



**Arab American University
Faculty of Graduate Studies**

**The Effect of Leadership Styles on Nursing
Performance in the Northern West Bank Public
Hospitals**

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**This thesis was submitted in partial fulfillment of the
requirements for the Master's degree in
the Quality Management in Health Institutions.**

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Thesis Approval

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The thesis was defended successfully on 8/7/2024 and approved by:

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Declaration

This thesis was submitted in partial fulfillment of the requirement for a Master's degree in Quality Management in Health Institutions.

I declare that the content of this thesis (or any part of the same) has not been submitted for a higher degree to any other university or institution.

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Dedication

Oh God, thank You until the praise reaches its end. It is the passion of the steps I have accomplished in the paths of life, the step crowned with ambition, the step that eventually brought me to the path of success. Congratulations to me; no matter what phrases I write, I will not find anything truer than the Almighty saying: "And the last of their call will be, "Praise to Allah, Lord of the worlds."

And we are here only thanks to Mom and Dad. God was for Dad and Mom, who spared me the serenity of a lifetime with love, upbringing, and effort, gave me what I love for the sake of what they love, and endured hardships so that the train of life would not stop me from achieving my wishes. Their feelings of love overflowed, and if I stood on this success, it was because of them. They are the ones from whom I asked for a star, and they brought me the moon. Of course, there is nothing left for others to give me; if not for them, I would not have completed this path, and this is only a little of what they deserve from me.

To my brothers, the corners of the soul, the corners of memory, the joints of memories, and the pillars of my heart, I dedicate to you this success.

These are our dreams that we never gave up on. Those dreams became realities. The path was not easy, but we did it and hope it will be the beginning of good things. And we will not break the pen, for nothing is.

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Abstract

This research investigates how different leadership styles affect the performance of nurses in public hospitals in the North West Bank. The research aims to understand how leadership behavior influences nursing efficiency, job satisfaction, and overall healthcare quality. The health system is a complex one that requires effective management to guarantee quality patient care. Knowing the relationship between leadership styles and nurse performance can be important for improving health outcomes in Palestinian hospitals. The study employed a descriptive-analytical approach and a quantitative method through a structured questionnaire to achieve this purpose. The research population consists of nurses working in governmental hospitals in the northern West Bank. A sample of 257 nurses responded and completed the questionnaire. The questionnaire was developed to gauge the impact of three leadership styles on nursing performance: democratic, autocratic, and laissez-faire. The validity and reliability of the questionnaire were ensured through expert reviews and statistical tests.

The results show that different leadership styles are associated with various impacts on nurse performance: Democratic Leadership Style significantly positively affects nursing performance. Motives were raised by the nurses, who appreciated the inclusivity and participation in decision-making processes that motivated them and added to their job satisfaction. Autocratic Leadership Style: This style provided clear direction and structure but did not significantly improve overall nursing performance. Drawbacks included a lack of flexibility in thinking and closed channels of communication.

Laissez-faire Leadership Style: This style had the most negligible impact on performance. Although it allowed autonomy, it lacked supervision and guidance, reducing efficiency and accountability.

The study also investigated age, gender, education level, and years of experience, among other demographic variables. Based on these findings, it was established that years of experience and job satisfaction were the primary factors affecting performance whereby newer nurses indicated high motivation and performance levels.

Conclusions

According to the research, democratic leadership is the most effective way to improve nursing performance in Northern West Bank public hospitals. This leadership style promotes a supportive and participative working environment, leading to high job satisfaction among nurses and better patient care. The study advises on the need for a combination of autocratic and democratic elements to optimize nurse's performance. Some training programs for nursing leaders should focus on how they can use democratic leadership skills and improve general health communication.

Recommendations

Democratic Leadership Adoption: Promote democratic leadership practices that incorporate nurses in decision-making, enhancing job satisfaction and performance.

Leadership Training: Introduce training seminars for hospital managers to develop their faculties in democratic leadership styles and good communication strategies.

Job Satisfaction Improvement: Enhance working conditions while providing opportunities for continuous professional development to maintain consistently high levels of nurse performance.

VII

Balanced Leadership Approach: Incorporate aspects from both autocratic and democratic forms of directing behavior that offer clear instructions but still allow flexibility and involve everyone equally.

Keywords: leadership styles; nursing performance; government hospitals; West Bank; healthcare quality.

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List of Abbreviations

AAUP: Arab American University of Palestine

MOH: Ministry of Health

ANOVA: Analysis of Variance

SPSS: Statistical Package of Social Science

PA: positive affective

HCO: Health care organizations

WHO: World Health Organization

NGOs: Non-governmental Organizations

UNAIDS: Joint United Nations program on HIV/AIDS

UNRWA: United Nations Relief and Works Agency for Palestine Refugees

MBNQA: the Malcolm Baldrige National Quality Award

Chapter One

Introduction

1.1 Background

Research on the healthcare system has a long tradition. The healthcare system is a complex dynamic arrangement that depends on various structural and organizational elements. Along with supervising and organizing staff, the healthcare organization builds on managers and leaders for better functioning (Greenhalgh & Papoutsis, 2018). Health facilities desperately need management to support and provide quality healthcare services. Management encompasses planning, organizing, and controlling healthcare organisations' activities, functions, and services to achieve their objectives by directing human resources efforts toward common goals, such as hospitals (Nataliia et al., 2021).

Leadership in healthcare organizations has been defined as the relationship between individuals who follow up and practice activities and help coordinate the activities of a group or team to achieve common goals and enhance confidence among individuals (Barr & Dowding, 2022). Generally, leadership motivates workers in the healthcare sector to achieve the desired goals and to approach the organization's vision (Barr & Dowding, 2022). Therefore, leadership management is vital in leading healthcare staff and improving their performance for quality services.

Organizations working towards success and progress present their employees with challenges, such as the lack of proper leadership preventing them from being employed for the advancement of the organization. The leadership style can be innately acquired;

if this is not the case, it is possible to obtain leadership through training and practice (Tripathi & Jha, 2019).

The literature demonstrates the significance of leadership practice in inspiring the higher performance of medical personnel. It is unnecessary to join any health institution to motivate employees but to satisfy their expectations with the leadership methods that persuade the health staff to support the idea and achieve the agreed-upon goals (Mirzaei et al., 2020). Therefore, it is reasonable to think of the performance of the medical staff as a function of the relationship between the leader and the employees. It is worth noting that the leadership styles that exist in the institution can drive success or failure.

Many leadership theories are discussed in the literature, but the scope of this work highlights a few of the most popular ones: Democratic leadership, Authoritarian leadership, and Laissez-faire leadership (Schaubroeck et al., 2017). The thesis attempts to detect the associations between these styles and nurses' performance in governmental hospitals in the northern part of the West Bank.

Based on the short preview above, the study aims to show how leadership styles affect nursing performance in public hospitals. Our results will shed light on how Nurses' performance may be improved by gaining a deeper grasp of what encourages them to perform well—supporting culture in the workplace through leadership behaviors/styles and creative insights and, finally, understanding how various leadership styles and practices affect nurse performance and patient outcomes and finding successful leadership techniques that foster happy work environments, greater nurse performance, and ultimately better patient outcomes, resulting in increased patient happiness, safety, and care quality.

Leadership style is crucial to healthcare quality in hospitals; the leadership style adopted by nursing managers is considered to provide better patient care. It helps deliver top-notch professional services in the patient's medical care. In any event, the impact on the person and the team around them to ensure the best performance in the healthcare institution is the one aspect on which all leaders concentrate (Barr & Dowding, 2022).

Finally, the reasons that motivated the researcher to conduct this study are:

1. This research studies leadership styles and their role in promoting hospital health care.
2. This topic is important because it falls within the scope of Quality Management in healthcare organizations.
3. The researcher understands the value and importance of this issue, especially in connection with recent developments and actions taken by management.
4. This study may contribute to understanding the importance of the role of leadership in personal and professional success.

1.2 Study Justification

Investigating how leadership styles affect nurses' performance is theoretically essential since it connects the domains of organizational behavior, healthcare management, and leadership theories.

The following are essential theoretical points that the researcher considered:

Application of Leadership Theories:

Examining the effects of several leadership philosophies (autocratic, democratic, and Laissez-faire) on nurses' efforts helps test the applicability and reliability of these

theories in healthcare. This broadens the corpus of knowledge by offering insights particular to a given environment that can be used to improve understanding of leadership theories. Integration with organizational behavior, the research combines leadership styles with organizational behavior principles of motivation, work satisfaction, and performance. This makes it possible to comprehend how leadership influences nurses' behavioral and psychological outcomes more sophisticatedly. (Kohnen et al., 2024)

Contribution to Healthcare Management Research:

This study adds to the body of knowledge on healthcare management by giving attention to nurses who are essential to healthcare delivery. Specifically, it helps to understand how leadership impacts hospital operational effectiveness, patient care quality, and staff retention. (Kohnen et al., 2024)

Investigation of controlling Variables:

The theoretical framework can be extended to better understand the dynamics at work by investigating potential mediators or moderators, including work environment, organizational commitment, and job satisfaction. Researching how leadership styles affect nurses' performance has many practical ramifications for healthcare organizations, including changes to management procedures, policy, and training initiatives (Specchia et al., 2021).

Improvement of Leadership Training:

The study's conclusions can guide nurse managers' and hospital executives' leadership development programs by highlighting leadership behaviors that benefit employee output and patient outcomes (Kohnen et al., 2024).

Enhancement of Patient Care:

Better patient care results can result from leadership styles that improve the performance of nurses. Comprehending these dynamics might aid healthcare establishments in executing leadership methodologies that guarantee superior patient care. (Specchia et al., 2021)

Policy Development:

The results can help develop regulations about using management techniques in healthcare environments. Regulations could be created to support leadership philosophies that increase nursing staff members' drive and productivity (Specchia et al., 2021).

