerve repair. The Journal of Hand Surgery: British & European Volume, 19(2), 255-257.

Al-Sakarna, B. (2014). Effective administrative Leadership. Al-Masira House for Publishing and Distribution: Amman, Jordan.

Al-Thawabiya, A., Singh, K., Al-Lenjawi, B. A., & Alomari, A. (2023). Leadership styles and transformational leadership skills among nurse leaders in Qatar, a cross-sectional study. In Nursing Open. https://doi.org/10.1002/nop2.1636

Alharbi, M. & Yusoff, R. Z. (2012). Leadership styles, and their relationship with quality management practices in public hospitals in Saudi Arabia. International Journal of Economics and Management Sciences (IJEMS), 1(10), 59-67.

Alhawamdeh, H. M., & Alsmairat, M. A. K. (2019). STRATEGIC DECISION MAKING AND ORGANIZATION PERFORMANCE: A LITERATURE REVIEW. International Review of Management and Marketing, 9(4). https://doi.org/10.32479/irmm.8161

Alshawabkeh, M. H. F. (2023). EFFECTIVENESS OF ETHICAL LEADERSHIP ON EMPLOYEE PERFORMANCE: SYSTEMATIC LITERATURE REVIEW. Különleges Bánásmód - Interdiszciplináris Folyóirat, 9(1). https://doi.org/10.18458/kb.2023.1.101

Alsyouf, A., Ishak, A. K., Lutfi, A., Alhazmi, F. N., & Al-Okaily, M. (2022). The Role of Personality and Top Management Support in Continuance Intention to Use Electronic Health Record Systems among Nurses. International Journal of Environmental Research and Public Health, 19(17). https://doi.org/10.3390/ijerph191711125

Atikah, N., Kamil, H., & Marlina. (2022). The Relationship Between Path-Goal Leadership Style and Work Motivation of Nurses at Pidie Regional Hospital. International Journal of Research and Innovation in Social Science, 06(09). https://doi.org/10.47772/ijriss.2022.6921

Bond, C., Stacey, G., Charles, A., Westwood, G., & Hearn, D. (2022). In Nightingale's footsteps: A qualitative analysis of the impact of leadership development within the clinical learning environment. Journal of Nursing Management, 30(7), 2715-2723.

Dbesan, A. H., Abdulmuhsin, A. A., & Alkhwaldi, A. F. (2023). Adopting knowledge-sharing-driven blockchain technology in healthcare: a developing country's perspective. VINE Journal of Information and Knowledge Management Systems. https://doi.org/10.1108/VJIKMS-01-2023-0021

Elkhwesky, Z., Salem, I. E., Ramkissoon, H., & Castañeda-García, J. A. (2022). A systematic and critical review of leadership styles in contemporary hospitality: a roadmap and a call for future research. In International Journal of Contemporary Hospitality Management (Vol. 34, Issue 5). https://doi.org/10.1108/IJCHM-09-2021-1128

Farmanesh, P., & Zargar, P. (2023). Trust in Leader as a Psychological Factor on Employee and Organizational Outcome. In The Psychology of Trust. https://doi.org/10.5772/intechopen.100372

Favor, L. (1987). Problems of undergraduate professors in Gulf Arab Education College. Arab Education Library for Gulf Countries, 2(23).

Gashaye, M., Tilahun, D., Belay, A., & Bereka, B. (2023). Perceived Utilization of Leadership Styles Among Nurses. Risk Management and Healthcare Policy, 215-224.

Generous, A. (1990). An analysis of the role of deans and department heads at Alexandria University as perceived by faculty members. Educational Studies Magazine, 5(27).

Ghazal, N. (1994). Administrative Leadership in public sector organizations in the Syrian Arab Republic. University of Aleppo, College of Economy, Unpublished Master's thesis.

Gumilar, R., Widodo, P., & Ayu Elita Hafizah, M. (2022). Asean Modern Leadership Styles: A Critical Analysis. Jurnal Indonesia Sosial Sains, 3(2). https://doi.org/10.36418/jiss.v3i2.537

Hatta, H. R., Manurung, E. H., Yodiansyah, H., Sukirman, & Zilfana. (2023). Assessing the Influence of Leadership Style, Decision Making, Communication, and Team Building on the Success of MSME Entrepreneurial Businesses in Bandung City. West Science Business and Management, 1(02). https://doi.org/10.58812/wsbm.v1i02.35

Hollander, E.P. & Offermann, L.R. (1990). Power and Leadership in organizations. American Psychologist, 45(2), 179-189.

