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The Mediating Effect of Individual Readiness for Change in the Relationship between Leadership Styles and Total Quality Management Implementation

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Thesis Approval

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Declaration

I confirm that this thesis submitted for the degree of Master of Quality Management is the result of my own research, except as otherwise stated and that this thesis has not been submitted for a higher degree to any other university or institution.

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Abstract

Total quality management (TQM) implementation remains as popular topic among different specialties and researchers in all kinds of productions from the past till now, due to increase of worldwide competitive and its effect on life aspects. There is still a lack of empirical evidence and slight attention to support the significance of TQM implementation in the Palestinian health sector even though there are few numbers of researches. The aim of this study is to investigate if the factors like leadership style (namely, transformational and transactional leaderships) and individual readiness for change (IRFC) have significant effects on TQM implementation in the Palestinian healthcare sector, namely, in Beit Jala and Alia governmental hospitals in West Bank. One main hypothesis and four sub-hypotheses were developed based on previous research and basic theory for testing relationships. A random sample of 120 was taken from the two hospitals' staff members who have direct contact with patients. Data was collected via a self-administered questionnaire filled by the selected staff members. The data analysis done by Partial Least Square (PLS) showed that leadership style has direct relationship with TQM implementation. Likewise, leadership style correlates positively with IRFC. Also, the findings revealed that IRFC was found to have a significant impact on TQM and mediates the relationship between leadership style and TQM implementation. Finally, the study discusses the research findings, conclusion, the limitations of the study and the future recommendations for further research.

Keywords: leadership styles, individual readiness for change and TQM implementation, healthcare

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List of Abbreviations

TQM: Total Quality Management

IRFC: individual readiness for change

GDP: gross domestic product

MoH: Palestinian Ministry of Health

UNRWA: United Nations Relief and Work Agency.

PHS: Palestinian healthcare sector.

PHCs: primary healthcare centers.

TQC: Total Quality control.

SPC: Statistical Process Control.

TPS: Toyota Production System.

ZQC: Zero Quality Control.

SMED: Single-Minute Exchange of Die.

MBNQA: Malcolm Baldrige National Quality Award.

CHAPTER ONE

Introduction

1.1 Background of the Study

In the last years, total quality management (TQM) has spread worldwide, in all types of industries. Since early development stages, companies aim to follow continuous development in the strategies followed in their work which led to many changes in the competition environment, to improve the efficiency and effectiveness of products and services provided to customers. Manufacturing industries were the first to use and apply TQM principles, so that was the main reason of developing countries economics (Baidoun et al., 2018).

The success of TQM implementation in different industries encourage the mangers at health sector to apply TQM strategies, to improve the quality of care and services delivered to patients. On the other hand, increasing the global competitive market was attributed to many reasons, such as; new advanced medical technology, and high-quality health services with acceptable cost. In addition, TQM application decreases the medical errors, increase hospital profitability, improves patient satisfaction and increases employees' loyalty to organization (Baidoun et al., 2018).

Health care industry was considered one of the fastest growing industries in the world, it is responsible of different health domains like hospitals, medical clinics, nursing caregivers, and institutions provide primary, secondary and tertiary levels of care. Health care industry consumes 10% of gross domestic product (GDP) of most countries. Recent development and

statistics show that U.S spends 18% of its GDP on health sector in 2020, which was 17.8% in 2019 (Statista Research Department, 2023), and it is expected to rise to 19.4% by 2027 (Sisko et al., 2019).

So, this reflects the high level of concern and attention toward high quality level of health across governments, hospitals and medical team and tries to solve many problems faced by the health system (Škarica &Hrgović 2021). There are different ways and approaches used to achieve this goal, TQM is one of such approaches that help to improve the quality of health services provided to patients, decrease medical errors and reduce health costs (Ajmal et al., 2016). In spite of wide implementation of TQM strategies around the world and success their experience to become strong competitor in provided excellent products and services, still there are few efforts being made in developing countries to implement success TQM approaches (Aamer et al., 2017; Baidoun et al., 2018). After the assessment of TQM implementation studies in Palestinian contexts in general and health care institutions in particular, there are few studies that clarify the effect of leadership styles on individual readiness to implement TQM in Palestinian hospitals and this highlights the need for this study (Baidoun et al., 2018).

1.2 Palestinian Healthcare Sector

Palestine society faces many challenges especially in terms of improving the health care system. In Palestine, the healthcare system is characterized by incoherency, inconsistency and inadequacy (Sabella et al., 2015). Therefore, it is in need for more efforts that maintain and protect the system in future from collapse. Over the few last years, many organizations, especially the Palestinian Ministry of Health (MoH) and other healthcare providers like non-

governmental, private organizations, and United Nations Relief and Work Agency (UNRWA) have undertaken and assumed many initiatives to improve and enhance the Palestinian health care system, mainly by focusing on the quality improvement which is the main point of all the process (Sabella et al., 2015; Giacaman et al., 2009; Baidoun et al., 2018).

The best description of the Palestinian healthcare sector (PHS) is indiscriminate. That was because of health care providers associated with various administrative bodies, from private, public to non-governmental organizations (Sabella et al., 2015). In addition, PHS suffers from many obstacles; ongoing occupation, lack of health funding, shortage of health team (specialist, nurses), and healthcare system inefficiency, that make obtaining of health service, availability and accessibility very difficult that reflect on quality of healthcare services (Sabella et al., 2015; Baidoun et al., 2018).

The structure of Palestinian health care system consists of primary, secondary and tertiary healthcare centers. In 2019, the total number of primary healthcare centers (PHCs) reached 749 centers, decreased from 760 in 2015. MoH operates 492 PHCs, while NGOs operate 192, and 65 PHCs under UNRWA administrative control The number of hospitals in 2019 reached 84 hospitals operating in Palestine, with a total number of beds 6435. The number of MoH's hospitals is 28, which represents 54.9% of the number of hospitals in Palestine (Health Annual Report, 2019)

Many patients were granted referral to other countries like Egypt, Jordan and Israel for treatment and this reflects the lack of sufficient quality in healthcare services; which can be attributed to limited mobility, management and accountability, in addition to presence of

unqualified and skilled health care providers, also weakness of assessment and monitoring by health institutions (Baidoun et al., 2018).

Based on the above discussion, TQM implementation is affected by many internal organizational factors such as employee performance, organizational structure, employee satisfaction, and leadership styles (Nasim, 2018; Sabella et al., 2015). This study focuses on examining the effect of leadership styles on TQM implementation through the mediation role of individual readiness for change. Since there are no previous studies examined the mentioned relationships according to the literature review, this study aims to fill this knowledge gap in TQM implementation in healthcare sector in a developing countries context.

1.3 Statement of the Problem

Total quality management (TQM) is defined as one of the important, development tool of management practices applicable to any organization, characterized by continues improvement, effective operations, lower defect, be attention to customers, and effective, competitive organization in the local and global market (Haffar et al., 2016). Furthermore, TQM implementations refers to tools and techniques deployed by an organization that aims to improve organizational performance and help in solving organization problems by reducing of work variation to improve the quality of products and services delivered to customers (Rajan and Kumar, 2017).

TQM implementation is affected by many internal organizational factors such as employee performance, organizational structure, employee satisfaction, and leadership styles (Nasim, 2018; Sabella et al., 2015). Moreover, these problem in the health sector in Palestine and the lack of the studies in the Palestinian context about leadership styles and TQM implementation which is considered the first motivation to conduct this study.

Along the same line, according to resource-based view (RBV) theory there is significant positive relationship between leadership styles and TQM implementation (AlShamsi et al., 2022). On the other hand, empirical studies showed some contradictions in terms of this relationship, some studies concluded that the relationship between leadership styles and TQM implementation is positive and significant (Chan et al., 2016), while other studies considered this relationship negative and weak (Wagimin et al., 2019). This debate represents the first gap of this study.

A mediator can be used to explain how or why an independent variable affects a dependent variable. Furthermore, as mentioned earlier, the correlation between leadership styles and TQM implementation is very weak. Therefore, this study considered a mediator to empower this relationship because a mediator can be possibly used to give a further explanation of the relationships. This study used individual readiness for change (IRFC) to mediate the relationship between leadership styles and TQM implementation and this is the second gap of the present study since Individual readiness for change has not been used in this position before according to literature review. And this is the main contribution of this study. Furthermore, leadership styles affect IRFC (Al-Tahitah et al., 2018), and IRFC has a positive effect on TQM implementation (Haffar, et al.,2016).

According to literature review, some studies examined the relationship between leadership and readiness of change showed that the leadership style has a positive effect on the readiness of change in the organization. Moreover, the leaders can increase the readiness by generating a standard and developed healthy teamwork environment in the place of work (Al-Tahitah et al., 2018).

Many scholars highlighted that there is strong relationship between IRFC and TQM implementation, which maybe success or fail according to the extent of the integration of individuals and their acceptance of IRFC dimensions (personally beneficial, management support, appropriateness, and self-efficacy) and TQM implementation. When employees believe that current jobs will not be affected by TQM implementation and promote employee's motivation to apply TQM principles like rewards, will increase the success of TQM implementation in any organization. Furthermore, taking adequate training on TQM implementation, will contribute on TQM implementation success and decrease the failure in any organization (Haffar et al., 2016).

1.4 Research Questions

The main question of the present study is: Does IRFC mediate the relationship between leadership styles and TQM implementation.in healthcare sector in Palestine? Furthermore, the following questions have been derived:

1. Does personally-beneficial mediate the relationship between leadership styles and TQM implementation?
2. Does management support mediate the relationship between leadership styles and TQM implementation?
3. Does appropriateness mediate the relationship between leadership styles and TQM implementation?
4. Does self-efficacy mediate the relationship between leadership styles and TQM implementation?

1.5 Research Objectives

This study aims to answer the research questions as above through the main goal of finding the mediating effect of IRFC between the relationship between leadership styles and TQM implementation, with the following objectives:

1- To find the mediation effect of personally beneficial between leadership styles and TQM implementation.
2- To assess the mediation effect of management support between leadership styles and TQM implementation.
3- To find the mediation effect of appropriateness between leadership styles and TQM implementation.
4- To find the mediation effect of self-efficacy between leadership styles and TQM implementation.

1.6 Scope of the Research

To answer the research questions and achieve the research objectives, this study was conducted in the Palestinian health sector. It examined the effect of IRFC between the relationship between leadership styles and TQM implementation. The number of MoH hospitals is 28, and the selected governmental hospitals in this study in southern West Bank are Beit Jala and Alia Hospital, where the number of employees is 358 and 508, respectively. Since the targeted participants were the employees of governmental hospitals in southern West Bank who deal directly with patients, the current study excluded managers at the top level (Nursing Director, Hospital Manager, Director of Assistant Medical Professions,

Managing Director, Hospital Supervisor, and Heads of Departments) because the current study examines their leadership style.

Palestine was chosen because many studies examined the effect of individual readiness for change on the relationship between leadership styles and TQM implementation. But to the best of our knowledge, no studies have been carried out in Palestine, especially in the health sector. Besides, there are very few research works that have investigated the effect of leadership styles on TQM implementation since there are few studies that examined the mentioned relationship in general and in Palestine in particular.

Also, this study would help health sector to develop their performance and improve their offered services. The Palestinian health sector would be affected positively since the governmental health sector is the main health care providers for Palestinians.

1.7 Significance of Research

Nowadays, the healthcare sector has become more competitive. The best way for providing a good service and achieving the desired levels of growth could be by developing individual readiness of TQM implementation. Therefore, the findings of this study would contribute to the academicians and practitioners interested in TQM in healthcare sector

From the academic perspective, the result of this study would give more clarifications about the effect of leadership styles on individual readiness of TQM implementation. In addition, it would contribute to existing knowledge by incorporating the role of leadership styles into empowering the level of individual readiness for change toward TQM implementation in Palestinian health sector. Besides, it would clarify the leadership styles and individual

readiness for change toward TQM implementation link, by using the concepts of the RBV theory or quality management theory.

Practically speaking, this study would draw the guidelines for Palestinian health sector. It would give them the needed solutions to start in the right way towards adopting and implementing leadership styles, in order to develop individual readiness of TQM implementation. It would also contribute to increasing the understanding of the quality of health services.

1.8 Definition of Key Terms

Table 1: Definitions of Key Terms

1.	Total quality management	"Is a philosophy of company-wide management to improve the quality of the products or services and the processes continually by concentrating on consumer expectations and needs to maximize firm's performance and overall customer satisfaction" (Magd et al., 2021)
2.	Individual readiness for change	"The extent to which an individual or individuals are cognitively and emotionally inclined to accept, embrace, and adopt a particular plan to purposefully alter the status quo" (Mansour et al., 2022)
3.	Leadership style	"Is the manifestation of the ability to persuade someone to do or not do something through exerting influence." (Norawati et al., 2022)
4.	Transformational leader	"A person who extracts from the followers more than what they think they cannot do" (Salahat, 2017)
5.	Transactional leader	"A person who attracts the followers through their own self-interests by establishing exchange relationships with them" (Salahat, 2017)

1.9 Organization of Thesis

The thesis is divided into five chapters. The first chapter is presented to give an Introduction to the study. The second chapter presents review of literature. The third chapter reviews the research methodology. The fourth chapter presents data analysis and discussion. Finally, the last chapter provides the conclusions, recommendations, and directions for future research.

CHAPTER TWO

2.1 Overview

This chapter clarifies the variables conceptual definition, starting with TQM concept, most important contributors of TQM principles and its importance, followed by explains IRFC and leadership styles. Then it discusses the dimensions of each variable; TQM, leadership style and IRFC respectively. Finally, it explains the significant relationship between the study variables. This chapter seeks to investigate the impact of individual readiness for change (IRFC) among the relationship between leadership style and TQM implementation.

2.2 Concept of Total Quality Management

It is a management philosophy adopted by many organizations, it encourages each employee in any organization to contribute, create and offer new suggestions to improve and develop the organization to higher level. On the other hand, it develops and promotes an attitude toward quality culture. It is more than just a program; it's a way of work management of the whole organization, which contains three basic principles; entire involvement and participation of members; success in achieving customer needs within quality standards and the management gives every effort to create an atmosphere beneficial to achieving the required quality (Magd, 2021).

On the other hand, TQM is a tool that helps to manage the organization performance in an effective way; if it is implemented successfully. Moreover, the following some elements were identified as TQM's framework: Leadership and top management commitment, customer focus, supplier performance and quality, benchmarking, training, team work,

employee empowerment and involvement, product quality and innovation, process improvement and measurement (Anil & Satish ,2016).

2.2.1 The Importance of TQM

Over the year's global market competition has increased in different fields that led to raise in quality concept between companies' system, consequently TQM has become essential management topic. At the end of twentieth century, TQM has been used more and got much attention than two decades ago. TQM origin was in Japan at 1949, when they created a committee consisting of a group of scientists and engineers to improve Japanese productivity level and enhance quality of life after the second world war. Then, around 1980, Americans began to pay attention to the concept of quality. There are no accurate date of TQM term and philosophy beginning; however, as a whole it has started at mid of 1980s. One of the main reasons for the origin of the concept TQM was used the term total quality control (TQC). Feigenbaum was the first author who used this term, defined it as "an effective system for integrating the quality development, quality maintenance, and quality-improvement efforts of the various groups in an organization so as to enable production and service at the most economical levels which allow for full customer satisfaction" (Magd, 2021).

The existence of several teachers and fathers of TQM and existence of many different concepts lead to appearance of several point of views and definitions of TQM. However, the literature describes TQM as one of many different organizational management approaches, focusing on quality during work, based on members participation and customer satisfaction that will lead to significant success as a long-term goal, and mutual benefit for the workers and community. In addition, TQM consists of core values also called principles or

dimensions such as customer focus, employee involvement, continuous improvement, process centered and integrated system. Which all together constitute organizational culture supported by tools and techniques to support it as a whole. The influence of quality management development and continuous growth reached the extent to be a basic point of competition, thus it has become a broad strategy applied to all different business around the world (García-Bernal & Ramírez-Alesón,2015; Magd, 2021).