1.3 The Research Problem

Nurses are the daily managers who deliver quality healthcare in hospitals. Their performance greatly affects the quality of nursing care provided in hospitals. Because nurses' work is fundamentally a combination of social interrelations, nursing managers' leadership styles are likely to affect the level of care provided to patients by enhancing nurses' efforts to improve the quality and safety of healthcare services (Alrobai, 2020). Therefore, understanding how leadership styles affect nursing performance is essential for working on better performance. In Palestine, the Ministry of Health owns and manages public hospitals, which are the leading hospital care providers. Thus, this thesis investigates nurses' performance in the Northern West Bank public hospitals in light of different leadership styles.

The Research Questions

- How do different leadership styles employed by nursing managers affect the performance of nurses in public hospitals in the North of the West Bank?
- How is the performance of nurses in Northern West Bank's public hospitals?

1.4 The Research Objectives

The study objectives are:

- To describe the current state of leadership styles in Palestinian governmental hospitals in the northern West Bank.
- To describe the current performance levels of nurses in governmental hospitals in the northern West Bank.
- To examine the associations between different leadership styles and the performance of nurses in Palestinian governmental hospitals in the northern West Bank.

1.5 The Hypotheses

H₀₁: There is no statistically significant effect at the significance level ($0.05 \geq \alpha$) of the leadership style on the performance of nurses.

H₀₂: There are no statistically significant differences at the significance level ($0.05 \geq \alpha$) between the nurses' performance based on their demographic differences.

H₀₃: There are no significant differences in the level of importance ($0.05 \geq \alpha$) between different driving styles based on demographic differences.

1.6 The Thesis Structure

The thesis includes five chapters, listed as the following:

Chapter One: General Introduction. This introductory chapter contains the study background, study justification, problem statement, study aims and objectives, and expected outcomes.

Chapter Two: Literature Review. This chapter outlines the leadership theories, nursing performance, and the relevant previous research. This chapter concludes with a conceptual framework that guides the investigation of leadership styles and nursing performance.

Chapter Three: Methodology. This chapter describes the context of the thesis, including the research region and setting, study subjects, an overview of the study design, sample size, data collecting techniques and measurements, data management, an analytic strategy, and ethical considerations.

Chapter Four: The Results. This chapter contains the results of data analysis and tabulates the main findings. The chapter includes charts, tables, graphs, and a narrative presenting the most important results. Also provided is an explanation of how our quantitative and qualitative analyses validate or contradict other researchers' findings.

Chapter Five: Discussion and Conclusions. Based on the thesis findings, the primary findings related to the study topics are summarized and discussed in light of the theory and previous relevant empirical studies. Then, the conclusion part is introduced. Furthermore, the thesis's merits and shortcomings are discussed, and recommendations for further studies are made. This chapter provides recommendations to policymakers and scholars.

Chapter Two

Literature Review

2.1 Introduction

In this chapter, the researcher explores relevant literature, previous studies, and the conceptual framework of the leadership model theory. The chapter also reviews insights from educational literature and prior studies. The idea of multiple leadership styles being used in different contexts to achieve diverse outcomes is provided. It is believed that all leadership styles employed in the Palestinian Health Service contribute to some extent to the officers' performance. Figure 3.1 illustrates the conceptual framework, shedding light on the relationship between leadership styles and nursing performance, emphasizing the importance of leaders exhibiting appropriate behaviors aligned with specific contexts or environments.

2.2 Leadership

Leadership is not a new concept in the workplace or business. Every business and workforce has a leader who interacts daily with the working environment. Every organization must have a leader; therefore, "leadership" is usually associated with the manager. A manager is often called a leader who can manage the organization's human resources. However, some people have difficulty applying because they encounter various hurdles. One of the challenges is subpar human resource performance. It impacts the relationship between the employer and the employee, causing the employee to have irreversibility or joy in working with the company/organization (Raelin, 2016).

2.3 Nurses Leadership

Human resources are strategically important in healthcare systems and greatly influence patient experience. Professionals who are not feeling well perform less and are more prone to engage in counterproductive work behaviors, and consequently, the quality of care is jeopardized. Research has indicated a significant correlation between the quality of work environments in healthcare organizations and the leadership style employed (Zaghini et al., 2020).

Nurses serve as leaders when they exhibit leadership qualities in their nursing professions and guide other nurses and their communities toward the goal of excellent healthcare. A competent nurse leader knows resource management, marketing, and media abilities and how to effectively communicate, negotiate, motivate, and influence people (Al-Hasnawi & Aljebory, 2023).

As Nantsupawat et al. (2011) state, nursing plays a crucial role in ensuring the quality and safety of hospital treatment. It is also a significant predictor of patients' overall care satisfaction, as Kutney-Lee et al. (2009) and Hinger et al. (2005) noted. Specifically, compassionate actions impact patients' perception of the quality of nursing care, which is closely linked to their experience with the treatment they receive (Zaghini et al., 2020). Thus, how patients perceive the caring nature of nurses can be regarded as a suitable gauge of the quality of nursing care (Nantsupawat et al., 2011; Zaghini et al., 2020).

When nurses guide other nurses and their communities to realize a vision of high-quality healthcare, they act as leaders in their nursing positions (Ibrahim, n.d.). The efficient nurse leader is aware of marketing, public relations, resource management, and negotiation. They are also skilled communicators, motivators, and influencers

(International Council of Nurses, 2006). Nurses enable their subordinates to achieve higher levels of success than expected by fostering confidence in them. In addition to demonstrating care towards their followers, they inspire, encourage, and stimulate their minds through captivating actions. They help nurses grow by granting them more responsibility and believing in their ability to execute it with confidence and inspiration (Ibrahim et al., 2019).

2.4 Leadership and Healthcare

The literature review shows that healthcare managers and leaders employ a variety of leadership philosophies, including traditional leadership (autocratic, democratic, laissez-faire, bureaucratic, and situational) and modern leadership (charismatic, transactional, transformational, connective, and shared leadership (Schaubroeck et al., 2017).

Since leaders are the ones their subordinates trust, they must be able to guide and motivate them to accomplish organizational goals. Human resource management, constructive relationships among colleagues, and capable leadership are expected to increase work productivity and allow for the greatest possible staff expansion. As a result, one of the most essential foundations for managing hospitals and other healthcare institutions is leadership. Staff-intensive, capital-intensive, technologically-intensive, and problem-intensive activities define hospitals and healthcare facilities. To achieve good organizational results, leadership requires the ability to inspire, manage, and provide direction to employees (Alsaqqa, 2023).

Healthcare executives who have grown spiritually may accomplish far greater good for their companies by pushing the boundaries, uniting behind a shared goal, and inspiring

traditional methods of work from others. There have been hundreds of articles on health leadership, but only a limited number of research has received significant scholarly recognition (Fry & Nisiewicz, 2013).

To ensure that the structures and attitudes the study tries to address are relevant and applicable, it is essential to use theory to direct research into leadership in healthcare. Two systematic reviews of the literature on patient outcomes and leadership by Wong and Cummings (2007) and Wong et al. (2013) yielded twenty high-quality methodological papers (research design, sampling, measurement, and statistical analysis). Comparable results were found in a few methodologically sound publications, some of which were management theory-focused (Wong et al., 2013; Wong & Cummings, 2007).

2.5 Leadership and Quality

Improving care quality and integration necessitates strong leadership from healthcare professionals. Various related studies have found that leadership style is essential to healthcare quality. One of the most critical components in achieving success is effective leadership. Leadership is the art and science of guiding, directing, motivating, and inspiring a group or organization to achieve common goals (Barr & Dowding, 2022).

Previous research demonstrated that different leadership styles exist in the workplace, each with its own advantages and disadvantages. The institution's culture and goals define the ideal leadership style for an organization's culture and goals. Several institutions provide a range of leadership styles inside the business, depending on the duties necessary to satisfy departmental expectations. The leadership style of health

professionals is critical to improving service quality and integration. Leadership has been described as the relationship between the leader and the follower. It may also refer to directing and organizing the activities of a team or group of people toward a shared goal (Schaubroeck et al., 2017).

An individual's level of contentment with their job is known as job satisfaction. The extent of a person's satisfaction mostly dictates this experience. The degree of communication inside the company, the management's perspective toward employees, and job happiness are all influenced by the ability to do necessary tasks. Emotional and cognitive job satisfaction are the two categories of job satisfaction. The term "affective job satisfaction" refers to how someone feels about their whole employment. Cognitive job satisfaction refers to how workers feel about particular facets of their jobs, such as benefits, pay, or hours worked. Prior studies have demonstrated a connection between nursing leadership styles and job satisfaction, which may lead to useful strategies for boosting nurses' job satisfaction and retention (Tripathy & Sahoo, 2018).

Furthermore, Naseem et al. (2018) discovered that leadership style influences job satisfaction. The study did not look at nurses' perceptions of their supervisors' leadership styles or the size of the relationship between leadership style and work satisfaction. According to a nurse theorist, the manager's leadership ability is considered one of the most determinate factors impacting job happiness. According to a Joint Commission survey, 41% of practicing nurses are unhappy with their jobs, and 43% are burned out in the medical field. In addition, 22% of nurses said they intended to leave their jobs in the upcoming year (Naseem et al., 2018).

The notion of leadership has been studied in several fields and from various theoretical viewpoints. It is a dynamic notion that evolves throughout time. As a result, many

definitions of leadership have emerged in the literature. It is generally characterized as a multifaceted method that includes a stimulating scenario inside a group setting to accomplish mutually beneficial goals. Healthcare leadership jobs are frequently viewed as a highly specialized subset of larger management domains, and many of the broader management education issues are focused on this subset (Barr & Dowding, 2022b; Kouzes & Posner, 2023).

However, healthcare professionals did not discuss such complex concerns and practical challenges to maintain their organizations' viability. With tumultuous changes occurring in the cost, delivery, and social systems, healthcare executives experience the challenge of meeting their companies' health purpose in an environment fraught with operational demands. If our healthcare organizations (HCOs) are to survive today, appropriate leadership styles are required to keep HCOs on track with their desired goals (ALSAQQA, 2020).

Nonetheless, the scientific study of leadership rose to prominence in the middle of the twentieth century, owing to a greater emphasis on healthy management procedures rather than leadership qualities. Previous research on this topic was confined to various leadership principles, such as identifying a leader's desirable attributes or acts. The recognition of leadership as a process of influencing others within particular (HCOs) and the interactive interaction between a leader and the staff has been more prevalent lately in research (Barr & Dowding, 2022).