Julie Ann B. Real, Dr., M. Serdeña, A., Astin V. Deladia, M., Gerrylen D. Palabrica, M., Koleen A. Herrera, F., Gilliane D. Tanyag, Ma., Ezekiela A. Buezon, S., T. Simolata, A., & H. Nikolaev, B. (2023). The Leadership Style of Baqala Managers in Qatar: Basis for Leadership Training. International Journal of Research Publications, 119(1). https://doi.org/10.47119/ijrp1001191220234468

Malik, P. (2023), "Individual-focused transformational leadership and change-oriented organizational citizenship behavior: mediating and moderating mechanisms of job crafting and employee resilience", Journal of Organizational Effectiveness: People and Performance, Vol. ahead-of-print No. ahead-of-print. https://doi.org/10.1108/JOEPP-05-2022-0120

Mohamed, M. A. (2006). Administrative Leadership. Arab Society Library: Oman, Jordan.

Montana, P. J., & Charnov, B. H. (1993). Management. Barron's Business Review Series. Barron's: USA.

Montana, P., & Charnov, B. (1993). Management: A streamlined course for students and business people. Hauppauge, New York: Barron's Business Review Series, 155-169.Prince. (2008).

Mosaada, M. (2014). Principles of management science. Dar House for Publishing and Distribution: Amman, Jordan.

Mousa, M., Skouteris, H., Boyle, J. A., Currie, G., Riach, K., & Teede, H. J. (2022). Factors that influence the implementation of organisational interventions for advancing women in healthcare leadership: A meta-ethnographic study. EClinicalMedicine, 51.

Mycelium, H. (1992). Leadership patterns in undergraduate education as perceived by faculty. Union Universities Magazine, 5(27).

Ogunode, N. J., Olowonefa, J. A., & Ayoko, V. O. (2023). Task-Oriented Leadership Style And Performance Of Educational Institutions In Nigeria. Ta'lim Va Rivojlanish Tahlili Onlayn Ilmiy Jurnali, 3(3), 12-22.

Orukwowu, U. (2022). Nursing leadership in healthcare: the impact of effective nurse leadership on quality healthcare outcomes. IPS Interdisciplinary Journal of Social Sciences, 1(1), 1-6.

Preacher, R. & Abu Parsec, F. (1996). Leadership patterns prevailing in Yarmouk University and Jordanian University of Science and Technology as perceived by faculty members. Union Universities Magazine, (31).

Prince, T. (2008, August). Alternative leadership-the need for a grand unified theory. American Academy for Financial Management. Retrieved from http://www.aaf.

Qasim, M., Ashraf, M., Jamil, M. A., Ashraf, M. Y., & RHA, E. S. (2003). Water relations and leaf gas exchange properties in some elite canola (Brassica napus) lines under salt stress. Annals of applied biology, 142(3), 307-316.

Safety, T. (1990). Satisfaction on the job among faculty members in the Jordanian University. Studies Magazine, (3).

Satrya, I. D. G. (2022). Participatory Leadership Style of Top Management at Medi Groups Bali. Asia Pacific Journal of Management and Education, 5(3). https://doi.org/10.32535/apjme.v5i3.1894

Sharif, A. K. T. (2004). Leadership styles and their relation to job performance from the perspective of staff in the Emirate of Mecca. Naif University for Security Sciences, College of Higher Studies, Unpublished master's thesis.

T.Muguna, D. A., Micheni, D. I. N., Kirika, D. J. M., & Kaimenyi, D. C. K. (2022). Leadership Styles and Academic Staff Turnover Intentions in Universities in Kenya. International Journal of Economics, Business and Management Research, 06(01). https://doi.org/10.51505/ijebmr.2022.6108

Wijayanti, A., Muhdaliha, E., & Lestari, S. D. (2023). The Influence of Leadership, Organizational Citizenship Behavior (OCB), and Organizational Culture On Employee Performance. Return: Study of Management, Economic and Bussines, 2(04), 322-329.

Yukl, G. (1998). Leadership in organizations. Upper Saddle River, NJ: Prentice Hall.

Zoubi, M. & Al-Batayneh, M. (2014). Administrative Leadership. Wael Publishing House: Amman, Jordan.