2.2.2 Contributors to the Principles of TQM

Historically, current development of TQM returns to gurus' efforts and their contribution in TQM, they provided different approaches, insights and opinions with important information and principles about TQM for organizations all over the world for decades to understand the nature of TQM. Here, we mention them and their theories in improving quality.

2.2.2.1 Deming's Contribution and Principles

Dr. W. Edwards Deming has arisen as one of the most influential gurus in quality management in USA and Japan, he was known by fourteen points, Deming cycle and seven deadly diseases. He developed Shewhart cycle, plan, do, study and act (PDSA) to plan, do, check and act "PDCA Cycle" which is important to improve the quality and productivity of products and services and achieve customer satisfaction. He emphasized on the importance of suppliers and customers as a part of production process, also he gave more attention to customer as a vital role in the system. He believed that 85% of work problems originate from top management, and the change cannot be done without top management efforts. Deming published his 14 points of Deming's management principles that help organizations at quality improvement process and decrease company expenses. Since presence of low-quality

productivity led to high rework costs, more defects and inability to compete in the global market. Therefore, he found “seven deadly diseases” of wrong management practices, would impede organization quality improvements of the products, and constitute as a barrier to effective implementation of Deming’s principles and philosophy (Neyestani, 2017).

2.2.2.2 Juran's Contribution and Principles

Joseph Juran is “The father of modern quality management”, after Deming, he is considered the most influential teacher on the quality management theory, as well as he focused on managerial quality management. Moreover, he developed called “Juran’s trilogy” consisting of planning, controlling and improvement; which called managerial dimensions. The planners should collect accurate information about customers’ needs, then they should design a proper way to produce the specific product or service that achieve customer requirements. Also they should have a continuous monitoring of the production process if it meets the required quality specifications then working on the difference, however, that’s need to prepare suitable infrastructure, establish fit team with all equipment’s and resources need. In addition, he emphasized management role to achieve and implement high quality and set the need goals for better company outcome. Juran believed that there are a direct and strong relationship between customer satisfaction of products and services and the quality, so he presented “Ten Steps to Quality Improvement” aiming to improve the satisfaction of the customers (Neyestani, 2017).

2.2.2.3 Crosby's Contribution and Principles

He was known of “Zero Defect “concept, which means meeting customer requirements according to their product or services characteristics exactly. He supposed that obtaining good quality management must be based on good prevention system. In addition, he thought

that lack of knowledge and attention among employees would lead to make mistakes. When the organization implements the quality management in the proper way, the management will focus more on prevention method; less cost, more attention, emphasis on control than inspection effort and at last “Doing things right the first time”. Crosby realized that organizations could avoid not “Doing things right the first time” costs by approving quality practices. Furthermore, he considered 80% of quality problems to be caused by management, so he set 14 steps to lead the organizations (Neyestani, 2017).

2.2.2.4 Feigenbaum's Contribution and Principles

He was known as the first teacher by using Total Quality control “TQC” concept, and he was one of the founders of modern management. He adopted a quality approach different from Juran and Deming, that contains three principles including quality leadership, management quality technology, and organizational commitment. He focused on the system based on prevention through commitment and emphasis on product specifications. Furthermore, it was achieved by continuous auditing and documentation to ensure that products fitted with specific standards such as ISO 9000. Feigenbaum also emphasized the importance of every individual and worker in the organization, from the biggest worker to the lowest one in continuous work on improving quality. On the other hand, he said that total quality is associated with planning, organization and direction. And he defined total quality as effective system which combines quality development, maintenance and improvement efforts which lead to develop different departments in the organization and allows the production of products and services at all economic stages with high quality to satisfy the customer. Furthermore, efficient quality management contains four levels: defining quality

standards, assessment of conformity to these standards, taking action when standards are not met; and planning to improve these standards (Neyestani, 2017).

2.2.2.5 Ishikawa's Contribution and Principles

He was a Japanese quality teacher, he was known by introducing many quality tools like fishbone diagram or cause-and effect diagrams, Pareto chart; Scatter diagram; Histogram, and Control chart. In addition, he believed that quality problems can be solved and determined by these instruments. He developed Quality Circle “QC” concept, which means to collect “production workers, maintenance, design engineers and managers” together in periodic meetings to determine the problem, and found a solution for it. Thus, every employee in the company is responsible for quality issues, with emphasis on management importance to set the strategic goals to improve the quality. In addition, customer attention is considered an important part of the process by determining their needs and specifications, which is an important method to eliminate quality obstacles (Neyestani, 2017).

2.2.2.6 Walter Shewhart Contribution and Principles

He was an American statistician and physicist, he was known as "father of modern quality control", he added a main contribution in developing statistical methods for manufacturing and industrial processes improvement. He established “Shewhart Cycle” Plan-Do-Study-Act (PDSA) cycle which is turned to Deming cycle or Plan-Do-Check- Act. it provides Systematic approach for continuous improvements of processes. And he developed the control chart, Statistical Process Control (SPC). In addition, he added valuable ideas and approaches to TQM, which become an essential part of the TQM philosophy, which seeks to improve the quality of products and services (Bradford & Miranti, 2019).

2.2.2.7 Shigeo Shingo Contribution and Principles

He was a Japanese engineering, he added an important contribution in the quality field, contribute in developing principles of Lean Manufacturing and Toyota Production System (TPS). Shigeo Shingo participate in several concepts related to quality:

Zero Quality Control (ZQC): he means in this concept to convert the quality control based on old method of inspection to a proactive method prevent occurring defects.

Poka-Yoke which meaning mistake proofing, that means prevent mistakes and errors from occurring by process designing free of mistakes, to prevent errors during production.

SMED (Single-Minute Exchange of Die): he developed this system to reduce the time it takes to prepare and change equipment of manufacturing, to allow of quick and effective change processes, letting more flexibility and small production done (Kumar et al., 2016).

2.2.3 TQM Dimensions

According to Sweis et al (2019), it is difficult to identify the dimensions of TQM implementation. Most researchers agree that the important dimensions are strategic planning, information and analysis, people management, customer focus, process management and leadership. Nevertheless, other researchers identified the most important dimensions as customer focus, top management support and employee empowerment. On the other hand, there is no specific study that has clarified the major dimensions of TQM, and this is developed a difficulty to determine the real dimensions of TQM. However, for most researchers the most important dimensions of TQM are employee involvement, continuous improvement, top management commitment and support; and customer focus. Moreover, Haffar et al., (2023) explained that there is a strong relationship between IRFC and TQM

implementation. IRFC dimensions have positive impact on TQM practices implementation through the influence on individual attitudes, in which employees who have high IRFC will have more power to face difficult situations that may be prevent TQM implementation success.

2.2.3.1 Top Management Commitment

Senior management support plays an important role in organizational performance, and it is a vital factor to ensure successful implementation of TQM. Also, essential management work of managers is to define quality objectives, quality strategies and quality plans. Moreover, they should assess the company's objectives and policies and if needed modify them to adapt with TQM principles. In addition, it must be obvious and significant to all employees in the company (Daqar & Constantinovits, 2020; Sweis et al.,2019).

2.2.3.2 Customer Focus

The main goal of TQM implementation is to meet customers' requirements and needs by providing high quality of products and services, and should have continuous and successful communication between the company and its customers. Furthermore, the organization should focus on establishing strong relationship with its customers, direct interaction with each other, examine their satisfaction level constantly and trying to achieve their multiple needs and meet their future expectations (Tonjang & Thawesaengskulthai, 2020; Sweis et al.,2019).

2.2.3.3 Employee Involvement

Employee involvement is an important way to enable and empower employees to participate in problem solving and decision making in the organization, it is stimulating the employee to

work for achieving organizational goals. The aim of employee empowerment is to support productive thoughts and innovative thinking among employees, which facilitate the ability to apply creative ideas to meet customers' needs and TQM principles, so that makes the employees to feel they are a significant part in the organization (Sweis et al.,2019).

2.2.3.4 Continuous Improvement

Continuous improvement is an important principle for TQM. Since TQM is a long-term method, achieving improvement in performance depends on its retention and accumulation over time leading to continuous improvement cycle. Continuous improvement is defined as an ongoing improvement of services, products, processes or programs. It plays an important role in the TQM environment; it is considered one of the most important elements of quality management that leads directly to organizational performance and customer satisfaction (Sweis et al.,2019)**.**

2.3 Individual Readiness for Change

2.3.1 Definition of IRFC

Change management professionals have emphasized the importance of creating indiviual commitiment to change and indiviual readiness for change(IRFC) to increase the likelihood of successful change implementation. Individual readiness for change is reflected in organization members' beliefs, attitude and intent, as regards to the level of change required and organization ability to create a successful change (Wang et al., 2020; Haffar et al., 2019)

The concept of readiness for change is defined as the degree to which employees believe the need of change in the organization, as well as how much the employees believe that changes have positive impact on themselves and whole organization. Additionally, the readiness for

change describes also the attitudes of employees toward specific change; it reflects the extent of individuals perceptually and emotionally tending to accept, and adopt a certain plan to change the current situation (AbuTahoun & Khan 2019).

Furthermore, IRFC is all about inclusive members' attitudes that altogether was influenced by what content was changed, the process of change, and which conditions the change process done as well as individual traits who engaged in the process of change. At the end of the foregoing, the tendencies of the individual or group of individuals will be affected and appeared on the individual which emotionally and consciously adopt the change plan at the appropriate time and place with certain goals (AbuTahoun & Khan 2019; Wang et al., 2020).

Moreover, there is as difference between individual readiness for change and the resistance of change. The resistance is considered as the behavior taken to stop, delay or destruct carrying out the change process in the organization, while the individual readiness of change is seen as perceptual attitude in the members before implementing or facing change process. On the other hand, developing instruments based on three dimensions, including participating, promoting and resisting, can do measuring IRFC (Repovš, 2019).

2.3.2 The Importance of IRFC

All over the world there is a rapid development in all life sectors, with many trials to coexist with many changes and developments occur, and the need to change according to life requirements. Accordingly, every organization must have a change, and then it is important to prepare the employees to be ready to accept the organizational change. As a result, any mistake may lead to fail the process, which will result in poor change progress, resources waste, and deteriorating employee spirit of change. Therefore, it is not easy to manage the

change. The main important capital factor in organizational change is the humans' "employees" who are the needed element as well as considered the main obstacle element to achieve organizational change. Indeed, the people are the actual source of change. Obviously, they are the ones who will either accept or fight the change. Therefore, they should be ready to face changes. Readiness of change is not spontaneous and cannot be expected. The failure in assessing the individual readiness for change will result in misuse of leaders' time, and spending significant efforts and time dealing with change resistance (Al-Maamari, 2020).

2.3.3 Main Theories of IRFC

According to Hafis (2018), some factors affecting IRFC are as follows

1- Individual commitment and loyalty to the organization.
2- Demographic data like education and position, the higher the education and job position of the individual, the greater the individual's readiness for change and vice versa.
3- Belief in the successful of change. It is appropriate to have a chance and support to participate and conducive work environment to innovation.
4- Employees' abilities, skills and knowledge, work atmosphere among the staff, and the culture of organization.
5- Employee job satisfaction and good performance management.
6- Trust in manager supports and management.
7- The content of change, the process of change, and the condition of change process was done as well as individual traits.

All over the world, organizational employees continuously face many changes, like decrease number of employees and working on new management strategic. Despite of the important adoption of new change ideas and projects, latest articles showed that failure rates for organizational change performance range from 28% to 70%. This directed the researchers to look for different factors contributing in success or failure the implementation of organizational change. The new changes maybe lead to an increase in the costs. It is simply due to unwillingness of the employees or difficulty of adopting these changes. It could be due to fear of the consequences and lack of confidence in new conditions. This may lead to decrease organizational efficiency. Previously authors viewed the organizational change from general organizational level and recently focused on the importance of individual role on management changes implementation. In other words, change in individual attitudes and behavior is the essence of organizational changes (Haffar et al., 2019)

Any organization to be ready for change should have basic elements such as infrastructure, good leadership, developed systems, communication, and adopted cultures. Furthermore, individuals' assessment about utility of change and personal benefits from the change (Haffar et al., 2019). On the other hand, employees can either be the successful key to implement organizational change or the main barrier of it. Therefore, ignoring individual vital role in the process of change may develop failure or difficulties in implementing change tools like TQM (Haffar et al., 2019).

2.3.4 Dimension of IRFC

In any organization, the members are the key to complete implementation of change successfully, or can be the greatest obstacle. In which the change of individuals' behavior is the core of change successful, and ignoring individual role in the process of change can

cause failure and difficult in change initiative implementation. However, the main dimensions of IRFC and variables that contribute to building up the relationship between leadership styles and TQM implementation are personally beneficial, management support, appropriateness, and self-efficacy (Haffar et al.,2016).

2.3.4.1 Personally Beneficial

It reflects how much the planned change is useful and beneficial to the organizational employees. When the employees see that they will be rewarded for their support to adopting TQM they adopt the change occurring in the organization (Haffar et al., 2023).

2.3.4.2 Management Support

Referred to any change process successful in the organization, it needs support from top management and top leaders. Gözükara et al., (2019) emphasize that management support at highest level can increase the success of TQM implementation. Also support the involvement of employees by their top management will enhance and assist in the implementation of TQM principles and practices.

2.3.4.3 Appropriateness

It is important to know that the change is appropriate, suitable and will be beneficial to the organization. In addition, when employees know the TQM importance in performance improvement, they will enhance their tendency and willingness to participate in the implementation of TQM (Haffar et al., 2023; Haffar et al., 2016).

2.3.4.4 Self-Efficacy

This concept reflects the level to which members believe that they have the ability to implement suggested change and feel assured that they will do well and they will succeed. However, the employees who received training on TQM application will have greater confidence in their ability to handle the implementation of TQM. Also, researchers found that self-efficacy has the greatest positive impact on the implementation of TQM (Haffar et al., 2023; Haffar et al., 2016).

2.4 The Concept of Leadership Style

2.4.1 Definition of Leadership Style

The current world moving towards high competition in all life aspects, to reach to desired quality and performance. This obliged different companies to find a creative and useful way to help increase quality of work and reduce the waste of materials, employees' efforts, exhaustion rate and time. Leadership styles affect the performance of employees and their productivity. So, by effective leadership techniques and styles organizational goals on productivity can be achieved. Therefore, the good leader can influence followers by desired way to get desired goals. Organizational performance and effectiveness may affect by different leadership styles. According to that, transformational leadership style is considered a robust predictor of job satisfaction and whole satisfaction in general (Nanjundeswaraswamy & Swamy, 2014).

The leadership is a process of social effect by leader seeking to voluntary participation of followers trying to achieve organization goals. The leader can be defined as the person who authorizes or influences other members performance to do stated objectives and goals. Current global environment with rapid technological changes effect on today organizations,

which needs a good and effective leader to face complications and difficulties and understand it. In addition, the relationship between the leader and subordinates reflects on effectiveness and performance during work. Leadership style is somewhat consistent behavior pattern differentiates a leader from others. Therefore, organizations, countries and other units' success or failure are largely due to leadership styles and its nature. Furthermore, the importance of leadership styles represented in its multiple effects on the organization; it has a significant effect on service quality, organizational performance, worker performance and firm commitment (Salahat, 2017; Nanjundeswaraswamy & Swamy,2014).

2.4.2 The Importance of Leadership

As well as, research clarified the relationship between leadership style and team innovation with knowledge sharing and team communication as mediating effects, which has different effects by different leadership types. A study done by Voon et al examined leadership style influence on job satisfaction of embloyee, it was found that transformational leadership increases the job satisfaction with strong relationship. Another study by Chung – Hsiung Fang et al showed that work satisfaction and organizational commitment are affected positively by leadership style, intern work performance and organizational commitment can affect positively by work satisfaction (Nanjundeswaraswamy & Swamy, 2014).

Eliophotou-Menon & Ioannou (2016) said that employees trust and satisfaction in any organization will be affected by leadership behaviors. On the other hand, transactional leadership is like rewarding of subordinates about their performance and the effort they are making, but theory of transformational leadership believed in improving performance of subordinates by changing employees'motivations and values (Nawaz & Khan, 2016).