Indeed, over the years, innumerable but similarly meaningful management descriptions have been written. Early work by Burns (1978) stressed the lack of a widely acknowledged view of leadership, stating that this shortcoming is partly created by the different activities of researchers who follow separate fields and investigate various and

sometimes unconnected concerns or flaws (Reid & Dold, 2018). Because most researchers define leadership in ways relevant to their study, it is essential to be familiar with various theories and researchers and recognize leadership as a complex and diverse phenomenon (Maslach, 1978).

2.6 Global Leadership

The World Health Organization (WHO) (2007) emphasizes the significance of leadership in low-income countries in meeting the Millennium Development Goals for health, ensuring that better management and leadership are critical to efficiently employing these assets to produce measurable outcomes (UNAIDS, 2007). As a result, the Palestinian government tries to enhance the Ministry of Health (MOH) working environment and the quality of the new health services.

Cross-Cultural Proficiency: Competent global leaders must possess the capacity to comprehend and bridge cultural gaps, ensuring seamless operations and synergy among multinational teams (House et al., 2004).

Strategic Insight: Global leaders are tasked with devising strategies that transcend local markets, encompassing global opportunities and challenges. They must balance global integration and local adaptability (Abukhalil et al., 2022).

Decision-Making Complexity: Leaders of global organizations encounter intricate decisions requiring an understanding of diverse political, economic, and social systems. They must make choices aligning with the organization's overarching strategy while considering local intricacies (Abukhalil et al., 2022).

Managing Distance and Diversity: Leading geographically dispersed teams poses challenges such as varied time zones, languages, and cultural norms. Effective

communication and coordination are essential for overcoming these hurdles (Zander et al., 2012).

Critical Competencies for Global Leaders:

Cultural Intelligence: Cultural intelligence, or CQ, is pivotal for global leaders. It involves comprehending cultural distinctions and adapting behavior to fit diverse cultural contexts (Earley & Ang, 2003).

Emotional Intelligence: Good emotional intelligence is necessary for global leaders to navigate global teams' emotional and intercultural dynamics. This encompasses empathy, self-awareness, and the ability to manage emotions while respecting cultural differences (Cherniss & Goleman, 2000)

Collaborative Skills: Collaboration across diverse cultures and business units is indispensable for global leaders. They must foster a collaborative spirit and shared objectives despite differing perspectives and backgrounds (Maznevski & DiStefano, 2000).

Global Leadership Development Initiatives: Many organizations invest in programs that nurture global leadership competencies. These initiatives often include international assignments, cross-cultural training, and coaching (Hollenbeck & McCall, 2003)

Mentorship and Networking: Establishing an international network and gaining insights from seasoned global leaders can be immensely advantageous. Mentorship from experienced leaders offers emerging leaders valuable guidance and exposure to global challenges (Kram & Higgins, 2009).

2.7 The Research Settings and Leadership

Leadership is a key to change; it must develop employees, motivate them, and convey loyalty to fulfill the organizational goals and objectives while keeping its identity. Leadership is increasingly important in complicated organizations such as HCOs (ALSAQQA, 2020). Thus, this study emphasizes leadership styles and their impact on supporting the extra effort, effectiveness, and satisfaction of nurses' performance in northern West Bank (WB) hospitals.

Factors affecting the healthcare system in Palestine must be considered, particularly demographic changes. Research indicates that population growth and shifts will negatively impact healthcare facilities and resources from 2015 to 2050. Challenges facing the healthcare system include the effects of changes in age distribution and population structure, necessitating an effective response regarding healthcare services, women's healthcare, and preventive and educational medical services. Additionally, there is expected to be an increase in the demand for healthcare services for the elderly, requiring additional investment in this field. Forecasts suggest a significant increase in healthcare needs by 2030, necessitating the expansion of healthcare infrastructure by adding new hospitals and healthcare centers (Batniji et al., 2009).

According to the report of the Ministry of Health, there are 93 hospitals in Palestine, distributed as follows:

In the West Bank, there are 58 hospitals

In the Gaza Strip, there are 35 hospitals

Total number of hospitals in Palestine: 93

The Ministry of Health operates 31 hospitals in both the West Bank and the Gaza Strip, while NGOs run 39 hospitals, and the private sector runs 20 hospitals. There is also one

hospital under the UNRWA administration and two under the Palestinian Military Medical Services Administration.

These hospitals have multiple specialities, including general medicine, subspecialties, maternity, rehabilitation, and physiotherapy. Health services are provided in these hospitals for the geographical areas in which they are located, some of which can provide secondary and tertiary care. The following is the distribution of hospitals in Palestine by Northern, Central, and southern regions:

Hospitals located in the northern regions

Jenin: it has five hospitals. Tubas: one hospital. Tulkarem: 3 hospitals. Nablus: 8 hospitals.

Hospitals located in the central regions

Qalqilya: two hospitals. Salfit: one hospital. Ramallah and Al-Bireh: 9 hospitals. Jericho: one hospital. Jerusalem: 7 hospitals. Bethlehem: 9 hospitals

Hospitals located in the southern regions

Hebron: 12 hospitals.

2.8 Previous Studies

Ichsan et al. (2021) determine if the organizational environment and leadership style affect employee performance when the work environment is considered an intervening variable—the 47 employees of the SumutBinjai Branch of PT. Bank served as the study's samples. The information was acquired by delivering questionnaires to 47 employees who had served as respondents, including topics such as leadership style, organizational change, employee performance, and work environment. Path Analysis, a mixed model combining multiple regression and intervening models, is used for data

analysis. The findings demonstrated that employee performance (Y) was directly impacted by leadership style (X1) by 0.337, or 34%. Employee Performance (Y) is affected by Organizational Change (X2) by 0.467, or 47%. The Work Environment (Z) is impacted by Leadership Style (X1) by 0.289, or 29%—organizational Transition (Ichsan et al., 2021).

The study by O'Donovan et al. (2021) aimed to explore how focal leaders' behavior influences healthcare teams' performance and effectiveness. Despite a shift towards more collective leadership approaches, hierarchical structures emphasizing the role of individual focal leaders remain prevalent in healthcare. The impact of focal leader behaviors on team performance in healthcare settings is poorly understood. The study conducted a systematic review, retrieved 1,047 records from five electronic databases, and synthesized findings based on PRISMA guidelines. Fifty papers met inclusion criteria, covering task-focused, directive, empowering, and relational-focused leadership categories. These categories were examined for team performance, safety outcomes, individual-level effects, and interpersonal dynamics. Emerging themes shed light on leadership practices in healthcare and highlight best practices. Empowering and relational leadership styles showed positive effects on nursing team performance, emphasizing the importance of training nursing leaders to engage in collaborative leadership behaviors (O'Donovan et al., 2021).

According to Zaghini et al. (2020), human resources have a crucial role in healthcare systems, significantly affecting the caregiving process. Professionals who are not feeling well perform less, are more prone to engage in unproductive work behaviors, and the standard of care suffers. Research has indicated that a leader's approach is fundamental regarding the caliber of hospital work settings and other healthcare

facilities. The primary aim of this research is to evaluate a model that examines the connections between the leadership style of nurse managers and the patient's perception of the caliber of care that the nurses provide. This is achieved by meditating on the working environment's quality, specifically concerning burnout, interpersonal strain, and counterproductive work behavior. A cross-sectional study with multiple centers was carried out. Five hospitals—two in the north, two in the center, and one in the south of Italy—were used for the study. Participants included 829 patients hospitalized for at least three days, aged eighteen or older, who were able to read and write Italian, and 479 registered nurses who worked as staff nurses; head nurses and nurse supervisors were not included. Patients who were mentally incapacitated or too sick to complete the questionnaire were not accepted. *Methods:* Two separate questionnaires, one for the patients and one for the nurses, were used to gather the data. A multi-level analysis was performed to investigate the proposed model. *Findings:* Findings supported the theory that when nurses felt content, patients were happier with the standard of care the nurses delivered because they were less burned out and tense in their interpersonal connections. They exhibited less misbehavior when they had leadership. *Conclusions:* The study's findings demonstrated how the traits of the organizational setting, nurse leadership, and nurse behavior influenced patients' opinions of nurses' care. Thus, to raise the standard of patient care, managers of healthcare services should carefully consider these findings (Zaghini et al., 2020).

Ibrahim et al. (2019) studied the relationship between the head nurse's leadership style developed based on staff nurses' opinions—and staff nurses' job performance, which was examined using a descriptive research approach. The study was conducted in the emergency hospital in Mansoura, Egypt, connected to Mansoura University. Mansoura

Emergency Hospital employs 110 nurses, and the topics covered included every single one. A performance evaluation Bookmark and a Leadership Questionnaire were the data-gathering instruments. The findings showed that the staff nurses' performance level was generally low. A statistically significant correlation exists between nurses' performance and leadership styles. Training courses are advised for performance evaluation and sophisticated driving techniques (Ibrahim et al., 2019).

Morsiani et al.'s (2017) study aimed to explore how staff nurses perceive the leadership styles of their nurse managers, identify the leadership style that contributes to job satisfaction and suggest behaviors for nurse managers to change. The research uses a mixed-method approach, combining the Multi-factor Leadership Questionnaire with three focus groups. Findings reveal that ward nurse managers predominantly employ a transactional leadership style, negatively impacting staff nurses' job satisfaction. In contrast, transformational leadership, correlated with satisfaction, is rarely practiced. The study suggests that Italian nurse managers should enhance their transformational leadership skills by demonstrating respect, care, support for professional growth, and appreciation. These findings can serve as a model for improving nurse managers' leadership globally. Implications for nursing management include using themes of transformational leadership to guide nurse managers in enhancing their leadership style and prioritizing strategic interventions by nursing directors beyond classroom education (Morsiani et al., 2017).

The study by Alsaqqa and Akyürek (2021), which dealt with the main concepts of the relationship between corporate culture and leadership, showed positive results and clear implications between the two styles of transformational and transactional leadership and types of organizational culture, except the non-intervention style. Topics related to

organizational culture and leadership in various fields have been studied many times. However, more evidence is still needed to determine the relationship between them. The paper described staff perceptions about the types of organizational culture of hospitals, the leadership styles of their managers, and the relationships that may exist between these areas (Alsaqqa & Akyürek, 2021).

The results of a cross-sectional descriptive study involving 400 participants from three government hospitals and two non-government hospitals in Gaza during June - December 2018 concluded that clan-and hierarchy-driven cultures are the top forms of organizational culture in hospitals. Non-government hospitals, which are mostly small in size, had higher perceptions than government ones of different sizes. As for leadership patterns, the patterns in hospitals were transformational and transactional, as the study's results showed the importance of positive correlations via Pearson correlations and their impact through multi-linear regression analysis (Alsaqqa & Akyürek, 2021).

This paper has successfully contributed to the research on the relationship between leadership styles and organizational culture, providing indicators for understanding some areas of the hospital industry in Palestine. With this understanding, hospital management and leadership can be improved to suit local needs and conditions.

The study by Baidoun (2018) proposes to assess the level of implementation of Total Quality Management in the Palestinian government and non-government hospitals using the Malcolm Baldrige National Quality Award framework. The study was based on questionnaire results collected through (MBNQA) standards. In order to find out how much total quality management is practiced in Gaza Strip governmental and non-governmental hospitals, 363 questionnaires were analytically surveyed. Palestine's

hospitals within the Gaza Strip are performing better, especially when compared with one another. In terms of implementing Total Quality Management (TQM), it is clear that NGO Hospitals are doing better than their Governmental counterparts. An extensive examination shows where human resources concentration and performance results can be improved. Despite being based on one region within the territories under Palestinian control, this survey highlights some issues and best practices on TQM implementation by healthcare institutions as a way of improving their performance. The article concludes that such Business Excellence models as (MBNQA) standards can also evaluate the extent to which quality practices have been adopted while pointing out the strengths and weaknesses both in terms of saving lives and offering medical services. This study contributes to bridging the gap in the literature by providing an empirical assessment of the level of implementation of Total Quality Management in Gaza Strip hospitals, as there are no previous similar research studies (Baidoun et al., 2018).

2.9 Conceptual Framework

This section explains the most essential concepts and definitions of the present study. For example, different types of leadership, job performance, factors that affect job performance, nurse performance, and the study's variables.

2.9.1 Types of Leadership Styles

A leadership style is established and employed by a team leader to give direction, guide, motivate, and implement plans by team members. The leader's impact is significant both when they are physically there and when they are not. Although natural

leaders generally have an intrinsic leadership style, leadership aptitude may also be developed and acquired through practice. Cholars have offered a wide range of leadership classifications. This subject merits discussion. Because this is a topic about nursing management, the leadership styles likely to be essential in this profession are solely examined here. A unique leadership style suits the nursing profession; any major leadership styles described in management literature may be applied to nurse managers' styles. As a result, it is critical to watch how nurse supervisors supervise and guarantee that nurses perform to their full capacity. According to the Bradley University website, various fundamental leadership types are significant in nursing administration. They are detailed briefly below (Abdulhafith & Alharbi, 2017).

Autocratic Leadership Style

This type of leadership entails the leader giving commands and expecting immediate, unquestioning compliance. Planning and policy-making are done independently of the group by the leader. They issue commands without explaining or hinting about their plans. The authoritarian bosses only provide orders to their subordinates without ever integrating with them. All decision-making authority rests with the leader. The leader makes unreasonable expectations, applies harsh discipline and punishment, prevents people from challenging choices or authority, believes they are infallible, is judgmental of opposing viewpoints, and seldom extends praise. They are quickly angered, take advantage of people, are action-oriented, fiercely competitive, and helpful when considering the big picture. An authoritarian leader is one in whom the people have no say in how he comes to be in that position, and their opinions and votes have no

bearing on his actions and manner of leading (Chukwusa, 2018; Wong & Giessner, 2018; Woods, 2021).

It is characterized as one in which the leader retains as much control as possible, including decision-making power. The autocratic leadership style previously described by Milgron (1991) clearly defines the divide between leaders and employees. Employee suggestions are not accepted under this leadership style, and workers are expected to follow directions without a reason for completion. Rewards and penalties are used as a means of providing the incentive.

Even though this leadership style is frequently condemned, it is useful when decision-making time is restricted. In contemporary times, such leadership may still be found in dictatorial regimes or even in other states' military. Michael (2010) believes that the majority of followers of autocratic rulers are simply biding their time, waiting for the inevitable collapse that authoritarian government produces, and then destroying the leader that follows (Michael, 2010).

Peter (2013) conducted research that compared management styles to employees' work performance at selected Nigerian breweries. This study demonstrated a definite association between management styles and job performance (Peters, 2013).

In their study, Peterson and Smith (1988) discussed that a highly effective manager is impacted by the criterion by which leadership is reached. As a result, if leadership is seen from the standpoint of job production, an authoritarian style is most beneficial. However, if the aim is to preserve great morals and a consistent measure of work, a democratic method is the most effective (Smith & Peterson, 2017).

Cole (2000) even believes authoritarian leadership is beneficial when change needs to be encouraged, such as settling disputes like strikes, instilling confidence, and much

more. When applied appropriately, it increases performance efficiency. Ispas and Babaita (2012) surveyed hotel personnel's perceived leadership style and overall performance, indicating that supervisors see autocratic management as the most often utilized method to ensure expected results. Furthermore, they emphasized that managers must find the best way to help people enhance their performance (Ispas & Babaita, 2012). This study also showed that employees were far more sensitive to autocratic leadership than other forms of management due to the nature of the jobs in the industry (Sharma & Singh, 2017).

Democratic Leadership Style

This is the ideal kind of leadership style, in theory. The democratic leader solicits feedback from the groups instead of offering solutions. Iqbal et al. (2015) corroborate this, stating that while democratic leaders do not provide recommendations, they do solicit feedback from others (Iqbal et al., 2015). The leader then gives the group's decisions his or her approval once they are democratically made. Democratic leadership may be applied to two fundamental ideas and is recognized as the best kind of leadership in the administration of political science and fundamental rights. First, democratic leadership is defined as a leader elected by the people or who has gained the support of the majority of the community, as opposed to autocratic leadership, in which the people have no say in the leader's ascent to power. Secondly, it describes a leader with a democratic attitude and demeanor toward others, even though individuals have little bearing on acquiring power and securing a leadership position (Woods, 2021).

According to Cherry (2018), democratic leadership is frequently one of the most forceful methods since it leads to higher competence, improved engagement from group members, and increased group morale (Cherry, 2022a). According to Connect US (2017), democratic leadership fosters a creative environment by encouraging innovation and entry among team members. In this scenario, organizational leaders' leadership styles take the lead for organizations (Sharma & Singh, 2017b). According to Al-Ababneh (2013), managers may boost employee work satisfaction using the proper leadership style (Al-Ababneh, 2013).

Manners (2008) defines democratic leadership as "the involvement of employees in major matters in the organization, and thus its impact on reaching open consensus among team members." Feedback and responses from subordinates are also crucial (Manners, 2008). Because subordinates are responsible for informing their leaders or superiors of any issues that impede them from meeting the organization's goals (Ang, 2015). Furthermore, Cherry (2022) asserts that democratic leadership can provide original solutions to problems with superior ideas since employees are encouraged to express their perspectives (Cherry, 2022).

Group members may also wish to be more involved in initiatives and devote themselves to these occupations, and they are more inclined to care about the end outcomes. Furthermore, Nemaiei (2012) asserts that this leadership style is a process that has evolved into a democratic leadership style over time, emphasizing that the leader creates a master-follower connection with the leader group members as part of this process. In short, democratic leaders emphasize group interaction, consultation, and hard choices (Nemaiei, 2012).

Democratic leaders engage employees in decision-making processes, enhancing job satisfaction and fostering a sense of ownership over their work. This collaborative approach is associated with improved job performance, mainly when teamwork is crucial (Hunt & Fitzgerald, 2018).

As a result, democratic leadership entails considering the employees' suggestions on any issue/decision, evaluating their suggestions while making a decision, inviting them to participate in decision-making, and knowing how to use the employees' creativity and skill in solving problems in the organization.

Laissez-faire Leadership Style

It is described as lacking a formal leadership structure. This type of leadership was dubbed the "absence of leadership" by Rollinson (2005). From this, it may be inferred that laissez-faire leaders are slow to act, hesitate to make decisions, and show up nowhere when they are required. Group members are given the power to make choices on their own under this leadership style. This kind of leadership avoids taking on decisions and delegating duties. When subordinates are highly motivated professionals or experts in their fields, they work well (Simić, 2020; Wong & Giessner, 2018).

Power and authority are delegated to subordinates to do as they like under the laissez-faire leadership style. They are in charge of establishing organizational objectives and goals. Managers will not give advice or direction; employees are free to make decisions (Hughes et al., 2009). This suggests that leaders should keep their distance and avoid interfering with subordinates (Aydin et al., 2013). As a result, some researchers label such a leadership style as detrimental, while others label it as non-leadership (Skogstad et al., 2007). Not only is decision-making authority delegated to subordinates, but

leaders also tend to overlook other concerns such as employee requirements, failure of leaders to offer feedback, and some delays when rapid choices are required.

Furthermore, the laissez-faire leadership style occurs when leaders lack control over their subordinates (Edwards et al., 2010). This condition indicates that employees are free to do whatever they want without interference from management (Ololube, 2013). It has been proposed that when complete decision-making authority over work-related matters is delegated to subordinates, this approach can favorably influence employee performance in particular situations and industries. Furthermore, he stated that when group members such as professors, physicians, engineers, and others are free to make their own decisions, the laissez-faire leadership style is acknowledged as the finest. They found that a laissez-faire leadership style favorably improves staff performance at the Federal Medical Centre (Skogstad et al., 2007).

A laissez-faire leader offers little guidance or support and usually delegates decision-making to team members. While this approach can result in strong job performance in highly skilled, motivated, and autonomous teams, it may lead to unfavorable outcomes in teams needing more direction and structure (Bass & Riggio, 2010).