Leadership style was divided into transformational and transactional leadership styles. Transformational leadership is charactarized by intellectual stimulation, individual influence and spiritual support, they offen give attention to indiviual, creat an open culture, establish purposfull vision, they belive in them, trust in their potential to achieve their goals , and give the chance of team to appear their power and effort. Transactional leadership focuses on rewards and punishments, to attain organizational aims by job roles, their primary purpose is to keep stable organization by strict management structure. (Nawaz & Khan, 2016 ; Nanjundeswaraswamy & Swamy, 2014).

2.4.3 Theories of Leadership Styles

There is many types of leadership theories which are considered a source of many studies. Through leadership theories researchers are trying to clarify how and why certain indviuals come to be leaders (Vasilescu, 2019).

The most two important theories are the great man theory and behavioral theory.

1- The Great Man theory: supposes that the abillity to lead is hereditary, and the leader has inborn features, and they study their behavioral and personality traits to realize their acheivemnts as a leader (Vasilescu, 2019; Uslu, 2019).
2- Behavioral Theory: it describes the leaders charactaristics from their performance, behaviors and how they are doing their tasks and to what extent their effectiveness. They focused that the traits can be learned by trainings; that will make successful and influential leaders (Vasilescu, 2019; Uslu, 2019).

2.4.4 Dimensions of Leadership Styles

This study adopts transformational and transactional leadership styles as the main styles of leadership and how they contribute to the increased IRFC and TQM implementation. The reason beyond using these two types of leadership styles refers to negative role of Laissez-faire style on the total quality management (Chan et al.,2016) and IRFC (Zeleke, 2021) so should be avoided. The following paragraphs explain these styles and their important dimensions.

2.4.1.1 Transformational Leadership Style and its Dimensions

This type of leadership cares about followers development of their needs and requierments, it concentrates on employees' value development, level of inspiration and ethics. The aim of it is to transform and change people, organizations in their heart and mind, make their perception and vision grow up, and explain reasons which build the behaviors harmonious with values and concepts, and achieve permanent changes and self lasting (Nanjundeswaraswamy & Swamy, 2014).

Reza (2019) said that this style of leadership happens when the leader becomes more widely and support employees' interest , and creates acceptance, awareness between them during team work and their assignments that will show interest in the group. On the other hand , this style inspires followers to see their problems from another side, provides help and support to share their vision, encourages passion and recognition. Transformational leaders can describe and clarify their organizational vision, and thay can impact individual variables by their leadership style like increasing the motivationa and organizatioal variables such as conflict resolution through groups. In addition, organizational and indiviuals outcomes influenced by

effective and active tranformational leadership such as the performance of employee and their satisfaction, , higher level of tranformational leadership related with higher level of group power.

Reza (2019) & Tetteh et al., (2016) & Al-Tahitah et al., (2018) discussed the four dimensions and components of transformational leadership: inspirational motivation, idealized influence, intellectual stimulation and individualized consideration

Inspirational motivation, which is interested about the leaders' methods that should use to inspire the followers to commit and share organizational vision and mission and motivate the team spirit among followers to succeed in implementation future goals. Idealized influence: is concerned in creating obvious vision and setting up different goals, and inspiring the followers to achieve different organizational goal. However, leaders are models to followers, in their power, confident and their moral values.

Intellectual stimulation is about the degree of motivation, encouragement of creativity and empowerment that can the leader provide to his followers to do their job with passion, and develop followers' abilities in problem solving.

Individualized consideration: caring about individual needs, feelings and respect the member's contribution in the work and the results of their performance, which express their self-achievement and fulfillment.

2.4.1.2 Transactional Leadership Style and its Dimensions

Transactional leadership is more dependent on "deals "between the leaders and the follower, where followers are compensated for achieving certain target or working criteria, which is a

mutual role between them. This type of leadership is realized as an exchange of goals and rewards between personnel and managers (Nanjundeswaraswamy &Swamy, 2014).

According to Jensen (2019) transactional leadership is described as encouragement followers by using conditional rewards, correction activities and implementation of instructions. Transactional leadership relies on strengthening, either positive conditional rewards or negative forms of managing. This type of leadership inspires subordinates by way of exchange; such as achieving work in return for recompenses and preferences. These leaders attend to emphasis on task achievement and employee commitmen.t Also, they depend deeply on the method of punishment and reward in the institution to effect on workers performance.

Transactional leadership has three aspects , contingent rewards, active management by exception and passive management by exception (Salahat, 2017).

Contingent rewards indicate to the leaders' ability to clarify the work that is required from followers to be done and what are their roles in the process of achieving company goals. And the leader provides rewards according to followers performance (Salahat, 2017; Tetteh et al., 2016).

Passive management by exception indicates when leader takes his role and makes intervention just in conditions where mistakes and problems happen and the followers can't solve them.

While active management by exception discribes continuous monitoring by leaders of followers' work to ensure that they are working on established standards (Salahat, 2017; Tetteh et al., 2016).

2.5 The Relationship between Leadership Styles and Readiness for Change

Theoretically, there is a relation between transformational leadership and readiness for change (Asbari et al., 2021). Transformational leadership definition has important trait, which is the attempt to develop and improve the organization overall, support each follower to develop his/ her ability and effort. As well as inspire their followers and clarify to them where the organization is moving. Transformational leaders play a role as change operator, who begin and carry out new guidelines in the organizations. Throughout continuous development of workers and organizations, transformational leadership will activate and inspirit the organizations, so both of them can thrive, adapt, modify and grow up (Peng et al., 2021).

According to Nawaz & Khan (2016), while the transactional leadership works and confirms on organization applicable structure, transformational leadership looks after to change and develop existing structure and framework for better. Whereas transactional leadership depends on rules and instructions, transformational leadership is characterized by adaptability.

Jacquart & Antonakis (2015) studied the theory depending on leadership and charisma, changeable organizational culture will enhance the appearance of leaders tends to show charismatic performance. This charismatic performance and behaviors will promote the adaptive culture, assist to change weakness parts of organizational culture, and that will affect other leaders to show their charismatic behavior. In addition, organizations that tend to have a greater tendency to risks and changeability are expected to be more accepting of transformational leaders.

Employees who support changes in the organization has transformational characteristics more than employees who did not support the change, in which transformational leaders are

characterized by hopeful, fill with confidence and tactical in determining ways for the organization, which means that they have more tendency to create changes and receive risks (Peng et al., 2021).

Rosenbaum (2018) stated that organizational changes have three steps, unfreezing, moving and freezing, where change readiness is supposed to be as unfreezing, where members are trained for change attempts,

Al-Maamari (2018) defines change readiness as previous knowing of increased or decreased attitudes toward change efforts, and employee's opinion about the change necessary in the organization, as well as employees' beliefs about changes that will bring benefits for both organization and employees.

According to theories, transformational leadership and readiness for change are related. Since transformational leadership definition contains change trials that help achieved change of individuals and organizations. In addition, achieved readiness of change done by making organizational members get ready for future changes through change leaders.

In addition, personality traits like optimism, inner control and self-esteem are associated with the desire to adopt change, and that traits are related to transformational leaders, and can suppose that transformational leaders to be probable and capable of motivate change readiness (Peng et al., 2021).

Moreover, negative leaders will not be effective to prepare members for change; readiness for change is a perceptual state, which is an indicator of attitudes collaborative with change or refusal to accept change, that means failure to unfreeze the organization efficiently before trying change implementation. Thus, presence of negative leaders and absence of

transformational leadership means less change readiness and more resistance to change efforts (Neves & Schyns, 2018; Peng et al., 2021).

Transformational leadership was examined by using four dimensions of ideal charisma, inspiring motivation, intellectual encouragement, individual considerations (Choudhary, 2016).

2.6 The Relationship between Leadership Styles (LS) and TQM Implementation

Leadership is a quality- related social structure in the organizations; it includes the relationship between the leader and group members. Transformational leadership is considered the most leadership type successful in getting high performance required by quality high levels. Malcolm Baldrige National Quality Award (MBNQA) recognizes that the essential factor of quality improvement is leadership. Continuous improvement starts and is promoted by leaders, leaders are capable of inspiring followers to develop products, procedures and services, and allow them to realize their organizational tasks. However, there is a lack in studies that investigated the relationship between leadership and quality management. Nevertheless, transformational leadership is considered the most type of leadership linked to quality since their leaders have the ability to contact, support beliefs and values and expressing an inspiring vision that focuses on quality. Additionally, by developing confidence and reducing the fear, creating change awareness, developing a culture for change support, and initiating new strategies of problem-solving for quality improving. Therefore, it is important for controlling the quality to have strong leadership, which will control of employees' behaviors related to quality stated by organizational requirements (Owusu-Agyeman, 2021; Omar, 2017).

Transformational leaders will use their ideal impact to develop a quality commitment within organizational employees and using of inspiring stimulation to deliver work philosophy and achievements that lead to improving quality. Also, using intellectual motivation to influence quality management. In addition, they can encourage creativeness and innovation that are essential features of quality management, by exercising, leadership and guidance, teaching and removing of communication obstacles (Omar, 2017).

On the other hand, training within the organization is an important part of quality management because it can facilitate worker motivation and push their performance. Through individual consideration, transformational leader can have a greatest effect on quality program within the organization, by listening to workers interests and worries, which will lead to more innovation and contribution in quality improvements. Leaders at the organizations should behave as trainers and consultants with employees to improve their skills and experiences. On the other hand, it is important to allow workers to contribute in changing policies and processes that will be a good factor of work pleasure and enhancement of liability and commitment toward quality effort. Moreover, leaders' participation is very important in establishing goals and development of process by involving workers in the process of decision-making, transformational leaders play a significant role in quality improvement by accurately detecting teams and projects, delegation of authority to them that will enhance commitment and motivation. In addition, leaders must provide necessary resources and teaching to create suitable atmosphere for success. The most important factor leading to quality improvement success is continuous improvement, but it cannot occur without innovation, in which most time suppress of creativity and innovation occur that lead to quality management weaknesses, due to the need of meeting customer satisfaction and

their needs, and to achieve work tasks without mistakes. Transformational leadership has the most influence on quality management project by supporting the innovation and creativity (Omar, 2017).

Liao (2017) clarified that one of significant aspects influence on organizational innovation is the leadership style of top managers, transformational leadership makes workers performance better by involving workers' personal value systems effectively. Transformational leaders can increase worker self- motivation to accomplish their tasks by connecting the identity of workers to the group identity of organization. In addition, they let workers to look for innovative methods on their works, by providing them independence or freedom that allow workers to renewal their ideas and trying it. People working with transformational leaders incline for more confident, and therefore more interested to try new ideas.

On the other hand, taking care of intellectual stimulation by transformational leaders enhance workers to changing their way of thinking to be more productive that increased workers participation in continuous quality improvements, and process improvements which leads to more innovation (Omar, 2017).

Another study assessed the relationship between transformational leadership and TQM with investigation the ways of innovation, trust, teamwork and creativity, they build up a model clarify the association between leadership and quality, its focuses on individual commitment, which leads workers to more contribution on TQM practices and policies with leadership and organizational culture participation, that leads to more TQM outcomes. They hypothesized that TQM is a result of the ability to innovate and is determined by teamwork, creativity and trust. Their result is that all members in the organization are responsible for TQM, where top

management plays the biggest role, and the transformational leadership is the best method for developing full commitment required to quality from all organizational levels (Omar, 2017).

2.7 The Relationship between Individual Readiness for Change and TQM

As professionals' opinion of management of change, have emphasized the importance of establishing the concept individual readiness of change and individual change commitment to increase successful implementation of change. In addition, employees' behavior plays an important role in change process and ignoring it may create obstacles in implementing change process plans like TQM (Haffar et al., 2016).

Individuals who want change in the organizations must be ready to initiate the change and adopt it in different methods, motivated by quality and performance improvement, as well as to reduce risks. Readeness difinition is about the ability to feeling and planning for change, after the evaluation of its benefits and weaknesses. Also, resistance to change is considered crucial as well as readiness to change, and how to respond to change according to individual personality and internal attitude, resulting in proper bahavior for the gradual formation of change or resistance to change. Nowadays, organizationsneed to change more than past due to increase in the competition around the world to continue, the success of change implementation occurs inside organizations depending on willings of readeniss for change in members. There are multiple constructs of mesasurement scale of individual readiness for change for example, self efficacy, organizational equivalence, discrepancy and indiviual valence. To prevent the failure of change implementaion, every employee should know his\her essential role and should recognize the merits of change. Trying to follow up innovative idea, indiviual readeniss for change can effectively lead to organizational change

and a positive outcome can be achieved by these complementary decisions (Laseinde et al., 2019).

However, according to Haffar (2014), indiviual readeniss for change is related directly with TQM and they enhance each other. In addition, TQM implementation in an organization will be successful if readeniss for change exists in its organizational culture.

Furthermore, the main reason of organization failure attempts in successful change implementation is low level of readiness for change. So that there is a link between indiviual readiness of change level and successful change management. In addition, organizations which carry out change plans without making their employees ready psychologically maybe fail in change implementation (Haffar et al., 2016).

On the other hand, increasing indiviual commitment and indiviual readiness for change have positive impact on the participation of organization members in TQM implamentation. In which organizational employees who have positive attitudes, beliefs and commitment to the change resulted by TQM are more expected to do behavioral changes to support TQM implementation. Likewise, decreasing the level of indiviual readiness for change increases the level of TQM implementation failure. Furthermore, when members believe that will they get benefits from their contribution in the achievement of a successful TQM implementation like rewards, are mostly more ready to believe in TQM implementation practices, and this guides them to act in a way harmonious with TQM principles. In addition, once employees' trust that will not lose their jobs by implementation of TQM, their willingness to accept a new management approach like TQM, will be high. Moreover, members understanding of the importance of TQM practices to improve organizational working have a positive impact on their readiness to accept TQM implementation (Haffar et al., 2016).

Receiving members' appropriate training on TQM principles implementation will lead to more trust in their ability to deal with TQM practices successfully, and their desire to believe and support implementation of TQM will be high. In addition, this will enhance members' participation in TQM implementation and increase the chance of TQM success (Dilawo & Salimi, 2019; Haffar et al., 2016).

Choi et al., (2016) discussed that when organizations identify the significant of effective implentation of TQM as a common vision and purpose, their members will seek to follow TQM with a mutual ambition.

Haffar et al., (2016) considers that to promote the probability of success of TQM, senior decision makers should support TQM implementation. With a commitment to TQM, top organizational management must encourage the development of their employees and engage them in TQM implementation process; this will increase the TQM implementation acceptance by employees.

Many researchers stated that owning of high level of emotional commitment to change by organizational members would contribute on TQM implementation successful, and they will work more on than their regular duties to ensure the success of change plans (Haffar et al., 2016).

2.8 Concluding Remarks of Previous Studies

It's important to know and to explain the relationship between variables of this study, according to previous literature started with relationship between transformational leadership and readiness for change, which the transformational leadership characteristic by improving the organization and inspire the followers, lead them to change and develop existing

structure, Transformational leadership has a relationship with IRFC, since transformational leadership traits contains of change concept that's essential for members to be ready for future changes through their leaders. At the opposite side negative leaders will lead to ineffective change and employee resistance to change due to their attitudes and characteristics.

On the other hand, the main factor to improve the quality is the type of leadership, especially the transformational leadership which is the most type of leadership promotes and control the quality by controlling of employee's behaviors and their values, beliefs and encourage the innovation in the organization. That's indicate to strong relationship between leadership style and success of TQM implementation.

Lastly, the concept of IRFC considered significant in the change process, becouse it's related strongly with behaviors of employees in the organization which reflect on TQM implementation. Which change may success or fail depends on employees respond to initiating the change. However, IRFC has related strongly with TQM implementation.

2.9 Conceptual Framework

As mentioned previously in chapter two, leadership styles are the independent variable of the study. They include two dimensions; transformational and transactional styles of leadership (Nawaz & Khan., 2016). TQM is the dependent variable of the study which comprises the following dimensions: employee involvement, continuous improvement, top management commitment and support; and customer focus (Sweis et al.,2019). Individual readiness for change (IRFC) was considered as a mediator since it has not been used in this position before according to literature review between leadership style and TQM. However, using of mediator not a moderator in this study that a mediator determines how the association

between an independent variable and the dependent variable occurs, while the moderator is an independent variable influence on the association between another independent variable and dependent variable (Bennett, 2000). IRFC dimensions in this study are personally beneficial, management support, appropriateness, and self-efficacy (Haffar et al., 2016). **Error! Reference source not found.** shows the conceptual framework of the present study.

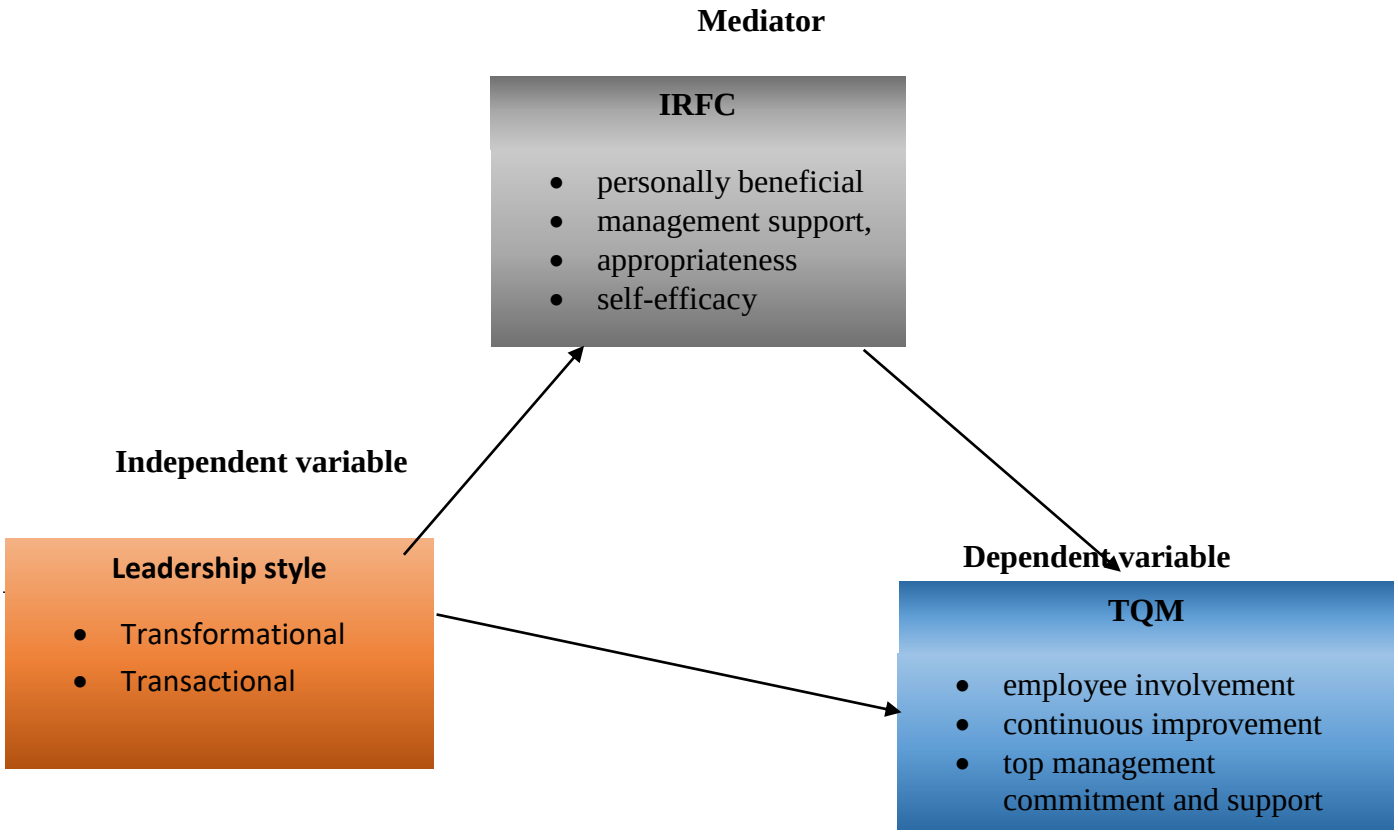

Figure 1: Conceptual Framework of the present study

CHAPTER THREE

Research Methodology

3.1 Overview

This chapter talks about study methodology. Specially, it identifies the research approach, population and study sample, also it explains the design of the study, data collection method, validity and reliability of variables, and data analysis techniques.

3.2 Relationships between Variables and Hypothesis Development

"A hypothesis is a statement temporarily accepted as true in the light of what is, at the time, known about a phenomenon, and it is employed as a basis for action in the search for new, truth, when the hypothesis is fully established, it may take the form of facts, principles and theories." (Pandey & Pandey, 2021). Also, it is a temporary solution of a problem prior of results detected by literature review, and it's a forecasting statement of the variables relationships among the study based on experience, monitoring or observation (Anupama, 2018). This study tested the theoretical relationships between leadership style, IRFC and TQM. The following section explains the theoretical relationships.

3.2.1 The Mediating Role of IRFC between Leadership Style and TQM Implementation

TQM implementation is affected by many organizational variables such as organizational culture, employee performance and leadership styles (Sabella et al., 2015, Haffar et al., 2013). According to the literature, there are few studies that concentrate on the relationship between leadership styles and TQM implementation and the present study focuses on detecting the effect of leadership styles on TQM implementation. The correlation between

leadership styles and TQM implementation was very low (Wagimin et al., 2019; Yadeta et al., 2022). So, this study considers a mediator to empower this relationship because a mediator can be possibly used to give a further explanation of the relationships. Specifically, this study uses IRFC as a mediator since it has not been used before in the relationship between leadership style and TQM implementation (Avolio et al., 2004; Haffar et al., 2019). Moreover, previous studies found that leadership style has important relationship with IRFC. Therefore, leadership style plays an essential role in IRFC (Al-Tahitah et al., 2018). Also, according to Haffar (2016) showed that IRFC had a positive effect on TQM implementation, the success of change implementation process depends a lot on the individual vital role in the work change process, when employees believe that current jobs will not be affected by TQM implementation will increase the success of TQM implementation in any organization.

The dimensions of IRFC in this study are personally beneficial, management support, appropriateness, and self-efficacy. They affect TQM implementation and are influenced by leadership style (Haffar et al., 2016). So, based on the explanation of the relationship between leadership style and IRFC, and the relationship between IRFC and TQM implementation, the present study hypothesized that:

H1: IRFC mediates the relationship between leadership styles and TQM implementation**.**

H1a: Personally, beneficially mediates the relationship between leadership styles and TQM implementation.

H1b: Management Support mediates the relationship between leadership styles and TQM implementation.

H1c: Appropriateness mediates the relationship between leadership styles and TQM implementation.

H1d: Self-Efficacy mediates the relationship between leadership styles and TQM Implementation.

H2: leadership style affects positively on TQM implementation

H3: leadership style affects positively on the IRFC

H4: IRFC affects positively on TQM implementation

3.3 Research Approach

The aim of the study is to clarify the mediating effect IRFC among the relationship between leadership styles and TQM implementation in selected governmental hospitals in southern West Bank, by using valid and reliable quantitative method.

There are two distinct types and approaches of research methodology categorized to quantitative and qualitative approaches. The qualitative research is considered an exploratory method, focusing on data collection by group observations, monitoring of people, phenomenon and words. It's helpful to understand topics that are not clear, by using e.g., interviews and open-ended questions. On the other hand, quantitative method generates statistics by focusing on numbers and graphs, used to test theories and assumptions, e.g., surveys with closed ended questions, and experiments. As this method uses numbers to explain and clarify the characteristics of the studied variables. Moreover, the quantitative method is useful to study the relationship between two or more variables (Sekaran & Bougie, 2016).

According to that, this research adopted valid and reliable quantitative method, questionnaire instrument, the analysis allows studying the relationship between study variables, and the present study assesses the effect of leadership styles on TQM implementation through the

mediating role of individual readiness for change in selected governmental hospitals in southern West Bank.

This study uses the correlational analysis, because it will clarify the relationships between two or more variables. Also, this research is descriptive study, used to describe certain characteristics of certain issue.

There are two types of descriptive study, longitudinal study and cross- sectional study. This research adopts the cross- sectional approach so that the results can be generalized.

3.4 Unit of Analysis

The unit of analysis of this study is the hospital staff, they have the specific knowledge that can help to study the effect of leadership styles on TQM implementation through the mediating role of individual readiness for change in selected governmental hospitals in southern West Bank, and can give the right information about real situation in the hospitals.

3.5 Population Sample Size and Sampling Technique

The following sections present the population of this study, samples size and sampling technique.

3.5.1 Population of The Study

The population is defined as a whole group of people or data that have the wanted information, whereas the sample is a specific group of the whole population (Beins, 2017).

In 2021, total number of MoH hospitals is 29 in Palestine, and16 hospitals are the governmental hospitals working in West Bank. Each hospital consists mainly of these departments: Internal Medicine Surgery, Pediatrics, Obstetrics & Gynecology, ICU and

Emergency. However, the direct communication occurs mainly in this departments between patients and nurses (The Annual Health Report, 2021). There are two governmental hospitals in southern area, each hospital has many departments, such as surgical, pediatric, medical department and others, which receive many patients from different areas in West Bank, the number of employees in Beit Jala and Alia Hospital are 358 and 508, respectively. The population of current study includes nurses and midwifes in each hospital, excludes managers at top level (Nursing Director, Hospital Manager, Director of Assistant Medical Professions, Managing Director, Hospital Supervisor, Heads of Departments, Doctors) because the current study examined their leadership style. The study looked for workers who have direct connections with patients (Follow-up evaluation of government hospitals and primary health care directorates in the northern governorates, 2017)

The population of present study is shown in **Error! Reference source not found.**.

Table 2: Study Population

#	Name of hospital	# Of nurses	# Of midwifes	Actual population
1	Beit Jala	148	13	161
2	Alia	241	30	271
Total				432

3.5.2 Sample Size

Sampling is the process of selecting some employees or members of the population to represent the whole population. It's used when the population is big, which saves time, effort and money (Beins, 2017). Furthermore, this study adopts Steven Thompson role or Kotrlik

calculations to find out sample size. So, the sample size of the present study is found according to is 260.

$$n = \frac{N \times p(1-p)}{\left[\left[N-1\times\left(d^2 \div z^2\right)\right] + p(1-p)\right]}$$

Where, n= the sample size, N=population size (N=852), P=proportion of property offers and neutral (P=0.5), d=error margin (d=10%) and z= is the upper α/2 of the normal distribution (for 90% confidence level, z=1.65). Substituting the aforementioned parameter values in the above equation, the sample size equals n=264.

3.5.3 Data Collection Procedure

Data collection is an important part of the research design, there are various methods can be used, such as interviews and observations. A questionnaire is considered one of important techniques to collect data too, it consists of predetermined questions which answered by the participant, then the entered information should analyze statistically.

This study used a questionnaire to collect quantitative data from large number of participants about the mediating effect of IRFC among the relationship between leadership styles and TQM implementation in selected governmental hospitals in southern West Bank. In addition, we used closed-ended questions, and the items will measure via five-point Likert scale, ranging from strongly disagree (1) to strongly agree (5). The data were analyzed by using Smart -PLS. A total of 120 questionnaires was completed within two weeks. 7th of Jan until 13th of Jan 2023, received from the respondents manually, and was checked to ensure that it was filled out completely by them, so there is no missing data or rejected questionnaire. In addition, the minimum sample size proposed in this study is 60 observations.

3.6.5 Questionnaire Design

Arabic structured questionnaire was used to make it easier for the participants due to Arabic is the mother language. The questionnaire starts with a brief introduction containing of the purpose of the study and maintaining of information privacy. In addition, a five-point Likert scale was used in the questionnaire The questionnaire consists of four parts as follows:

Part one contains of demographic data; part two asks the participants about dimensions of TQM implementation, part three deals with leadership styles; and part four deals with individual readiness for change a shown in **Error! Reference source not found.**. Both English and Arabic version of the questionnaire are available in Appendices

Table 3: Questionnaire Arrangement

Sections of Questionnaire	Description
Part One	This part includes 8 questions about demographic data.
Part Two	This part includes 35 questions about TQM implementation.
Part Three	This part includes 13 questions about leadership styles.
Part Four	This part includes 31 questions about individual readiness for change.

3.6.7 Validity and Reliability of Instrument

Questionnaire instrument is one of the most significantly method used by researchers in collecting data, aiming to obtain reliable and valid information to improve the quality of the study, and it’s achieved by reliability and validity measurement.

3.5.5.1 Validity of Instrument

Is defined as how much the concept measured precisely in the quantitative study. In other words, refers to measurement accuracy and whether the result is actually clarified of what they are assumed to be measured (Heale & Twycross, 2015).

According to Heale & Twycross (2015), There are three main types of validity: content, construct and criterion validity. The literature considered the content validity the most important one, it's examined whether the tool sufficiently covers the entire content related to construct.

The content validity of the measurement tool can be approved by a number of experts, checking of questionnaire items and phrases. This questionnaire was examined by two expert Dr. Ashraf Al Mimi and Dr. Mousa Ajouz, needed modifications are made based on their feedback

3.5.5.2 Reliability of Instrument

Defined as how often the research tool will still have the same results if it is used under the same circumstances on repeated events, and assesses the consistency level among measuring items. Also, it means that using same tool will give same output if used frequently (Heale & Twycross, 2015). One of the most widespread ways to test reliability is Cronbach's Alpha coefficient, it ranges from 0.6 to 0.9, it's indicating from poor to high reliability, respectively. So, the higher Cronbach's Alpha means higher level of internal consistency. In addition, it's the most suitable measure when using Likert scale (Taherdoost, 2016). **Error! Reference source not found.** shows a good level of reliability:

Table 4: Internal Consistency and Reliability

Variables	Cronbach's alpha	Composite Reliability	
		Rho_a	Rho_c
Total Quality Management	-	-	-
Continuous Improvement	0.884	0.886	0.908
Customer Focus	0.886	0.889	0.911
Employee Involvement	0.846	0.848	0.890
Top Management Commitment	0.899	0.904	0.920
Leadership Style	0.926	0.929	0.938
Individual Readiness to Change	-	-	-
Personally Beneficial	0.602	0.616	0.783
Management Support	0.870	0.873	0.906
Appropriateness	0.812	0.814	0.877
Self-Efficacy	0.862	0.865	0.895

3.6.8 Statistical Analysis Techniques

To analyze the data, the current research applied partial least squares path modeling method using Smart-PLS 4 software. Smart-PLS is a software package that can be used to analyze data from a variety of sources and to make predictions about possible results. It can be used to analyze various data, including surveys, experiments, and qualitative data. It is an effective tool for analyzing data because it allows researchers to quickly explore the variables' relationships and make predictions based on those relationships.

Smart-PLS uses multiple regression analysis, looking at how various independent and mediating variables affect a dependent variable. Since there is a mediation relationship in this research, using Structural Equation Model (SEM) technique was more suitable to achieve the research objective. By using this type of analysis, researchers can determine which variables have the most influence on the outcome of their research.

Smart-PLS also provides a wide range of data visualization tools, which can be used to explore the relationships between the variables and assess the analysis results. It also

provides several tools for examining the impact of various factors on the results, including the impact of outliers and other data points.

Overall, Smart-PLS is conducted based on two stages; the first is by assessing the structural model, where the reliability and validity of the research model are measured. After that, the measurement model and hypotheses testing would provide the result of the hypotheses. The analyses of these two models are given in the following chapter.

CHAPTER FOUR

Data Analysis and Results

4.1 Introduction

This chapter shows the results of data analysis and discussion; it presents the demographic data and respondents' characteristics, followed by Exploratory Factor Analysis (EFA) to test the reliability and validity of the study, where the reliability test was performed based on internal consistency, whereas the validity was conducted based on convergent and discriminant validities. Finally, the last section presents the result of the hypothesis testing of the study and the mediating factor effect.

4.2 Characteristics of the Study Sample

This section discusses respondents' social and economic features descriptively in terms of their age, gender, occupation, education level, monthly income, and years of experience.