2.9.2 Job Performance

Job performance is commonly evaluated through three main aspects: task performance, contextual performance, and counterproductive work behaviors. Task performance encompasses the fundamental responsibilities inherent to the role. Contextual performance relates to actions contributing to the organizational climate, such as assisting coworkers and fostering a positive atmosphere. At the same time,

counterproductive behaviors entail actions detrimental to the organization or its members (Motowidlo, 2003).

One of the key components of any healthcare system is that nurses significantly impact the business's operation. The bulk of employees at a health tourism hospital are nurses; thus, they should understand the significance of their work performance as the cornerstone of providing patients with high-quality treatment. Furthermore, direct patient care directly affects how well nurses perform their jobs (Pérez-García et al., 2021).

Therefore, to enhance nurses' work performance, hospital management has to broaden their vision outside the medical domain and implement a comprehensive social strategy. Nurses' work performance in healthcare is centered on comprehending patients' demands when providing appropriate care and solutions. Nurses must be flexible in modifying their care to suit patients' needs better. To fulfill the increasing expectations of patients, the nurse-patient interface encompasses the aspect of the nurse-patient contact to co-produce a service. Patients are more receptive to the service behaviors of nurses; thus, their expressive and interactive performance will be assessed more than their other performances. Furthermore, it was underlined that caring procedures must be integrated into the performance standards to meet patients' requirements for personal and sophisticated service methods (ALSAQQA, 2020).

Setting expectations and managing patient experiences are influenced mainly by caring processes. On the other hand, it was mentioned that because healthcare delivery involves interactions between patients and caregivers, it might be challenging to guarantee quality treatment because of human behavior. Nonetheless, the efficacy of nurses remains contingent upon this factor, given that patients' assessments often

pertain to their emotional response to salient features of the situation and the result of their encounter (Wong & Cummings, 2007).

The patient's experience may be utilized to confirm if their medical care fulfilled their expectations. Because effective healthcare organizations typically tailor the healthcare experience to the unique demands of their patients as well as the needs of their staff, this research focuses on the work performance of nurses. It is often acknowledged that superior nursing performance increases patient satisfaction and yields better results for the company. On the other hand, poor performance by the nurses would have unfavorable effects, including poor patient care and increased patient complaints. To put it succinctly, hospitals that see improved nursing performance as a critical component in patient retention will have a competitive edge over those that do not (Pérez-García et al., 2021; Simić, 2020).

One of the most important metrics for assessing organizational success is job performance. According to Schermerhorn (1989), job performance is the sum of the results people or groups obtain after completing a task. According to Munchinsky's (2003) theory, work performance is a collection of employee actions that can be tracked, quantified, and assessed in terms of personal growth. Schermerhorn (1989) asserts that when workers finish a task, quality and quantity determine how well they perform on the job. Owing to its significance, many research projects have looked into how to improve worker performance. The tasks carried out by nurses might be characterized as the performance of nurses. Implementing organizational strategy requires good individual performance management (Commer Soc Sci & Sait Dinc, 2017).

Factors Affecting Work Performance:

1. Individual Abilities: These encompass the skills and competencies required to carry out job responsibilities. Generally, higher levels of ability are correlated with improved job performance (Schmidt & Hunter, 2004).
2. Motivation: Motivation is pivotal as it propels employees' energy and effort in their tasks. Theories like Maslow's Hierarchy of Needs and Herzberg's Two-Factor Theory shed light on how motivation can boost work performance (House & Wigdor, 1967).
3. Work Environment: The physical and psychological conditions within the workplace significantly impact performance. This encompasses organizational culture, leadership approach, and the supportive nature of supervisors and colleagues (Ali et al., 2014).

Performance Assessment and Measurement:

Performance evaluations play a pivotal role in human resource management within organizations, serving as a tool to evaluate and enhance employees' job performance. Apart from merely assessing performance, they fulfill various functions, including guiding development initiatives, facilitating succession planning, and aligning individual performance with organizational objectives. Below is an in-depth examination of performance evaluations and their diverse roles (DeNisi & Pritchard, 2006).

Objectives of Performance Evaluations:

1. Feedback Provision: One of the primary objectives of performance evaluations is to furnish structured feedback to employees regarding their performance. This feedback aids employees in comprehending their strengths and areas needing

improvement, thereby fostering professional growth and personal development (Pulakos, 2009).

2. **Basis for Administrative Decisions:** Performance evaluations are indispensable for making administrative decisions within an organization, such as promotions, salary increments, and terminations. They furnish documented and systematic grounds for these decisions, ensuring fairness and transparency (Bracken et al., 2001).

2.9.3 Leadership Styles and Employees Job Performance

Many work behaviors are impacted by leadership, such as employees' motivation, sense of self-efficacy, level of inventiveness, and ability to handle stress. It also forecasts important outcomes relating to the workplace, such as task completion. According to Azhar (2004), distinct leadership philosophies—autocratic, democratic, and laissez-faire—produce varying levels of job performance in various contexts. Adeyemi (2010) discovered that teachers performed better on the job when school heads used an authoritarian leadership style and when school heads used a democratic or laissez-faire leadership style (Schaubroeck et al., 2017).

2.9.4 Impact on Nurse Performance:

Examining leadership styles' impact on nursing performance in healthcare is a critical field of research due to the direct relationship between leadership approaches and key performance indicators within healthcare environments. Supportive and participative leadership styles are especially advantageous, as they influence various aspects of nursing performance, ranging from patient care quality to team dynamics.

How these leadership styles affect nurse performance:

1. **Enhanced Decision-Making:** Supportive and participative leaders actively engage nurses in decision-making processes, empowering them and bolstering their commitment to organizational objectives. This involvement is crucial in healthcare, where decisions often affect patient care and outcomes. By instilling a sense of ownership and accountability, nurses are more likely to be attentive and proactive, improving patient outcomes (G. G. Cummings et al., 2010).
2. **Improved Job Satisfaction:** Leadership that prioritizes support and participation tends to enhance job satisfaction among nurses. When nurses feel valued and their input is considered, their job satisfaction increases, resulting in lower turnover rates and a stable work environment. High job satisfaction is associated with enhanced patient satisfaction as nurses become more engaged and positive in-patient interactions (Bawafaa et al., 2015).
3. **Reduced Job Stress:** Nursing's demanding nature can lead to elevated levels of occupational stress. However, supportive leadership can alleviate this by fostering a supportive work environment where nurses feel comfortable reaching out to their leaders for assistance and guidance. Such environments help alleviate feelings of burnout and stress, which are common in high-pressure healthcare settings (Shirey, 2006).
4. **Increased Team Effectiveness:** Supportive and participative leadership styles improve team dynamics. Effective communication and shared goals within nursing teams can enhance coordination and cooperation, which are essential for delivering high-quality patient care. A cohesive team under a participative leader tends to be

more adaptable and responsive to patient needs and emergencies (Cummings et al., 2008).

5. Quality of Patient Care: Directly linked to leadership style, patient care quality tends to improve when supportive and participative individuals lead nurses. Studies have indicated that such leadership styles correlate with lower patient mortality rates, higher patient satisfaction scores, and fewer medical errors (Nantsupawat et al., 2011).

2.9.5 The Investigated Variables

Based on the previous review, it is reasonable to investigate the following relevant variables throughout this thesis:

The independent variables:

- Leadership style: Refers to the method by which the leader guides and manages employees, and this style can be authoritarian, democratic, or laissez-faire.

The dependent variables:

- Age: Refers to the age of the employee
- Job satisfaction: Indicates the extent of employees' satisfaction with their jobs and working conditions.
- Years of experience: Indicates the number of years employees have spent in the field of work.
- Gender: Refers to the gender (male/female) of the employees.
- Level of education: Indicates the educational level of the employees (Diplom, bachelor's degree, master's degree).

- **Job location:** Refers to the physical location or geographic area where the employees work.

The research includes: (Dr. Khalil Suleiman Hospital, Tubas Hospital, Dr. Thabet Hospital, AlWatani Hospital, Rafidia Hospital & DR. Darwish Nazal Hospital).

The dependent variables:

- **Nurses' performance:** Refers to the nurses' performance in carrying out their professional duties and achieving specific work objectives.

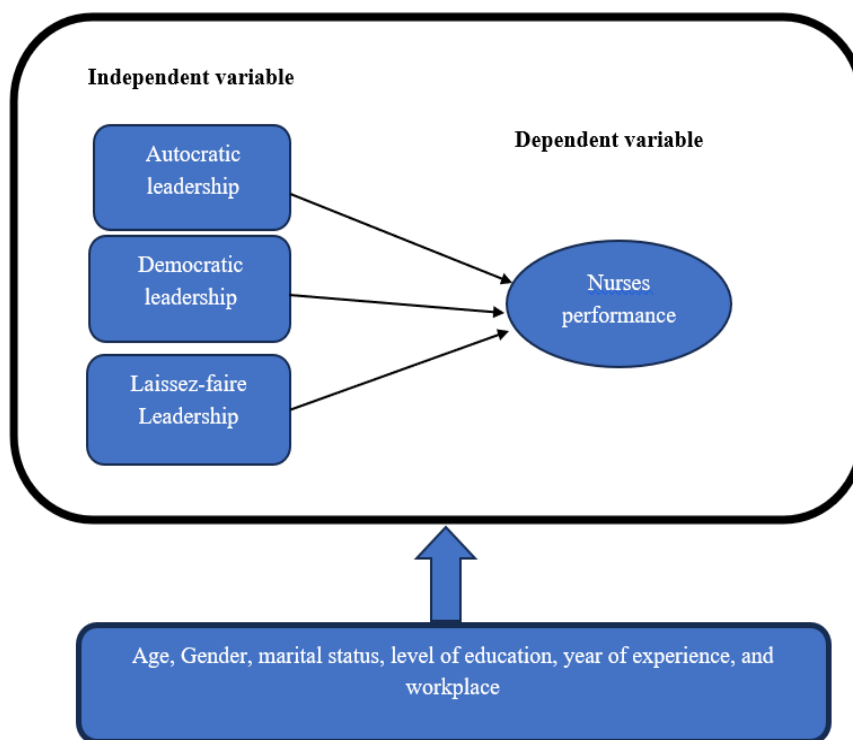


Figure 3.1: Conceptual Framework of The Effect of Leadership Styles on Nursing Performance.