Error! Reference source not found. shows the demographic profile of the participants; it shows that 60 percent were the majority female respondents, whereas the male was 40 percent. Regarding age, above half of the participants are less than 30 years old (57.5%), while 32.5% are between 30-39 years old, and those older than 40 years are 10 percent.

On the other hand, 83.3% of the participants worked as registered nurses, 9.2% as midwives, and 7.5% as practical nurses. Furthermore, regarding the level of education major, part of the respondents has a diploma and bachelor's degree with an account of 91.7%, while 8.4 % have a master's degree.

The demographic profile showed that 78.3 percent of participants earn less than 3999 NIS, classified as to lower class income group, whereas (21.7 %) received a monthly income more than that. Additionally, about experience years, 10.8% of participants have less than one year of experience, 41.7% have been working for 2-5 years, 29.2% for 6-10 years, 8.3% for 11-15 years and more than 15 years of experience they are 10%.

Table 5: Demographic Characteristics of the Respondents

Variables	Specification	Frequency	Percent
Gender			
	Male	48	40%
	Female	72	60%
Age			
	Less than 30	69	57.5%
	30 - 39	39	32.5%
	40 - 49	10	8.3%
	50 and above	2	1.7%
Occupation			
	Midwife	11	9.2%
	Registered Nurse	100	83.3%
	Practical Nurse	9	7.5%
Education level			
	Diploma	11	9.2%
	Bachelor	99	82.5%
	Master	10	8.4%
Monthly Income			
	2,999 NIS & Below	6	5.0%
	3,000-3,999 NIS	88	73.3%
	4,000- 4,999 NIS	11	9.2%
	5,000- 5,999 NIS	15	12.5%
	6,000 NIS & above	0	0.0%
Years of Experience			
	Less than 1 year	13	10.8%
	2 – 5 years	50	41.7%
	6 – 10 years	35	29.2%
	11 – 15 years	10	8.3%
	Above 15 years	12	10.0%

4.3 Data Screening and Preliminary Data Analysis

Prior to data analysis, screening of the data was performed to make sure that the data distribution effect does not weaken the outcome (DeSimone et al., 2015). Although the current study used smart PLS to assess the model quality and hypothesis testing, PLS is not concerned with the distribution of data. In this study, screening of data was used to examine missing data and multi-collinearity.

4.3.1 Data Coding

It is important before data analysis to conduct data coding, which facilitates the analysis (Linneberg & Korsgaard, 2019). In this study, each construct in collected data was given a special code to make the analysis easier. **Error! Reference source not found.** shows the coded constructs:

Table 6: Variable Coding

Variables	Code
Total Quality Management	**TQM**
Continuous Improvement	CI
Customer Focus	CF
Employee Involvement	EI
Top Management Commitment	TMC
Leadership Style	**LS**
Readiness to Change	**R2C**
Personally Beneficial	PB
Management Support	MS
Appropriateness	A
Self-Efficacy	SE

4.3.2 Missing Data

Missing data is found when correct values in one or more variables are unavailable for analysis. Missing values are a widespread problem in empirical studies; it may lead to biased

outcomes, reduced statistical strength, and affects the spread of the study (Hair et al., 2010). No missing data was detected in this study. Due to this study followed a hand-by-hand distributed questionnaire, and the data was checked after the answers to ensure that all questions were completed, and when missing a question, the participants were notified and were completed.

4.3.3 Detection of Multi-collinearity for the Independent Variables

Hair et al., (2010) proposed that when a linear correlation is very high between the independent variables, multi-collinearity happens (r = 0.9 and above). The presence of multi-collinearity between independent variables influences the regression model quality. Explaining the relationship between variables gets complicated due to obstacles in determining the effects of one variable on other variables. Multi-collinearity influences the fit independent variables, which may be non-significant and thus rejected from the model (Nawanir et al., 2013).

On the other hand, testing multi-collinearity in a regression analysis is done by a variance inflation factor (VIF). A VIF value of less than 5 means the absence of a multi-collinearity problem (Hair et al., 2010). This study examined the multi-collinearity between the independent variable (leadership) and the mediating variable (readiness to change dimensions: personally beneficial, management support, appropriateness, and self-efficacy). **Error! Reference source not found.** shows that the values of VIF are less than five, which means there is no warning of multi-collinearity in the study.

Table 7: Multi-collinearity Statistics

Variables	**VIF**
Leadership Style	1.706
Readiness to Change	-
Personally Beneficial	1.303
Management Support	1.926
Appropriateness	2.108
Self-Efficacy	2.395

4.4 Descriptive Statistical Analysis

The constructs in this study were described statistically by finding out the statistical values of standard deviation, mean, and minimum/maximum values for each construct. Construct measurement was done by using a five-point Likert scale. **Error! Reference source not found.** shows the descriptive statistical analysis results of the study.

Table 8: Descriptive Statistical Analysis

Variables	**N**	**Min**	**Max**	**Mean**	**Std. Dev**	**Level**
Total Quality Management	120	1.38	4.34	3.19	0.627	
Continuous Improvement	120	1.20	4.50	3.17	0.667	
Customer Focus	120	1.00	5.00	3.17	0.749	
Employee Involvement	120	1.44	4.67	3.19	0.668	
Top Management Commitment	120	1.00	4.88	3.24	0.749	
Leadership Style	120	1.00	5.85	3.35	0.773	
Readiness to Change	120	2.22	4.52	3.51	0.484	
Personally Beneficial	120	1.63	5.00	3.39	0.603	
Management Support	120	1.22	4.44	3.26	0.700	
Appropriateness	120	2.00	5.00	3.79	0.710	
Self-Efficacy	120	2.00	5.00	3.60	0.610	

The results of the descriptive analysis of the study for the TQM variable show a mean value of 3.19 with a standard deviation of 0.627. Additionally, the dimensions of TQM: continuous improvement has a mean of 3.19 and a standard deviation of 0.667, customer focus has a mean of 3.17 and a standard deviation of 0.749, employee involvement has a mean of 3.19 and a standard deviation of 0.668, and the top management commitment has a mean 3.24 and

standard deviation 0.749 respectively, it indicates that the participant's acceptance of TQM application is helpful for them.

Moreover, leadership style has a mean value of 3.35 and a standard deviation of 0.773, which means that the participants realize the importance of leadership style on individual motivation. Also, readiness to change has a mean of 3.51 and a standard deviation of 0.484. Its dimension is personally beneficial, with a mean of 3.39 and a standard deviation of 0.603; management support has a mean of 3.26 and a standard deviation of 0.70; appropriateness has a mean of 3.79 and a standard deviation of 0.71 and last one, self-efficacy has a mean 3.60 and standard deviation 0.610, indicates to the effect of readiness to change on TQM implementation and the critical influence of leadership on employee's motivation.

4.5 Assessing the Structural Model (Reliability and Validity of the Research Model)

Exploratory Factor Analysis (EFA) was performed to ensure the high reliability of indicators and that they measure the constructs. Factor analysis was done on each construct to eliminate poor indicators before performing the reliability test. Indicators are used only with a factor loading of 0.40 and higher (Hair et al., 2010). All items were loaded with the lowest value of 0.40 and the highest value of 0.859 on their particular constructs. **Error! Reference source not found.** shows the algorithm model after eliminating the minimum loading factors.

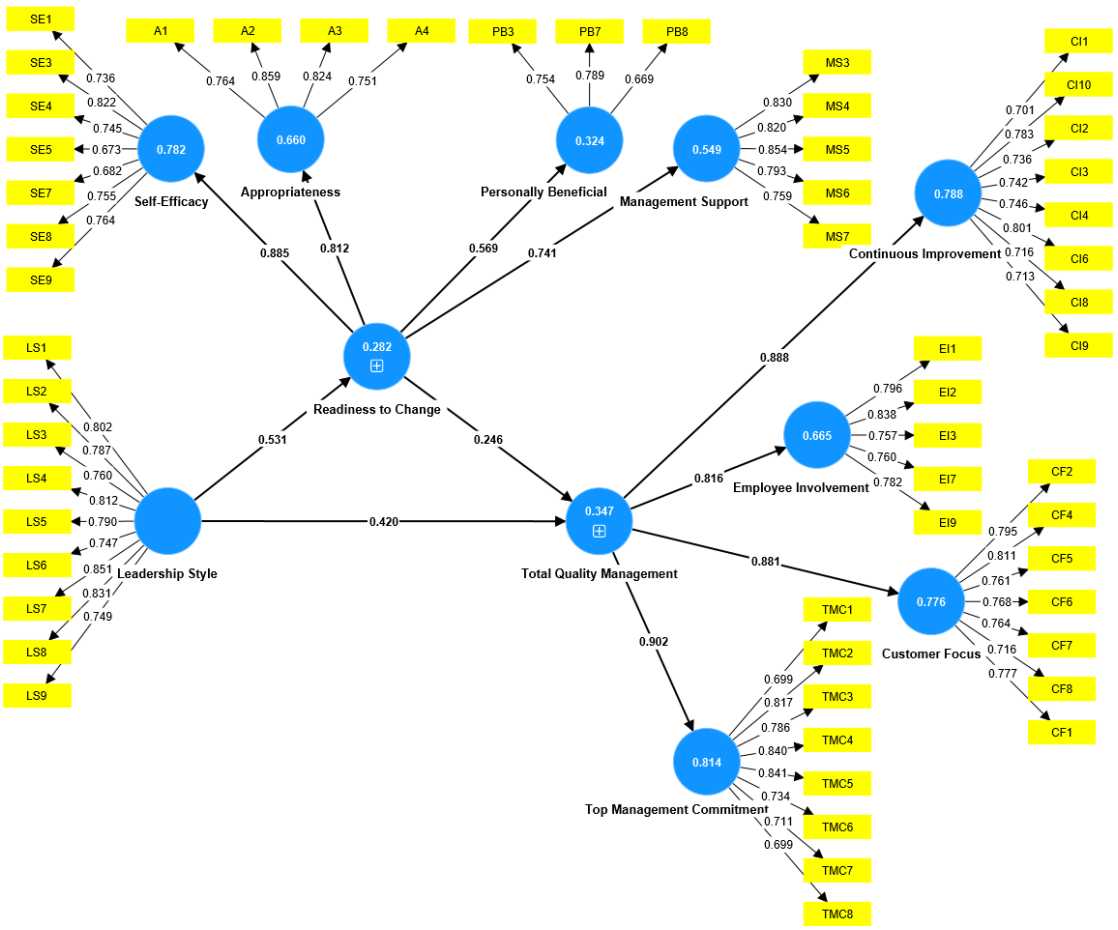

Figure 2: Algorithm model After eliminating the minimum loading factors

4.6 Internal Consistency and Reliability

The indicator reliability was implemented based on the criteria of Hair et al., (2016), in which each item the outer loadings of it should be more than 0.70, and any item with a loading lower than 0.4 should be discarded. However, items with loading factors greater than 0.4 and 0.7 are acceptable for the explanatory study.

Twenty-two items were discarded because of low outer loading. Since the residual items have outer loading of more than 0.40, all the values had outer loading between 0.669 and 0.859, and all items were statistically significant at 0.05. Overall, the research tool gives acceptable reliability of the indicator.

4.6.1 Indicators Reliability

Error! Reference source not found. below summarizes the loading values of the indicators.

Table 9: Indicators Reliability

Constructs and related measurement items	Loadings
Total Quality Management: Continuous Improvement	
CI1	0.701
CI2	0.736
CI3	0.742
CI4	0.746
CI6	0.801
CI8	0.716
CI9	0.713
CI10	0.783
Total Quality Management: Customer Focus	
CF1	0.777
CF2	0.795
CF3	0.811
CF4	0.761
CF5	0.768
CF6	0.764
CF7	0.716
CF8	0.777
Total Quality Management: Employee Involvement	
EI1	0.796
EI2	0.838
EI3	0.757
EI7	0.760
EI9	0.782
Total Quality Management: Top Management Commitment	
TMC1	0.699
TMC2	0.817
TMC3	0.786
TMC4	0.840
TMC5	0.841
TMC6	0.734
TMC7	0.711
TMC8	0.699
Leadership Style	
LS1	0.802
LS2	0.787
LS3	0.760
LS4	0.812
LS5	0.790
LS6	0.747

LS7	0.851
LS8	
LS9	0.831
	0.749
Readiness to Change: Personally Beneficial	
PB3	0.754
PB7	0.789
PB8	0.669
Readiness to Change: Management Support	
MS3	0.830
MS4	0.820
MS5	0.854
MS6	0.793
MS7	0.759
Readiness to Change: Appropriateness	
A1	0.764
A2	0.859
A3	0.824
A4	0.751
Readiness to Change: Self-Efficacy	
SE1	0.736
SE3	0.822
SE4	0.745
SE5	0.673
SE7	0.682
SE8	0.755
SE9	0.764

4.6.2 Correlations Matrix of Constructs

The reliability of the study means testing the degree of consistency and accuracy which measures research variables, in other words, the degree of stability and constancy of the results. Correlation coefficients mean the degree to which the variables are related to each other, that they are correlated somewhat, and there is no significant overlap in the correlation degrees, which prevents the variables from measuring variables that are supposed to be measured. In other words, the study variables are related to some extent, but they are not 100% correlated, which prevents them from measuring what they are supposed to measure.

Error! Reference source not found. shows the results of the correlation matrix between the variables of the study.

Table 10: Correlations Matrix of Constructs

	CI	CF	EI	TMC	LS	PB	MS	A	SE
Continuous Improvement	**1**								
Customer Focus	0.740	**1**							
Employee Involvement	0.605	0.639	**1**						
Top Management Commitment	0.716	0.689	0.706	**1**					
Leadership Style	0.472	0.495	0.502	0.464	**1**				
Personally Beneficial	0.316	0.131	0.228	0.231	0.253	**1**			
Management Support	0.514	0.606	0.537	0.520	0.624	0.392	**1**		
Appropriateness	0.161	0.093	0.143	0.236	0.282	0.295	0.401	**1**	
Self-Efficacy	0.230	0.195	0.313	0.319	0.380	0.424	0.413	0.731	**1**

4.6.3 Construct Reliability

Reliability is the criterion for construct quality, in which construct indicators require a high level of correlation between them. The reliability of constructs was examined by two usual methods, which are Composite Reliability and Cronbach's Alpha (rho-a and rho-c). Cronbach's alpha, traditionally used, depends on inter-correlations among variables. However, Composite Reliability (CR) prioritizes the indications depending on their reliabilities that best fit the PLS analysis, whereas Cronbach's Alpha is sensitive to the number of constructs indications (Ringle, Da Silva & Bido, 2014).

As described in **Error! Reference source not found.**, Cronbach’s Alpha values are considered acceptable and appropriate in investigating studies with greater than 0.60. while values of Composite Reliability greater than 0.70 are considered acceptable according to the criteria of Hair et al. (2014). And that is illustrated in **Error! Reference source not found.**, in which both reliability types are more than acceptable values.

Table 11: Internal Consistency and Reliability

Variables	Cronbach's alpha	Composite Reliability	
		Rho_a	Rho_c
Total Quality Management	-	-	-
Continuous Improvement	0.884	0.886	0.908
Customer Focus	0.886	0.889	0.911
Employee Involvement	0.846	0.848	0.890
Top Management Commitment	0.899	0.904	0.920
Leadership Style	0.926	0.929	0.938
Readiness to Change	-	-	-
Personally Beneficial	0.602	0.616	0.783
Management Support	0.870	0.873	0.906
Appropriateness	0.812	0.814	0.877
Self-Efficacy	0.862	0.865	0.895

4.7 Convergent and Discriminant Validities

4.7.1 Convergent Validity

Convergent validity refers to how closely the measurement items for constructs have a high proportion of variance. One of the methods used to measure convergent validity is Average Variance Extracted (AVE). The value of AVE equal to or greater than 0.50 shows that, on average, the construct explains above than half of the variance of its indicators (Hair et al., 2014; Henseler et al., 2009)

Therefore, AVE was performed to ensure the study sample's convergent validity. **Error! Reference source not found.** presents the AVE results and all are above 0.50. That means the convergent validity of the study was achieved. **Error! Reference source not found.** presents the Convergent Validity based on Average Variance Extracted (AVE)

Table 12: Convergent Validity based on Average variance extracted (AVE)

Variables	AVE
Total Quality Management	-
Continuous Improvement	0.552
Customer Focus	0.594
Employee Involvement	0.619
Top Management Commitment	0.590
Leadership Style	0.628
Readiness to Change	-
Personally Beneficial	0.547
Management Support	0.659
Appropriateness	0.641
Self-Efficacy	0.549

4.7.2 Discriminant Validity

Discriminant validity is defined as an indicator applied to evaluate the validity of the construct. It reflects the degree of specialty and difference of construct from other constructs, which suggests a unique construct and captures phenomenon not represented by other constructs in the model (Hair et al., 2014). Hence, discriminant validity can be measured by three methods: The Fornell-larcker criterion, cross-loading of the items, and the Heterotrait-Monotrait ratio of correlations (HTMT).