To sum up, the chapter made an effort to characterize leadership style as the strategies leaders use to get the most out of their subordinates. Three types of leadership are covered: authoritarian, democratic, and laissez-faire. Another way to describe performance evaluation is as the process of comparing an employee's output to the

tasks allocated to them. Employee performance would also be defined in the research as an employee's efforts toward achieving organizational objectives.

According to the literature, an effective assessment system gives employees accurate feedback on how they perform. It affects management, supervisors, and workers. Most academics think that if people feel empowered by the process, they are more willing to try to enhance their performance and acquire new abilities. Performance reviews also support career development by providing a forum for career counseling, succession planning, identifying training gaps, and fostering the growth of individual skills. Furthermore, PA offers a performance history that may help make a variety of personnel choices, including ones involving salary. It was observed that the PA procedure significantly impacted employees' loyalty and, consequently, their initiative in completing their tasks.

The research shows that all three types of leadership—autocratic, democratic, and laissez-faire—have a good impact on worker performance. Nonetheless, it is seen that authoritarian and democratic regimes are more reliable than laissez-faire, which occasionally does not affect output. The chapter's content focuses on the study's main goals, which include hospital administrators' use of various leadership philosophies and how those philosophies impact worker performance. As a result, the literature has given the study's structure and potential course, outlining what to anticipate in the end. In summary, the literature shows several independent factors associated with leadership style, which is divided into Autocratic leadership, Democratic leadership, Laissez-faire leadership, and Nursing performance. These factors were used to build this study's conceptual framework. This chapter is the basis for analysis in the coming results, discussion, and conclusion.

Chapter Three

Methodology

3.1 Introduction

This chapter describes the study design, procedures, sampling, population, the study instrument, data collection process, its validity and reliability, and the data analysis of this study to achieve the study's primary purpose and answer the study questions.

3.2 Study design

This research work follows a descriptive-analytical approach. This approach is appropriate for achieving the aims and answering this study's main questions. Therefore, a quantitative study method is adopted since the researcher designed a questionnaire, which is considered an important tool in clarifying a specific phenomenon. The questionnaire is a quantitative study method that collects numerical data to illustrate a particular phenomenon.

3.3 Procedures for Conducting the Thesis

The study plan outlines a systematic approach; this sequence ensures thorough preparation and execution of the study. The process of writing the study consisted of several steps, starting from reading many books, articles, and published research to come up with a valuable and new title of its kind, then determining the foundations and structure of the study represented by the introduction, importance, questions, hypotheses, previous studies, limitations, and delimitation. Development of the data collection tool by distributing a questionnaire among nurses who work in governmental hospitals in the West Bank ensures the validity and reliability of the tools. Finally, the

findings and results are analyzed, the conclusion is written, and recommendations are given.

3.4 Questionnaire Design

In preparing the questionnaire to study the impact of leadership styles on nursing performance in hospitals, several questionnaires from more than one researcher were reviewed, and a new one was developed and modified per the study objectives.

Following Alsaqqa & Akyürek's (2021) study, the authors tried to understand the relationship between organizational culture patterns and hospital leadership styles. The data drawn from this research helped shape the questionnaire questions addressing how organizational culture affects nursing performance, especially concerning democratic and autocratic leadership.

Then, following López-Medina et al.'s (2022) study, the authors provided a framework for understanding the perceptions of nurses and department managers about leadership in evidence-based practice. The results of this study were used to develop a part of the questionnaire asking about the interaction of individuals with leadership styles and how this affects their ability to express problems and participate in the decision-making process.

The study of Mukmin (2019) explored the influence of job load and work environment on job stress. This contributed to the formation of questions related to job satisfaction and performance in the questionnaire, allowing a deeper understanding of the factors affecting the performance of nurses.

Finally, the study of Opiah & Oyira (2021) studied the impact of leadership styles on organizational performance in the health sector. The information gleaned from this

research influenced how questions related to anarchist leadership methods are formulated, allowing us to assess the impact of these methods on the personal freedom of nurses and their ability to manage hospital Affairs.

3.5 Population and Sample

There are four primary healthcare providers in Palestine: the Ministry of Health, NGOs, private hospitals, and UNRWA. According to the Palestinian Ministry of Health, in 2022, the total number of hospitals was 93, while the number of governmental hospitals in MOH was 31. Among the governmental hospitals, 18 hospitals serving 1,898 beds are located in West Bank. The total number of nurses was (4,473).

This work investigates six governmental hospitals in the West Bank's northern part (Table 3.1). The targeted hospitals employ 786 nurses work in these hospitals. The sample was (257). In addition, the allocation of nurses in the hospitals in the north of West Bank are:

Table 3.1. The Governmental Hospitals in The Northern West Bank

Hospitals	Numbers of nurse	Number of recruited
Al watani government hospital – Nablus	114	38
Rafidia Surgical Hospital – Nablus	218	72
Martyr Dr. Khalil Suleiman Governmental Hospital – Jenin	179	59
Darwish Nazal Governmental Hospital – Qalqilya	70	23

Hospitals	Numbers of nurse	Number of recruited
Martyr Dr. Thabet Thabet Government Hospital – Tulkarm	145	48
Tubas Turkish Government Hospital – Tubas	60	20

3.6 Tool Validity:

A panel of expert and academic arbitrators validated the questionnaire content.

To ensure the validity of the questionnaire, the following steps were followed, which included the judges' opinions about the content of the questionnaire and their evaluation of it:

A group of experts in the field of quality management in health institutions was selected to review the questionnaire. These experts were familiar with the research topic and were able to evaluate the quality of the questions.

A copy of the questionnaire was sent to each reviewer, explaining the purpose of the study and the aim of each section of the questionnaire.

The judges read the questionnaire and provided their comments and evaluations for each question in terms of:

- Clarity of the question and ease of understanding.
- The question is suitable for achieving the research objectives.
- Accuracy and correctness of the language used.
- Comprehensiveness of the questions and their ability to cover all topic aspects.

Based on the judges' feedback, necessary modifications were made to improve the questions' clarity, accuracy, and comprehensiveness.

Reviewers' comments on the questionnaire

A group of expert judges reviewed the questionnaire. Below is a summary of their observations and recommendations for improving the quality of the survey

- **Clarity of questions and ease of understanding:** A few questions must be rephrased to be more straightforward. Using more precise terminology can help avoid misunderstandings.
- **The suitability of the questions to achieve the research objectives:**
 1. The questions cover most aspects of the research, but questions related to other organizational aspects can be added.
 2. Questions should be included to assess the impact of organizational culture on nursing performance.
- **Accuracy and correctness of the language used:**
 1. The language used is sound, but some expressions could be improved to be more precise.
 2. It is recommended that an English language specialist review the texts to ensure that they are free of linguistic errors.
- **The comprehensiveness of the items**
 1. The questions are comprehensive, but a question could be added about the impact of training and professional development on performance.
 2. It would be preferable to include inquiries about the effect of administrative support on nurses' job satisfaction levels.

- **Order and flow of items** :The order of the questions is logical but could be improved to increase coherence.
 1. Between the different sections :start with general questions before going into finer details to make it easier for respondents to understand.
 2. Proposed amendments based on the reviewers' comments
- **Rephrasing some questions to be more explicit:**
 1. Modifying the questions related to organizational culture to be more detailed.
 2. Improve the wording of questions related to job satisfaction to avoid ambiguity.
- **Adding new questions to cover important aspects:**
 1. Adding questions about the impact of training and professional development.
 2. Include questions related to the impact of administrative support on performance.
- **Improving the logical flow of questions:**
 1. Arrange the questions so that they start with the most general and then move on to the details .
 2. The questions are divided into clear sections that focus on specific aspects such as performance, organizational culture, and job satisfaction.

Individual Reviewers' Comments

Dr. Abeer's comments: General feedback: "Positive with no specific changes or criticisms mentioned directly in the text provided" and "expressed her appreciation for preparing the questionnaire and the research framework but did not provide detailed suggestions or criticism."

Dr. Nael's comments: General feedback "Positive, as it indicated that all questionnaire statements are appropriate and related to the research variables."

Dr. Ikhlas's comments: General feedback: "I emphasized that the tools are clear."

3.7 Tools Reliability

The tool's reliability was calculated independently using Cronbach's alpha coefficient for each leadership style and all nurses' performance questionnaire items to find the overall alpha coefficient.

Table 3.2. Testing for Reliability: Cronbach's Alpha

Construct	Cronbach Alpha
Democratic leadership	0.876
Autocratic leadership	0.799
Laissez-faire leadership	0.759
Nursing performance	0.885
All items	0.829

Cronbach's alpha coefficients indicate the tool's reliability for measuring different study aspects. For democratic leadership style, the alpha coefficient was found to be 0.876, suggesting high internal consistency among the items measuring this leadership style. Similarly, the autocratic leadership style demonstrated good reliability with an alpha coefficient of 0.799. The laissez-faire leadership style also showed acceptable reliability with an alpha coefficient of 0.759. Moreover, the performance of nurses in terms of quality yielded a high alpha coefficient of 0.885, indicating strong internal consistency among the performance items. Finally, when considering all items together, the overall alpha coefficient was calculated to be 0.829, reflecting a

satisfactory level of reliability for the entire questionnaire. These results affirm the tool's consistency and validity in assessing the various dimensions of leadership styles and nursing performance within the study context.

3.8 Study Subjects

Inclusion Criteria

1. Nurses working at northern hospitals in the West Bank.
2. Nurses with a Diploma, Bachelor's, or Master's degree in nursing science.

Exclusion Criteria

1. A trainer of Nurses who work in hospitals in the northern West Bank.
2. Nurses who work in south and middle hospitals in West Bank.