Thus, when studying **Error! Reference source not found.**, based on the criteria of Chin (1998), it was assumed that all indicators have higher factor loads in their construct than other constructs. That means the discriminant validity is present in this model. **Error! Reference source not found.** presents the result of the cross-loading and loading of indicators.

Table 13: Indicators Loading and Cross Loading

	A	CF	CI	EI	LS	MS	PB	SE	TMC
A1	**0.764**	0.221	0.163	0.193	0.3	0.392	0.203	0.535	0.206
A2	**0.859**	0.184	0.134	0.149	0.254	0.326	0.19	0.611	0.259
A3	**0.824**	0.108	0.047	0.17	0.224	0.313	0.22	0.607	0.191
A4	**0.751**	-0.003	-0.052	-0.062	0.121	0.251	0.34	0.588	0.093
CF1	-0.063	**0.777**	0.527	0.490	0.311	0.422	0.044	0.042	0.460
CF2	0.144	**0.795**	0.604	0.563	0.488	0.452	0.112	0.268	0.606
CF4	-0.026	**0.811**	0.600	0.544	0.427	0.500	0.097	0.083	0.550
CF5	0.115	**0.761**	0.499	0.363	0.368	0.479	0.120	0.195	0.465
CF6	0.128	**0.768**	0.571	0.470	0.397	0.420	0.106	0.204	0.519
CF7	0.093	**0.764**	0.614	0.594	0.402	0.560	0.155	0.163	0.628
CF8	0.110	**0.716**	0.562	0.382	0.247	0.428	0.065	0.083	0.459
CI1	0.120	0.539	**0.701**	0.365	0.351	0.325	0.101	0.116	0.414
CI2	0.215	0.530	**0.736**	0.313	0.405	0.381	0.270	0.187	0.401
CI3	0.230	0.556	**0.742**	0.373	0.441	0.405	0.259	0.206	0.497
CI4	0.057	0.583	**0.746**	0.450	0.294	0.402	0.211	0.099	0.507
CI6	0.090	0.600	**0.801**	0.453	0.346	0.481	0.268	0.204	0.577
CI8	0.137	0.503	**0.716**	0.455	0.346	0.404	0.260	0.174	0.605
CI9	0.111	0.542	**0.713**	0.589	0.335	0.367	0.279	0.254	0.591
CI10	0.026	0.545	**0.783**	0.555	0.308	0.291	0.216	0.121	0.623
EI1	0.170	0.514	0.462	**0.796**	0.443	0.389	0.212	0.366	0.579
EI2	0.161	0.509	0.455	**0.838**	0.381	0.495	0.255	0.284	0.596
EI3	0.107	0.506	0.478	**0.757**	0.421	0.421	0.251	0.263	0.495
EI7	0.026	0.430	0.454	**0.760**	0.363	0.357	0.131	0.147	0.521
EI9	0.093	0.547	0.529	**0.782**	0.367	0.445	0.051	0.169	0.580
LS1	0.194	0.461	0.462	0.517	**0.802**	0.579	0.232	0.272	0.422
LS2	0.131	0.300	0.412	0.484	**0.787**	0.375	0.158	0.215	0.412
LS3	0.163	0.454	0.332	0.330	**0.760**	0.438	0.052	0.275	0.322
LS4	0.280	0.477	0.387	0.385	**0.812**	0.525	0.222	0.315	0.361
LS5	0.329	0.319	0.272	0.302	**0.790**	0.496	0.279	0.399	0.282
LS6	0.185	0.284	0.333	0.234	**0.747**	0.375	0.107	0.258	0.277
LS7	0.268	0.372	0.380	0.362	**0.851**	0.522	0.254	0.333	0.371
LS8	0.187	0.409	0.383	0.470	**0.831**	0.554	0.213	0.302	0.391
LS9	0.252	0.413	0.389	0.446	**0.749**	0.525	0.237	0.322	0.444
MS3	0.287	0.452	0.365	0.450	0.542	**0.830**	0.299	0.317	0.402
MS4	0.304	0.572	0.453	0.489	0.530	**0.820**	0.233	0.329	0.438
MS5	0.390	0.508	0.425	0.479	0.503	**0.854**	0.438	0.386	0.473
MS6	0.327	0.448	0.351	0.378	0.574	**0.793**	0.241	0.325	0.357
MS7	0.313	0.482	0.495	0.379	0.384	**0.759**	0.364	0.312	0.435
PB3	0.153	0.174	0.303	0.269	0.228	0.368	**0.754**	0.315	0.268
PB7	0.402	0.021	0.178	0.047	0.142	0.270	**0.789**	0.388	0.108
PB8	-0.007	0.120	0.240	0.244	0.218	0.218	**0.669**	0.191	0.140
SE1	0.568	0.085	0.144	0.299	0.224	0.352	0.431	**0.736**	0.356
SE3	0.620	0.144	0.116	0.207	0.309	0.326	0.259	**0.822**	0.157
SE4	0.601	0.203	0.220	0.256	0.315	0.247	0.262	**0.745**	0.246
SE5	0.503	0.098	0.151	0.150	0.200	0.229	0.279	**0.673**	0.228
SE7	0.430	0.205	0.235	0.337	0.315	0.359	0.369	**0.682**	0.294
SE8	0.509	0.213	0.226	0.309	0.381	0.348	0.300	**0.755**	0.267
SE9	0.553	0.064	0.108	0.061	0.218	0.270	0.299	**0.764**	0.111
TMC1	0.022	0.579	0.513	0.539	0.313	0.289	0.059	0.131	**0.699**
TMC2	0.079	0.583	0.619	0.577	0.289	0.292	0.115	0.160	**0.817**
TMC3	0.193	0.505	0.473	0.531	0.305	0.482	0.203	0.274	**0.786**

TMC4	0.214	0.547	0.579	0.624	0.393	0.460	0.199	0.273	**0.840**
TMC5	0.100	0.601	0.625	0.660	0.349	0.382	0.170	0.230	**0.841**
TMC6	0.299	0.447	0.594	0.520	0.404	0.386	0.180	0.321	**0.734**
TMC7	0.256	0.516	0.520	0.433	0.398	0.509	0.231	0.287	**0.711**
TMC8	0.336	0.436	0.452	0.411	0.428	0.423	0.289	0.311	**0.699**

Otherwise, the second method applied to ensure the study model's discriminant validity was the Fornell-locker criterion. This was performed by comparing the AVE values square root with the correlations of the latent variable (Fornell & Larcker, 1981). AVE coefficients' square roots are shown in the correlation matrix along the diagonal. The square root of the AVE for each construct must be above its highest correlation with any other construct to demonstrate discriminant validity (Hair et al., 2014). **Error! Reference source not found.** clarifies AVE's square root and the correlation of latent variables.

As shown in **Error! Reference source not found.**, the results showed that the AVE square root of all constructs presented in the diagonal suggests that all values of the AVE square root of all constructs are above- diagonal coefficient values or the elements in corresponding columns and rows with the highest value (MS = 0.812) and the lowest value (PB =0.739) that emphasizes the discriminant validity achievement in this study.

Table 14: Correlation of Latent Variables and Square Root of AVE

	CI	CF	EI	TMC	LS	PB	MS	A	SE
Continuous Improvement	**0.743**								
Customer Focus	0.740	**0.771**							
Employee Involvement	0.605	0.639	**0.787**						
Top Management Commitment	0.716	0.689	0.706	**0.768**					
Leadership Style	0.472	0.495	0.502	0.465	**0.793**				
Personally Beneficial	0.323	0.140	0.242	0.238	0.259	**0.739**			
Management Support	0.516	0.608	0.538	0.521	0.623	0.273	**0.812**		
Appropriateness	0.164	0.096	0.147	0.238	0.284	0.394	0.402	**0.801**	
Self-Efficacy	0.232	0.197	0.317	0.322	0.381	0.414	0.418	0.730	**0.741**

However, Henseler et al., (2015) critiqued the Fornell-Larcker criterion because it failed to find out in PLS-SEM the discriminant validity, while they proposed using HTMT criteria, which conflicts with indicator correlations among constructs and correlations within

indicators of the same construct (Hair et al., 2019). HTMT results were under 0.85, and all indicators were statistically significant from 1, indicating the discriminant validity establishment according to Kline's (2011) criteria.

Table 15: Discriminant Validity Based on HTMT Criteria

	CI	CF	EI	TMC	LS	PB	MS	A	SE
Continuous Improvement	-								
Customer Focus	0.834	-							
Employee Involvement	0.691	0.728	-						
Top Management Commitment	0.793	0.764	0.802	-					
Leadership Style	0.523	0.534	0.559	0.510	-				
Personally Beneficial	0.438	0.214	0.373	0.328	0.354	-			
Management Support	0.587	0.689	0.623	0.593	0.687	0.523	-		
Appropriateness	0.235	0.172	0.217	0.293	0.326	0.415	0.475	-	
Self-Efficacy	0.270	0.238	0.367	0.370	0.422	0.555	0.474	0.874	-

So according to the results shown in Tables 14, 15, and 16 all constructs' measures and their related indicators are valid, and the measure of their related constructs model is based on their parameter estimation. As a consequence of achieving a model of satisfactory measurement with acceptable constructs measures of reliability and validity, it is important to evaluate the study's structural model here.

4.8 Measurement Model: Hypotheses Results

Error! Reference source not found. shows the results of the PLS evaluation. It illustrates that the suggested model explains 34.7 percent of the TQM variation and proves the hypothesis (H2 and H3) that leadership style and readiness to change correlate. The impact leadership style was found to have a significant impact on TQM as the R2 value was higher than 42 percent, as stated by Cohen (1988). In addition, the readiness to change was found to have a moderate effect on TQM as the value of R2 was higher than 24 percent, as stated by Cohen (1988). As presented in **Error! Reference source not found.** and **Error! Reference**

source not found., the paths of all models were supported at the level of 0.05. Moreover, the suggested model supports the mediating role of readiness to change between leadership style and TQM.

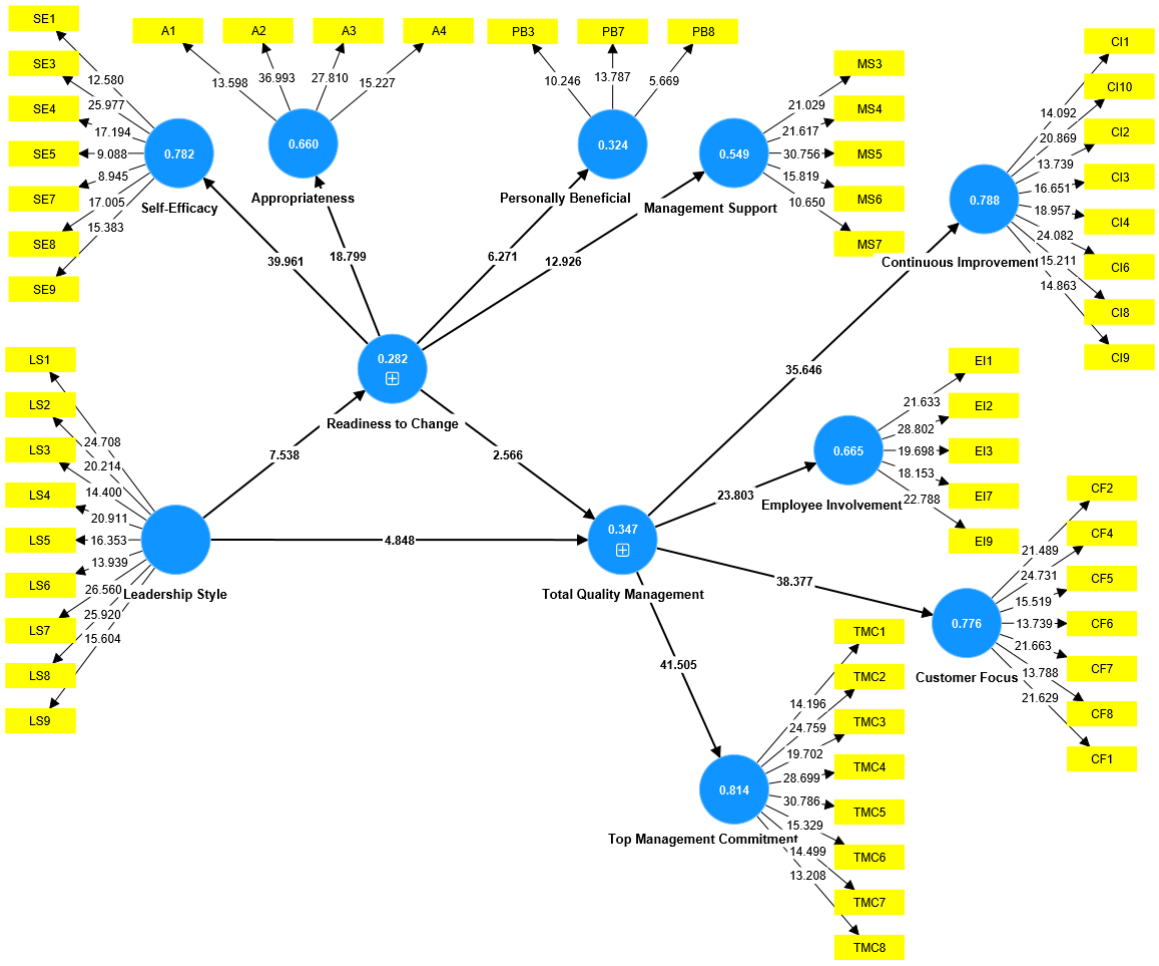

Figure 3: Structural model results

In particular, the result explained that leadership style significantly affected readiness to change (H1: $\beta = 0.531$; $t = 7.538$, $P < 0.05$). in addition, leadership style significantly impacted TQM (H2: $\beta = 0.420$; $t = 4.848$, $P < 0.05$). Similarly, readiness to change (H3: $\beta = 0.246$; $t = 2.566$, $P < 0.05$) significantly impact TQM.

Table 16: PLS-SEM Results: Path Coefficients of the Adjusted Model

H_x	Relationship	Std Beta	T-Value	P-Value	Decision
H_1	Leadership Style -> Readiness to Change	0.531	7.538	0.000	Supported
H_2	Leadership Style -> Total Quality Management	0.420	4.848	0.000	Supported
H_3	Readiness to Change -> Total Quality Management	0.246	2.566	0.010	Supported
H_4	Leadership Style -> Readiness to Change -> TQM	0.131	2.386	0.017	Supported

The mediating effect of readiness to change was statistically significant in the relationship between leadership style and TQM (H4: $\beta = 0.131$; $t = 2.386$, $P < 0.05$); especially, the mediating role of readiness to change dimensions between leadership style and TQM was all statistically significant effect. In particular, the mediating role of personally beneficial between leadership style and TQM as presented in (H4a; $t = 2.406$, $P < 0.05$) was statistically significant. The mediating role of management support between leadership style and TQM, as presented in (H4b; $t = 2.357$, $P < 0.05$), was statistically significant. The mediating role of appropriateness between leadership style and TQM, as presented in (H4c; $t = 2.148$, $P < 0.05$), was statistically significant. And the mediating role of self-efficacy between leadership style and TQM, as presented in (H4d; $t = 2.575$, $P < 0.05$), was statistically significant.

Error! Reference source not found. below illustrate the mediating effect of readiness to change dimensions between leadership style and TQM.

Table 17: PLS-SEM Results: Path Coefficients of Indirect Effects

Hypotheses	Relationship	Sample Mean	T-Value	P-Value	Decision
$\mathbf{H_{4a}}$	Leadership Style -> Personally Beneficial-> TQM	3.269	2.406	0.016	Supported
$\mathbf{H_{4b}}$	Leadership Style -> Management Support -> TQM	4.354	2.357	0.018	Supported
$\mathbf{H_{4c}}$	Leadership Style -> Appropriateness -> TQM	1.183	2.148	0.032	Supported
$\mathbf{H_{4d}}$	Leadership Style -> Self-Efficacy -> TQM	5.982	2.575	0.010	Supported

CHAPTER FIVE

Discussion, Conclusions and Recommendations

5.1 Introduction

This chapter reviews the discussion of study results, conclusion and provide the main recommendations of the study and discussed the limitation of the study.

5.2 Discussion

5.2.1 Mediating Role of IRFC in the Relationship between Leadership Styles and TQM Implementation

This study aims to investigate the mediating effect of individual readiness for change in the relationship between leadership styles and total quality management implementation. So, the main question of the present study is: Does IRFC mediates the relationship between leadership styles and TQM implementation? and the following questions have been derived:

1. Does personally beneficially mediate the relationship between leadership styles and TQM implementation.
2. Does management support mediate the relationship between leadership styles and TQM implementation.
3. Does appropriateness mediate the relationship between leadership styles and TQM implementation.
4. Does self-efficacy mediate the relationship between leadership styles and TQM implementation

The result showed that leadership style and IRFC correlate significantly, and the IRFC was found to have a significant effect on TQM. Although no previous studies investigated the indirect relationship between leadership style and TQM implementation through IRFC. The result indicates that effective leadership behaviors increase the readiness among employees

(Al-Tahitah et al., 2018). Since the health sector considers TQM implementation as a main factor in organizational development and increase the patient service quality, employee's acceptance view of change and the need of it in the organization have a significant impact in successful implementation of TQM (Al -Maamari et al., 2020)

The result showed that individual readiness for change played a mediating role in the relationship between leadership style and total quality management. The mediating role of IRFC in the link between leadership style and TQM is the contribution to this study. The result of this study corresponds with the results of Asbari et al., (2021), who found that transformational leadership style positively affected on individual readiness for change. A transformative leader is defined as a leader who can motivate his followers to achieve more than what they expected (Alqatawenh, 2018).

The results indicate that leaders play a critical role in increasing the change readiness of employees by establishing standards and developing a healthy teamwork environment in the workplace. When leaders pay attention to the employees' needs, motivate them, teach them how to treat difficult situation, they will be considering the leader a good role model (Al-Tahitah et al.,2018).

The current study examined the mediation role of personally beneficial as a dimension of IRFC in the relationship between leadership style and TQM implementation. The finding is corresponded with previous studies that found a positive effect of leadership style on personally beneficial (Zaman et al., 2020; Alqatawenh, 2018). A leader motivates the employees to perform behaviors and participate in achieving successful TQM implementation, by gaining some benefits like rewards and having more opportunities in the

work will lead to increase their readiness and behave in a consistent manner with TQM principles.

Also, management support dimension was examined as a mediator. The result showed that management support has a mediating role between leadership and TQM. The finding is corresponded with previous studies that found a positive effect of leadership style on management support (Haffar et al., 2016; Alqatawenh, 2018). The top management leader can increase the probability of TQM success by support TQM implementation. By commitment to total quality management, leaders should encourage the development of employees and support them by involving in TQM implementation process. Furthermore, the appropriateness examined as a significant mediator between leadership and TQM and the result is consistent with previous studies showed a positive effect of leadership style on appropriateness (Haffar et al., 2016; Choi et al., 2016). When organizations and top management leaders identify the importance of TQM implementation effectively as a common vision, their employees will seek to follow up total quality management with a common desire. Employees' awareness of the link between TQM practices and organizational performance improvements will lead to positive effect on their desire to accept TQM implementation.

Finally, the last IRFC dimension has a mediating role in the relationship between leadership style and TQM implementation is self-efficacy. Which also has a positive consistent with previous studies (Haffar et al., 2016). When leaders care about continuous training of employees on implementation of TQM, employees will have high confidence in their ability to deal with it successfully, and will enhance the acceptance of TQM implementation and

support it. This will enhance the involvement of employees in TQM implementation and increase the likelihood of TQM successful.

5.3 Conclusion

This study highlighted the importance of leadership style on TQM application in healthcare institutions, especially in selected governmental hospitals in southern West Bank. some theorists assume that the application of total quality management principles would lead to an improvement in the performance of the hospital and its employees, and thus achieve the maximum goal of hospitals, which is patient satisfaction. Additionally, investment the efforts to develop workers' capabilities in healthcare organizations is essential to the appropriate use of TQM principles and factors. In this way, the hospitals that work as educational institution, where its members are continuously learning and developing, allows to have the ability to adopt and deploy effectively the TQM principles. Simply recognizing that employees are the main operator of hospital performance development is basically crucial.

The results in this study obviously realize that hospitals can't consider total quality management as a fleeting management trend. Instead, TQM promotes the buildup of organizational capabilities throughout the practices of human resources management. So, can't be rejected TQM as just consider it management style due to it is offer a typical organizational resource which can improve hospital performance. TQM implementation in the practices of human resources help as a way for hospitals to enhance capabilities development and improve services quality. It is important to realize ways in hospitals to develop the continuous learning not only the implementation of quality control methods. In addition, organizational leaders play an important role to enhance employees and encourage

them to accept new strategies help the organization to increase the quality of services provided to patients.

5.4 Recommendations

This study highlights the way in which TQM can be implemented in the hospitals. Hence, top managers and service providers in the health sectors who are seek to increase the patient satisfaction and to improve employees' capabilities, may find this study helpful. The leadership styles clarified in the study help to know the appropriate type to dealing with employee that help in implementation of TQM strategies. Healthcare managers should act on certain strategies to achieve IRFC that lead to TQM implementation then patient satisfaction. Therefore, it's important for health staff to have training on TQM principles, to ensure high quality services delivered to patients. In addition, it's recommended to MOH ministry to adopt training programs of leadership styles for managers, and training programs of total quality management. On the other hand, Limited research was conducted to evaluate the quality situation in the selected governmental hospitals in southern West Bank (Bait Jala and Alia governmental hospital) specially from an administrative perspective. Thus, the result of this study can't be generalized. In this regard, future research must focus on all Gaza and west bank hospitals. The accessibility of a list of working personnel in hospitals can provide more precise outcomes for additional empirical studies. This is not only will confirm the results of quantitative studies, but it can also highlight additional methodological factors will in the end promote the power of measuring TQM factors.

5.5 Limitations of Study

This study faces some limitations should be noted; like lack of cooperation for the population and lack of response rate. Also, the study was a cross-sectional, that data was collected at specific point in time, so the people continuously change and develop that may effect on their attitudes. The study was conducted in selected hospitals, that the number of hospitals insufficient so maybe results not generalized to other organizations.

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Appendices

Appendix 1: Survey Questionnaire

Dear Sir/ Madam,

The researcher, who is currently enrolled in the master's program in Quality Management at the Arab American University \ Ramallah Branch, is conducting a study entitled:

the mediating effect of individual readiness for change in the relationship between leadership styles and total quality management implementation.

This is one of the requirements for obtaining a master's degree.

This questionnaire was designed to collect the necessary data. The information you provide will help the researcher to better understand the impact of leadership styles on individual readiness to implement TQM. And since you are the person who can provide a correct picture in this regard, I ask you to answer the questionnaire honestly.

The responses will be kept strictly confidential, and the data will be used for scientific research purposes.

Thank you for your kind cooperation in advance

Arwa Hammash

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The First Section: Personal Information

Instructions: Please answer the following questions objectively and transparently

1. **Gender** 1) male 2) female

2. **Age** _____ years.

3. **Department**: **_____**

4. **Job title: _____**

5. **Education level** 1) Diploma 2) Bachelor's degree

3) Master 4) Others, specify**_____.**

6. **Monthly income (in shekels):** 1) From 2000 - 2999 2) From 3000 -3999

3) From 4000 - 4999 4) From 5000 - 5999

5) More than 6000.

7. Years of experience:

1) Less than a year.

2) 2-5 years

3) 6-10 years

4) 11-15 years old.

5) More than 15 years.

8. The hospital in which she is currently working: _____

The Second Section: Dimensions of the Implementation of Total Quality Management

It expresses an approach and management tool to focus on continuous improvement of services to be perfect by preventing defects and work problems and satisfying patients at any time.

Please kindly read the following questions about total quality management in hospitals, and choose the appropriate answer according to your point of view by agreeing or disagreeing according to the scale below.

Strongly agree	agree	indifference	disagree	Strongly disagree
5	4	3	2	1

First Dimension:(Customer Focus)(CF)						
CF1	The hospital where I work is focused on patient satisfaction					
CF2	Patients' needs are continuously identified					
CF3	Patient requirements are communicated across all departments of the hospital					
CF4	We constantly measure patient satisfaction					
CF5	Patient complaints and problems are resolved quickly and effectively					
CF6	Patient relationships are evaluated and improved					
CF7	The future expectations and requirements of the patients are planned					
CF8	Patient feedback is used to make improvements in the hospital					
Second Dimension:(Continuous Improvement) (CI)						
CI1	Our services are constantly being improved					
CI2	We set goals to improve hospital defects rates					
CI3	We set goals to improve patient satisfaction					
CI4	We set improvement goals for employee satisfaction					
CI5	I believe that continuous improvement is the responsibility of all employees					
CI6	There is a strong commitment to continuous improvement at all levels of the hospital					
CI7	There is a strong commitment to continuous improvement at all levels of the hospital and ensuring the elimination of activities that do not create value for services)					
CI8	In the hospital, continuous improvement is a way to gain a competitive advantage					
CI9	The employee at various administrative levels can participate in decision-making					
CI10	The administration involves all employees in the planning process to improve the quality of services in the hospital					
Third Dimension(Top Management Commitment) (TMC)						
TMC1	The management is committed to applying total quality management					
TMC2	The management believes in the total quality management system and makes continuous efforts to present its principles and ideas					
TMC3	Management educates employees about total quality management					
TMC4	Management demonstrates to employees the advantages of implementing TQM in the hospital					

TMC5	Management supports employee proposals to improve the quality of healthcare					
TMC6	The administration encourages all administrative levels in decision-making					
TMC7	Management supports training programs for employees					
TMC8	Heads of major departments within the hospital are involved in the quality improvement process					
Fourth Dimension(Employee Involvement)(EI)						
EI1	Employees are empowered to correct defects and problems in the provision of health services					
EI2	Continuous training is provided to employees who need training					
EI3	The hospital has special groups to solve problems and face crises					
EI4	The staff possess sufficient knowledge of the essential aspects of the hospital sector					
EI5	The staff understands the basic ways in which services are provided in the hospital					
EI6	Managers and supervisors participate in specialized training					
EI7	Employees participate in quality decisions					
EI8	The hospital provides feedback to employees on the quality of their performance					
EI9	The hospital management adapts to the new ideas that the employees come up with					

Section Three: Leadership Styles

It refers to a group of subordinates who has a person responsible for establishing a set of standards to achieve specific goals.

Please kindly read the following questions about the leadership styles used by your direct manager, and choose the appropriate answer according to your point of view, by agreeing or not agreeing according to the scale below.

First dimension (Leadership Style)(LS)						
LS1	My direct boss instills in me a sense of pride					
LS2	My immediate manger spends time in teaching and training his subordinates					
LS3	My direct boss takes into account the moral and ethical aspects					
LS4	My direct manager takes into account my different needs, abilities and aspirations					

LS5	My direct manager listens to my concern					
LS6	My direct manager encourages me to move forward and strengthen my career position					
LS7	My direct manager increases my motivation level					
LS8	My direct manger encourages me to think more creatively					
LS9	My direct manger pushes me to rethink about common things (the use of job productivity and/or independent work groups)					
LS10	The tasks that my direct supervisor expects is clear to me					
LS11	My direct manger informs me of clear and specific criteria for performing the work required of me					
LS12	My direct manger deals with me according to previous understandings between us					
LS13	My direct supervisor monitors my performance and corrects my mistakes					

Section Four: Individual readiness for change

It means the knowledge of employees and their attitude towards the change to be implemented in the organization, which is the application of the principles of total quality management, either assisting in its implementation or opposing the change.

Please kindly read the following questions about the individual's willingness to change, and choose the appropriate answer according to your point of view by agreeing or disagreeing according to the scale below.

First Dimension: Benefit at the Personal Level (Personally Beneficial) (PB): Refers to the extent to which the employee feels that he will or will not benefit from the implementation of the change related to the improvement and overall quality processes						
PB1	When we implement the change towards TQM principles, I can envision future financial benefits					
PB2	The change towards TQM principles weakens the personal relationships I have developed at work					
PB3	The prospective application of TQM principles will give me new career opportunities					
PB4	When the principles of TQM are implemented, I don't think there is anything to gain					
PB5	My future in this job will be limited by the implementation of TQM principles					
PB6	In the long term, I feel that it would be beneficial for the organization to adopt the principles of total quality management					
PB7	Applying the principles of total quality management makes my job easier					
PB8	The effort required to apply the principles of TQM is rather					

	small when compared to the benefits that I will see from it					
Second Dimension (Management Support) (MS): Refers to the extent to which the employee feels that management is committed or not committed to supporting or implementing change related to the overall quality and improvement processes						
MS1	The management has sent a clear signal that the hospital I work for will apply the principles of total quality management					
MS2	I think the management has taken a great step by applying the principles of total quality management					
MS3	The direct manager has served as role models for the employees to start applying the principles of total quality management					
MS4	The direct manager in the hospital supports efforts to apply the principles of total quality management					
MS5	The direct manager is committed to applying the principles of total quality management					
MS6	The direct manager stresses the importance of applying the principles of total quality management					
MS7	Our direct manager has encouraged all of us to embrace the principles of total quality management					
MS8	The organization's senior leader has not been personally involved with the implementation of total quality management					
MS9	I am sure the direct manager will change his opinion before we implement the principles of TQM					
Third Dimension: Appropriateness of change for the organization (Appropriateness) (A): Refers to the extent to which the employee feels that the organization will or will not benefit from the application of .total quality management						
A1	I believe that the hospital will benefit from applying the principles of total quality management					
A2	Our hospital will be more productive when we apply the principles of total quality management					
A3	When we adopt the principles of total quality management, we will be better equipped to meet the needs of our patients					
A4	The application of the principles of total quality management will improve the overall efficiency of the hospital					
A5	The application of the principles of total quality management is consistent with the priorities of the hospital in which I work					

Third Dimension: Self-Efficacy (SE): refers to the extent to which the employee feels that he has or does not have the skills to implement the change related to the improvement and overall quality processes.						
SE1	My past experiences make me confident that I will be able to carry out my tasks successfully after applying the principles of total quality management					
SE2	There are certain tasks that will be required when applying the principles of total quality management; I don't think I can do it properly					
SE3	I have the necessary skills to successfully apply the principles of total quality management					
SE4	When we apply the principles of total quality management, I feel that I can handle it easily					
SE5	I can learn all that is required when adopting the application of TQM principles					
SE6	I feel intimidated by all the tasks that I will have to learn due to the application of TQM principles					
SE7	When I heard about the application of TQM principles, I thought it fit my skills perfectly					
SE8	I do not expect any problems adapting to the work I will be doing when applying the principles of TQM					
SE9	After applying the principles of total quality management, I am confident that I will be able to do my job					

Appendix 2: Translated Copy of the Questionnaire

عزيزي: /عزيزتي

تجري الباحثة، والملتحقة حاليا ببرنامج الماجستير في إدارة الجودة في الجامعة العربية الامريكية \ فرع رام الله دراسة بعنوان:

" الاستعداد الفردي للتغيير كعامل وسيط بين انماط القيادة وتطبيق ادارة الجودة الشاملة "

وذلك كأحد متطلبات الحصول على درجة الماجستير.