3.9. Data Collection and the Questionnaire Constructs

The questionnaire was developed to gather primary data from nurses in health institutions to assess the impact of leadership style on nurses' performance. The questionnaire was divided into three main sections to ensure the comprehensiveness and accuracy of the data collected. The questionnaire was divided into three main sections:

1. Individual Characteristics and Work-Related Questions:

This section includes questions related to participants' demographic information, such as age, gender, educational level, and years of work experience. - Example questions: "How many years of nursing experience do you have? "And "What is your educational qualification?"

After obtaining an IRB in ethics and the approval of the Palestinian Ministry of Health to distribute the questionnaire to nurses working in the hospitals of the northern West Bank covered by the study, the researcher distributed the questionnaire to nurses in each hospital, where it was done face-to-face, in addition to electronic distribution. Then, the questionnaire was filled out, collected, and prepared for analysis.

2. Leadership Styles

This section aims to identify and evaluate the leadership style followed by managers and supervisors in the work environment. By using three different leadership styles

The democratic leadership style was used, an example of which is the leader participating with me in the decision-making process.?

The autocratic leadership style is an example. The leader is characterized by extreme firmness and precise definition of nurses' duties.?

The Laissez-faire leadership style is an example. Does the leader leave me complete freedom to choose the work I want?

3. Nurse Performance: This section evaluates nurses' performance through a set of criteria such as competence, commitment, and quality in providing care. The questions were designed to assess nurses' satisfaction with their performance and the challenges they face in their daily work. Example questions: I perform my work efficiently and effectively.

Develop and Review the Questionnaire: The author developed the questionnaire based on previous literature and models adopted in this field. The questionnaire underwent a rigorous review process by a group of expert arbitrators to ensure its validity and reliability. Selection of arbitrators: A group of quality management and

health leadership experts was selected to review the questionnaire. Submitting the questionnaire to the arbitrators: The questionnaire was sent to the arbitrators, explaining the purpose of the study and each section of the questionnaire.

Collect Feedback: Judges provided feedback on the questions' clarity, appropriateness, and the accuracy of the language used⁵. Questionnaire modification: Based on the judges' feedback, necessary changes were made to improve the clarity, accuracy, and comprehensiveness of the questions. Data collection procedures

The Study Sample was carefully selected to ensure that it represented the target group. Using a simple random sampling method, the sample included nurses from various regional hospitals. The questionnaire was distributed to participants via email and, in some cases, was distributed manually to ensure the participation of as many nurses as possible. Completed questionnaires were collected within a specified period and ensured that they were completely collected before beginning the analysis process.

Sample Size: The study community consists of nurses working in government hospitals in the northern West Bank. The study targeted six government hospitals in the northern West Bank, which employ a total of 786 male and female nurses. The study sample was selected using a simple random sampling method to ensure that all categories were represented. The sample size was 257 nurses distributed to government hospitals as follows:

Al Watani government hospital-Nablus: 38 nurses and nurses.

Rafidia surgical hospital-Nablus: 72 nurses.

Dr. Khalid Sulaiman government hospital-Jenin: 59 nurses.

Dr. Darwish Nazal Government Hospital-Qalqilya: 23 male and female nurses.

Dr. Thabet Thabet government hospital-Tulkarm: 48 nurses and nurses.

Tubas Turkish state hospital-tubas: 20 nurses and a nurse.

3.10 Limitations

The study faced several determinants that could affect the generalization of the results or their wider application. Among these determinants are:

Geographical area: the study was limited to government hospitals in the northern West Bank, which means that the results may not be generalizable to the rest of the West Bank or the Gaza Strip.

Sample size: although the sample size was appropriate for answering research questions, using a larger sample may give more accurate results and enable the results to be generalized more widely.

Study design: the study relied on descriptive-analytical design, which may not be sufficient to identify causal relationships between different variables.

Study tool: The use of the questionnaire as the main data collection tool can carry with it some limitations, such as the private bias of the actors and the lack of a complete or correct response to some questions.

Time: the study was conducted over a set period of time, which means that changes that may occur over time in leadership programs or the work terrain may affect the results.

3.11 Data Management & Analysis

Data was managed and analyzed using Statistical Package for the Social Sciences (SPSS)(IBM, 2022), a software package used for statistical analysis of quantitative and qualitative data. Following that, the hypotheses were examined based on their

statistical characteristics. Descriptive statistics, T-test, chi-square, and p-value calculations were used to determine the study hypotheses.

3.12 Ethical Consideration

This study considered all the requirements; privacy and confidentiality were fully safeguarded since no identifiers or personal information, such as participant names or IDs, were gathered or retained. The MoH permitted the use of the questionnaire. The Arab American University of Palestine (AAUP)-graduate studies approved the proposal.

To this end, this chapter tackled the study's methodology in detail by clarifying the study's sample and the study's setting, in addition to determining those who were included in the study and who were excluded based on the study's objectives. Study design and data collection process were included in this chapter, and ethical considerations for research were discussed to maintain patient privacy.

Chapter Four

Results

This chapter reviews the statistical analyses of the data. The participants were asked to score their responses on a five-point Likert scale ranging from “1” strongly disagree to “5” strongly agree. To interpret their responses, the following scale is used (Table 4.1)

Table 4.1. The Mean Score Interpretation.

Degree	Cell length
Little	From 1-2.33
Medium	From 2.34-3.66
High	From 3.67-5

A total of 257 nurses filled out the questionnaire. About 55% of them are males, and 64.6% of the respondents have a four-year bachelor's degree. Surprisingly, 61% of the sample show a level of dissatisfaction in their jobs.

Table 4.2 The Characteristics of the Respondents (N=257).

Variable	Group	Frequency	Percentage
Age	20 – 24	23	9%
	25 – 29	62	24.1%
	30 – 34	45	17.5%
	35 & above	127	49.4%
Gender	Male	147	57.2%
	Female	110	42.8%
Marital Status	Married	181	70.4%
	Unmarried	76	29.6%

Level of Education	Diploma	34	13.2%
	Bachelor's Degree	173	67.4
	Master's degree	50	19.5%
Years of experience	1 month to 2 years	18	6.7%
	3 y to 5 y	63	23.5%
	6 y to 10 y	55	20.5%
	11 y to 15 y	59	22%
	16 y & above	73	27.2%
Hospital	Dr.KhalilSuleiman Hospital	59	23.7%
	Tubas Hospital	20	6.6%
	Dr. Thabet Hospital	48	18.3%
	AlWataniHospital	38	14.4%
	Rafidia Hospital	72	29.2%
	Darwish Nazal Hospital	23	7.8%
Overall, JobSatisfaction	Very satisfied	10	3.9%
	Satisfied	38	14.8%
	Neither satisfied nor dissatisfied	44	17.1%
	Dissatisfied	134	52.1%
	Very dissatisfied	31	12.1%

The questionnaire is used to investigate how different leadership styles employed by nursing managers affect the performance of nurses in public hospitals in the North of

the West Bank. Table 4.3 shows respondents' means and standard deviations regarding the democratic leadership style.

Table 4.3. Democratic Leadership Style

#	Item 1	Means	Standard Deviations	Percentage	Degree
1	The leader participates with me in the decision-making process.	3.69	0.895	52.57%	High
2	The leader encourages me to express my problems at work.	3.55	0.995	51.57%	Medium
3	The leader allowed me to share my opinions on solving the hospital's problems.	3.45	0.926	49.57%	Medium
4	The leader delegates part of his powers to the top-level manager.	3.60	0.861	51.4%	Medium
5	The top-level manager encourages periodic meetings with the nursing teams.	3.32	1.071	48.71%	Medium
6	The leader is considered a role model and commands the respect of all nurses.	3.52	0.923	50.2%	Medium

7	The top-level manager shows flexibility in his dealings with me and the nurses' team.	3.53	0.988	50.86%	Medium
The overall score for the dimension		3.52	0.951	50.2%	Medium

Results illustrate the average performance of the leader and the top-level manager in the work environment, based on the democratic style, ranging from (52.57%) to (48.71%). It is noteworthy that the item receiving the Highest rating is "The leader participates with me in the decision-making process," with a percentage of approximately (52.57%), while the item receiving the lowest rating is "The top-level manager encourages periodic meetings with the nursing teams.," with a percentage of approximately (48.71%). The overall results indicate that the overall performance of this aspect reached a percentage of approximately (50.2%), demonstrating a moderate distribution of ratings among the different items.

Table 4.4 shows the responses of the participants on the items of the autocratic leadership style construct.

Table 4.4. Autocratic Leadership Style

#	Item 2	Means	standard deviations	Percentage	Degree
1	The leader is characterized by extreme firmness and precise definition of nurses' duties.	3.64	0.886	52%	Medium
2	The leader studies the decisions and then issues them individually.	3.38	0.949	48.28%	Medium
3	The top-level manager considers exchanging opinions a waste of time.	3.08	1.020	44%	Medium
4	The top-level manager is keen to be the official spokesman on behalf of the nurses.	3.38	0.898	48.28%	Medium
5	The top-level manager is imposed on instructions and regulations	3.53	0.862	50.4%	Medium
6	It is difficult for me to contact the leader when I need him.	3.01	1.156	43%	Medium
7	The leader reserves all powers for himself.	3.20	1.110	45.71%	Medium
The overall score for the dimension		3.31	0.983	47.28%	Medium

The results show the performance of the leader and manager in the work environment, based on the autocratic style, with percentages between (52%) and (43%). It is noted that the item receiving the medium rating is " The leader is characterized by extreme

firmness and precise definition of nurses' duties.," with a percentage of approximately (52%). The item receiving the lowest rating is "It is difficult for me to contact the leader when I need him.," with a percentage of approximately (43%). The ratings vary among the items, indicating that the overall performance of the autocratic style reaches a moderate percentage of approximately (47.28%).

Table 4.5 shows the participants' responses on the items of the autocratic leadership style construct.