لقد تم تصميم هذه الاستبانة لجمع البيانات اللازمة. ان المعلومات التي تقدمها سوف تساعد الباحثة في فهم أفضل لتأثير أنماط القيادة على الاستعداد الفردي لتطبيق إدارة الجودة الشاملة. ونظرا لأنك الشخص الذي يمكنه تقديم صورة صحيحة في هذا الصدد، ارجو منك الإجابة على أسئلة الاستبانة بصراحة.

سيتم الاحتفاظ بالردود بسرية تامة، وسيتمكن استخدام البيانات لأغراض البحث العلمي.

شاكرا لكم حسن تعاونكم سلفا

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القسم الاول: المعلومات الشخصية

الارشادات: يرجى الاجابة عن الاسئلة التالية بموضوعية وشفافية

1. **الجنس 1) ذكر ☐ 2) أنثى ☐**
2. **العمر _____ سنة.**
3. **القسم: _____.**
4. **المسمى الوظيفي: _____.**
5. **مستوى التعليم 1) دبلوم ☐ 2) بكالوريوس ☐**
   3) ماجستير ☐ 4) غير ذلك، حدد _____.
6. **الدخل الشهري (بالشيكل): 1) من 2000 - 2999 ☐ 2) من 3000 - 3999 ☐**
   3) من 4000 - 4999 ☐ 4) من 5000 – 5999 ☐
   5) أكثر من 6000. ☐
7. **سنوات الخبرة:**
   1) **اقل من سنة.** ☐
   2) **2 – 5 سنوات** ☐
   3) **6 – 10 سنوات** ☐
   4) **11 – 15 سنة.** ☐
   5) **أكثر من 15 سنة.** ☐
8. **المستشفى التي تعمل بها حاليا: _____**

القسم الثاني: ابعاد تطبيق إدارة الجودة الشاملة

حيث تعبر عن نهج واداة إدارية للتركيز على التحسين المستمر للخدمات لتكون مثالية من خلال منع العيوب ومشاكل العمل وارضاء المرضى في أي وقت.

يرجى التكرم بقراءة الأسئلة التالية حول إدارة الجودة الشاملة في المستشفيات، واختيار الإجابة المناسبة بحسب وجهة نظرك بالموافقة او عدم الموافقة وفق المقياس ادناه.

موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
5	4	3	2	1
المحور الأول: التركيز على المرضى (Customer Focus)(CF)				
CF1	تركز المستشفى التي أعمل بها على رضا المرضى			

CF2	يتم تحديد احتياجات المرضى بشكل مستمر					
CF3	يتم الإبلاغ عن متطلبات المرضى في جميع أقسام العمل					
CF4	نقيس باستمرار مدى رضا المرضى					
CF5	يتم حل شكاوى المرضى ومشاكلهم بشكل سريع وفعال					
CF6	يتم تقييم علاقات المرضى وتحسينها					
CF7	يتم التخطيط للتوقعات والمتطلبات المستقبلية للمرضى					
CF8	تُستخدم ملاحظات المرضى لإجراء التحسينات في المستشفى					
المحور الثاني: التحسين المستمر(CI) (Continuous Improvement)						
CI1	يتم تحسين خدماتنا باستمرار					
CI2	وضعنا أهدافًا لتحسين معدلات الخلل في المستشفى					
CI3	وضعنا أهداف تحسين لرضا المرضى					
CI4	وضعنا أهداف تحسين لرضا الموظفين					
CI5	أعتقد ان التحسين المستمر هو مسؤولية جميع الموظفين					
CI6	هناك التزام قوي بالتحسين المستمر على جميع مستويات المستشفى					
CI7	في المستشفى يتم اعتماد برامج تحسين الجودة (مثل التي تهدف إلى تقليل الهدر، وتعزيز الاستخدام الأفضل للموارد، وضمان القضاء على الأنشطة التي لا تخلق قيمة للخدمات)					
CI8	في المستشفى يعد التحسين المستمر وسيلة لاكتساب ميزة تنافسية					
CI9	يمكن للموظف في مختلف المستويات الإدارية المشاركة في صنع القرار					
CI10	تُشرك الإدارة جميع الموظفين في عملية التخطيط لتحسين جودة الخدمات في المستشفى.					
TMC1	تلتزم الإدارة بتطبيق إدارة الجودة الشاملة					
2 TMC	تؤمن الإدارة بنظام إدارة الجودة الشاملة وتبذل جهودًا متواصلة لعرض مبادئها وأفكارها					
3 TMC	تقوم الإدارة بتثقيف الموظفين حول إدارة الجودة الشاملة					
4 TMC	توضح الإدارة للموظفين مزايا تطبيق إدارة الجودة الشاملة في المستشفى					
5 TMC	تدعم الإدارة مقترحات الموظفين لتحسين جودة الرعاية الصحية					
6 TMC	تشجع الإدارة جميع المستويات الإدارية في اتخاذ القرار					
7 TMC	تدعم الإدارة برامج التدريب للموظفين					
8 TMC	يشارك رؤساء الأقسام الرئيسية داخل المستشفى في عملية تحسين الجودة					
المحور الرابع: مشاركة الموظفين (EI)(Employee Involvement)						
EI1	يتم تمكين الموظفين لتصحيح العيوب والمشاكل في تقديم الخدمات الصحية					
EI2	يتم توفير التدريب المستمر للموظفين الذين يحتاجون إلى التدريب					
EI3	يوجد لدى المستشفى مجموعات خاصة لحل المشكلات مواجهة الازمات					
EI4	يمتلك الموظفون معرفة كافية بالجوانب الأساسية لقطاع المستشفى					
EI5	يفهم الموظفون الطرق الأساسية المتبعة لتقديم الخدمات في المستشفى.					
EI6	يشارك المديرون والمشرفون في التدريب المتخصص					

EI7	يشارك الموظفون في قرارات الجودة					
EI8	تقدم المستشفى ملاحظات للموظفين حول جودة أدائهم.					
EI9	تتكيف إدارة المستشفى مع الأفكار الجديدة التي يتوصل إليها الموظفون.					

القسم الثالث: انماط القيادة

ويقصد بها مجموعة من المرؤوسين لديها شخص مسؤول عن انشاء مجموعة من المعايير لتحقيق اهداف محددة.

يرجى التكرم بقراءة الأسئلة التالية حول انماط القيادة التي يستخدمها رئيسك المباشر، واختيار الإجابة المناسبة بحسب وجهة نظرك بالموافقة او عدم الموافقة وفق المقياس ادناه.

المحور الأول: نمط القيادة الخاص لرئيسك المباشر (LS)(Leadership Style)						
LS1	يغرس رئيسي المباشر في داخلي الشعور بالفخر					
LS2	يقضي رئيسي المباشر وقتا في تعليم وتدريب مرؤوسيه					
LS3	يأخذ رئيسي المباشر في عين الاعتبار الجوانب المعنوية والأخلاقية					
LS4	يراعي رئيسي المباشر احتياجاتي المختلفة وقدراتي وتطلعاتي					
LS5	يصغي رئيسي المباشر الى مخاوفي					
LS6	يشجعني رئيسي المباشر على المضي قدماً، وتعزيز مركزي الوظيفي					
LS7	يعمل رئيسي المباشر على زيادة درجة الحافز لدي					
LS8	يشجعني رئيسي المباشر على التفكير بشكل أكثر إبداعا					
LS9	يدفعني رئيسي المباشر الى اعادة التفكير في الاشياء البديهية (أي استخدام الإثراء الوظيفي و / أو مجموعات عمل مستقلة)					
LS10	المهام التي يتوقعها مني رئيسي المباشر واضحة بالنسبة لي					
LS11	يخبرني رئيسي المباشر بمعايير واضحة ومحددة لتأدية الاعمال المطلوبة مني					
LS12	يتعامل معي رئيسي المباشر وفق تفاهمات سابقة بيننا					
LS13	يراقب رئيسي المباشر ادائي ويصحح اخطائي					

القسم الرابع: الاستعداد الفردي للتغيير

ويقصد به معرفة الموظفين وموقفهم تجاه التغيير المراد تنفيذه في المؤسسة وهو تطبيق مبادئ إدارة الجودة الشاملة، اما المساعدة في تنفيذه او معارضة التغيير.

يرجى التكرم بقراءة الأسئلة التالية حول الاستعداد الفردي للتغيير، واختيار الإجابة المناسبة بحسب وجهة نظرك بالموافقة او عدم الموافقة وفق المقياس ادناه.

المحور الأول: الاستفادة على المستوى الشخصي (PB)(Personally Beneficial): يشير إلى المدى الذي يشعر فيه الموظف أنه سيستفيد أو لن يستفيد من تنفيذ التغيير المرتبط بعمليات التحسين والجودة الشاملة.						
PB1	عندما نقوم بتنفيذ التغيير نحو تطبيق مبادئ إدارة الجودة الشاملة، يمكنني أن أتصور الفوائد المالية المستقبلية					
PB2	يؤدي التغيير نحو تطبيق مبادئ إدارة الجودة الشاملة إلى إضعاف العلاقات الشخصية التي طورتها في العمل.					
PB3	تطبيق مبادئ إدارة الجودة الشاملة المرتقب سيمنحني فرص جديدة.					
PB4	عندما يتم تطبيق مبادئ إدارة الجودة الشاملة لا أعتقد أن هناك شيئًا لأكسبه.					
PB5	سيكون مستقبلي في هذه الوظيفة محدودًا بسبب تطبيق مبادئ إدارة الجودة الشاملة.					
PB6	على المدى الطويل، أشعر أنه سيكون من المفيد بالنسبة لي أن تتبنى المؤسسة تطبيق مبادئ إدارة الجودة الشاملة.					

PB7	تطبيق مبادئ إدارة الجودة الشاملة يجعل عملي أسهل.					
PB8	الجهد المطلوب لتطبيق مبادئ إدارة الجودة الشاملة ضئيل نوعًا ما عند مقارنته بالفوائد التي سأراها منه.					
المحور الثاني: الدعم الإداري (MS)(Management Support): يشير إلى المدى الذي يشعر به الموظف أن الادارة ملتزمة أو غير ملتزمة بدعم او تنفيذ التغيير المرتبط بعمليات التحسين والجودة الشاملة.						
MS1	أرسلت الإدارة إشارة واضحة إلى أن المستشفى الذي أعمل به سيطبق مبادئ إدارة الجودة الشاملة.					
MS2	أعتقد أن الإدارة قامت بخطوة رائعة من خلال تطبيق مبادئ إدارة الجودة الشاملة.					
MS3	يشكل المدير المباشر قدوة للموظفين في البدء بتطبيق مبادئ إدارة الجودة الشاملة.					
MS4	يدعم المدير المباشر في المستشفى جهود تطبيق مبادئ إدارة الجودة الشاملة.					
MS5	يلتزم المدير المباشر بتطبيق مبادئ إدارة الجودة الشاملة.					
MS6	يشدد المدير المباشر على أهمية تطبيق مبادئ إدارة الجودة الشاملة.					
MS7	لقد شجعنا المدير المباشر على تبني مبادئ إدارة الجودة الشاملة.					
MS8	لم يشارك المدير المباشر شخصيًا في تطبيق مبادئ إدارة الجودة الشاملة.					
MS9	أنا متأكد من أن المدير المباشر سيغير رأيه قبل أن نطبق مبادئ إدارة الجودة الشاملة.					
المحور الثالث: ملائمة التغيير للمؤسسة (A)(Appropriateness): يشير إلى المدى الذي يشعر فيه الموظف أن المؤسسة ستستفيد أو لن تستفيد من تطبيق إدارة الجودة الشاملة.						
A1	أعتقد أن المستشفى ستستفيد من تطبيق مبادئ إدارة الجودة الشاملة.					
A2	ستكون مستشفانا أكثر إنتاجية عندما نقوم بتطبيق مبادئ إدارة الجودة الشاملة.					
A3	عندما نعتمد تطبيق مبادئ إدارة الجودة الشاملة، سنكون مجهزين بشكل أفضل لتلبية احتياجات مرضانا.					
A4	سيؤدي تطبيق مبادئ إدارة الجودة الشاملة إلى تحسين الكفاءة العامة للمستشفى.					
A5	تطبيق مبادئ إدارة الجودة الشاملة يتوافق مع أولويات المستشفى الذي أعمل به.					
المحور الثالث: الكفاءة الذاتية (SE)(Self-Efficacy): يشير إلى المدى الذي يشعر به الموظف أنه يمتلك أو لا يمتلك المهارات لتنفيذ التغيير المرتبط بعمليات التحسين والجودة الشاملة.						
SE1	تجعلني تجاربي السابقة واثقًا من أنني سأكون قادرًا على تنفيذ مهامي بنجاح بعد تطبيق مبادئ إدارة الجودة الشاملة.					
SE2	هناك بعض المهام التي ستكون مطلوبة عند تطبيق مبادئ إدارة الجودة الشاملة؛ لا أعتقد أنني أستطيع أن أفعلها بالشكل المطلوب.					
SE3	لدي المهارات اللازمة لإنجاح تطبيق مبادئ إدارة الجودة الشاملة.					
SE4	عندما نقوم بتطبيق مبادئ إدارة الجودة الشاملة، أشعر أنني أستطيع التعامل معها بسهولة.					
SE5	يمكنني أن أتعلم كل ما هو مطلوب عند اعتماد تطبيق مبادئ إدارة الجودة الشاملة.					
SE6	أشعر بالخوف من جميع المهام التي سيتعين على تعلمها بسبب تطبيق مبادئ إدارة الجودة الشاملة.					
SE7	عندما سمعت عن تطبيق مبادئ إدارة الجودة الشاملة، اعتقدت أنه يناسب مهاراتي تماما.					
SE8	لا أتوقع أي مشاكل في التكيف مع العمل الذي سأقوم به عند اعتماد تطبيق مبادئ إدارة الجودة الشاملة.					
SE9	بعد تطبيق مبادئ إدارة الجودة الشاملة، أنا واثق من أنني سأتمكن من القيام بعملي.					

شكراً جزيلاً

الملخص

لا يزال تطبيق إدارة الجودة الشاملة موضوعاً شائعاً بين مختلف التخصصات والباحثين في جميع أنواع الإنتاج من الماضي وحتى الآن، وذلك بسبب زيادة المنافسة العالمية وتأثيرها على جوانب الحياة. ولا يزال هناك نقص في الأدلة التجريبية واهتمام طفيف لدعم أهمية تطبيق إدارة الجودة الشاملة في القطاع الصحي الفلسطيني على الرغم من قلة عدد الأبحاث. الهدف من هذه الدراسة هو معرفة ما إذا كانت عوامل مثل أسلوب القيادة (أي القيادة التحويلية والمعاملات) والاستعداد الفردي للتغيير لها آثار كبيرة على تنفيذ إدارة الجودة الشاملة في قطاع الرعاية الصحية الفلسطيني، وتحديدا في بيت جالا وعالية الحكومية. مستشفيات الضفة الغربية. وقد تم تطوير فرضية رئيسية واحدة وأربع فرضيات فرعية بناءً على الأبحاث السابقة والنظرية الأساسية لاختبار العلاقات. تم أخذ عينة عشوائية مكونة من 120 فرداً من العاملين في المستشفيين الذين لديهم تواصل مباشر مع المرضى. تم جمع البيانات عن طريق استبيان ذاتي تم ملؤه من قبل الموظفين المختارين. أظهر تحليل البيانات الذي أجراه Partial Lest Square (PLS) أن أسلوب القيادة له علاقة مباشرة بتطبيق إدارة الجودة الشاملة. وبالمثل، يرتبط أسلوب القيادة بشكل إيجابي مع الاستعداد الفردي للتغيير. كما كشفت النتائج أن الاستعداد الفردي للتغيير له تأثير كبير على إدارة الجودة الشاملة ويتوسط العلاقة بين أسلوب القيادة وتنفيذ إدارة الجودة الشاملة. وأخيراً تناقش الدراسة نتائج البحث وخاتمته وحدود الدراسة والتوصيات المستقبلية لمزيد من البحث.

الكلمات المفتاحية: أنماط القيادة، الاستعداد الفردي للتغيير وتطبيق إدارة الجودة الشاملة، الرعاية الصحية