Table 4.5. Laissez-faire Leadership Style

#	Item 3	Means	Standard Deviations	percentage	Degree
1	The leader leaves me complete freedom to choose the work I want	3.03	1.112	50.5%	Medium
2	The leader tolerates me when I fail to perform my work and duties.	3.33	0.954	55.5%	Medium
3	There are systems and laws through which nurses are held accountable.	3.42	1.084	57%	Medium
4	Nurses have their personal opinions when facing work situations.	3.44	0.869	57.33%	Medium
5	The leader grants his managerial powers to all nurses.	3.14	0.943	52.33%	Medium

6	The leader tolerates nurses going out during work.	3.16	0.983	52.66%	Medium
The overall score for the dimension		3.25	0.990	54.1%	Medium

The results show the leader's performance in the work environment, based on the laissez-faire style, percentages between (57.33%) and (50.5%). It is noted that the medium rating is in the item "Nurses have their personal opinions when facing work situations," with a percentage of approximately (57.33%), while the lowest rating is in the item " The leader leaves me complete freedom to choose the work I want," with a percentage of approximately (50.5%). The overall performance of this aspect indicates a moderate percentage of approximately (54.1%), suggesting variability in the leader's performance across different aspects.

To assess how participants perceived the level of performance, respondents scored 12 items, which included both performance and performance evaluation. The findings are presented in Table 4.6.

Table 4.6. Performance: Descriptive Statistics

#	Item 1	Means	standard deviations	percentage	Degree
1	I perform my work efficiently and effectively.	3.93	0.923	32.75%	High
2	I make enough effort to complete my work on time.	3.93	0.913	32.75%	High
3	I prefer to participate in the decision-making process.	3.81	1.024	31.75%	High
4	I have sufficient ability to correct	3.78	0.898	31.5%	High

	errors resulting from the performance of my work.				
5	I constantly improve my knowledge about my job requirements.	3.80	0.863	31.66%	High
6	I have the skills and ability to solve work- related problems.	3.93	0.829	32.75%	High
7	Fair treatment from the top-level manager supported me in raising my performance.	3.56	1.074	29.6%	Medium
8	I am satisfied with the job performance evaluation system.	3.46	1.093	28.8%	Medium
9	The performance evaluation system motivates me to perform better.	3.47	1.166	28.91%	Medium
10	I take into account the humanitarian aspects of patients when providing medical services.	3.98	0.866	33.1%	High
11	I am happy with the teamwork in my department.	3.56	1.175	29.6%	Medium
12	I involve the patient in the treatment plan.	3.57	0.978	29.75%	Medium
The overall score for the dimension		3.73	0.983	31.08%	High

The table results indicate that the performance of nurses percentages between (32.75%) and (28.8%), reflecting the highest appreciation for their performance. The items "I perform my work efficiently and effectively, I make enough effort to complete my work on time, and I have the skills and ability to solve work-related problems" percentage at (32.75%). In contrast, the item "I am satisfied with the job performance evaluation system." received the Lowest percentage at (28.8%). Overall, the results indicate a good performance at (31.08%).

Hypotheses Testing

The first hypothesis: There is no statistically significant effect at the significance level ($0.05 \geq \alpha$) of the leadership style on the performance of nurses. The findings are presented in the following table.

Table 4.7. The Effect of Leadership Style on Performance: Multi-Regression Analysis

Independent variables	Reg. B	sig. value	Standard error	Beta	T. value	Sig level (0.05)
R2	17.949	0.000	2.579		6.960	Sig.
The first dimension: Democratic Style	0.663	0.00	0.114	0.421	5.790	Sig.
The second dimension: Autocratic Style	0.129	0.185	0.097	0.072	1.330	insignificant
The third dimension: Third: Laissez-faire Style	0.383	0.008	0.144	0.191	2.658	Sig.

ANOVA			
F Test value	48.162	Sig.	0.000
R2	0.363		

Table 4.7 shows that multiple regression analysis was used to examine the influence of the three leadership styles (democratic, authoritarian, and libertarian) on various dependent variables. The results showed that the determination coefficient (R2) amounted to 0.363, indicating that the regression model used can explain 36.3% of the change in dependent variables. In addition, the analysis of variance (ANOVA) showed that the value of the test (F) amounted to 48.162 with a statistical significance level (Sig.) Of 0.000, which shows that the regression model as a whole is statistically significant and well explains the change in dependent variables.

For independent variables, the results showed that the Democratic mode and the libertarian mode have a positive and statistically significant effect on dependent variables, reaching the level of statistical significance (Sig.) For a Democratic pattern of 0.000 with a regression coefficient (Reg. B) of 0.663 and the value of (T) amounted to 5.790, while the level of the statistical significance of the libertarian pattern reached 0.008 with a regression coefficient (Reg. B) the value of 0.383 and the value of (T) amounted to 2.658. In contrast, the authoritarian style did not show a statistically significant effect; its statistical significance level (No Sig) was 0.185. These results show that the Democratic and libertarian styles are more effective in influencing dependent variables than the authoritarian ones.

The Second Hypothesis: There are no statistically significant differences at the significance level ($0.05 \geq \alpha$) between the nurses' performance based on their demographic differences.

Table 4.8 Shows the Performance of Nurses Based on Demographic Differences.

Variable	Category	Mean	Standard Deviation	Source of Variance	Df	t-value	Sig.
Age	20 – 24	44.45	11.342	Between Groups	4	0.206	0.935
	25 – 29	44.69	4.629	Within Groups	252		
	30 – 34	45.67	8.230	Total	256		
	35 & above	44.54	8.208				
Gender	Male	43.61	7.715			-2.802	0.704
	Female	46.33	7.647				
Marital Status	Married	45.22	7.862			0.214	0.644
	Unmarried	43.71	7.554				
Level of Education	Diploma	44.65	7.058	Between Groups	2	0.079	0.924
	Bachelor's Degree	44.90	7.799	Within Groups	254		
	Master's degree	44.42	1.180	Total	256		
Years of experience	1 month to 2 years	50.43	8.960	Between Groups	4	4.698	0.001
	3 y to 5 y	45.63	5.345	Within	252		

n				Groups			
	6 y to 10 y	44.81	7.724	Total	256		
	11 y to 15 y	46.78	7.728				
	16 y & above	42.04	8.961				
Hospital	Dr.KhalilSuleiman Hospital	44.97	8.577	Between Groups	5 251	1.205	0.307
	Tubas Hospital	43.71	5.956				
	Dr. Thabet Hospital	42.85	8.054	Within	256		
	AlWataniHospital	46.76	3.616	Groups	5		
	Rafidia Hospital	44.80	8.976	Total	251		
	Darwish Nazal Hospital	45.85	6.352				
Overall Job Satisfaction	Very satisfied	31.1	13.780	Between Groups	4	18.906	0.000
	Satisfied	40.8	4.689	Within Groups	252		
	Neither satisfied nor dissatisfied	43.4	7.598	Total	256		
	Dissatisfied	46.1	6.603				
	Very dissatisfied	49.9	6.172				

The results of the analytical study using the individual variance analysis test (ANOVA)

and the T-test show that there are no significant differences between nurses '

performance based on most demographic variables such as age, gender, marital status, education level, and the hospital in which they work. However, some significant differences emerged based on two main variables-years of experience and job satisfaction.

Years of experience: the only variable that significantly influenced the performance of nurses was the years of experience. The results showed that nurses with experience ranging from 1 month to two years showed significantly better performance (mean 50.43, standard deviation 8.960) compared to other groups. It was also noted that performance gradually decreases with increasing years of experience, reaching its lowest levels in nurses who have worked for 16 years or more (average 42.04, standard deviation 8.961). This decrease can be explained by the fact that new nurses may have higher levels of motivation and skills as they have recently been trained, while experienced ones may experience burnout or consider work routines.

Job satisfaction: job satisfaction was found to vary significantly among nurses. Nurses who were "very satisfied" with their job showed worse performance (mean 31.1, standard deviation 13.780) compared to the other group, while those who were "very dissatisfied" performed much better (mean 49.9, standard deviation 6.172). This may indicate that very high job satisfaction may reflect either a relaxed attitude towards work or an excessive feeling of well-being in employees, while low job satisfaction may prompt nurses to improve their performance to progress in their careers.

Other variables: other variables such as age, gender, marital status, educational level, and hospital did not show significant differences in nurses' performance. For example, the differences in performance between different age groups were insignificant ($P = 0.935$), as well as between males and females ($P = 0.704$), between married and

unmarried ($P = 0.644$), and between different levels of Education ($P = 0.924$). There were also no significant differences in performance between nurses working in different hospitals ($P = 0.307$), which indicates that the type of hospital or its geographical location does not have a significant impact on performance.

Based on these results, it can be concluded that years of experience and job satisfaction are the two factors that most affect the performance of nurses. Therefore, it may be beneficial for health institutions to focus on enhancing job satisfaction for nurses, providing a stimulating and rewarding work environment, and offering ongoing training programs for new and experienced nurses to maintain high-performance levels.

Table (4.9) Shows the Impact of Different Leadership Styles Based on Demographic Differences.

Variable	Independent variables	Reg. B	sig. value	Standard error	Beta	T. value	Sig level (0.05)	ANOVA		
								F Test value	Sig.	R2
Age	R2	2.508	0.000	0.627		3.998	Sig	1.462	0.225	0.017
	Democratic Style	-0.020	0.469	0.028	-0.066	-0.726	No Sig			
	Autocratic Style	-0.008	0.740	0.024	-0.022	-0.333	No Sig			
	Laissez-faire Style	0.068	0.054	0.035	0.173	1.933	Sig			

Gender	R2	1.200	0.000	0.202		5.953	Sig	3.499	0.16	0.40
	Democrat ic Style	0.028	0.002	0.009	0.278	3.117	Sig			
	Autocrati c Style	0.002	0.761	0.008	0.020	0.304	No Sig			
	Laissez- faire Style	-0.026	0.021	0.112	- 0.206	- 2.331	Sig			
Level of Education	R2	2.281	0.000	0.234		9.749	Sig	1.718	0.16 4	0.20
	Democrat ic Style	-0.018	0.088	0.010	- 0.155	- 1.715	No Sig			
	Autocrati c Style	0.009	0.325	0.009	0.066	0.986	No Sig			
	Laissez- faire Style	0.001	0.943	0.001	0.006	0.071	No Sig			
Years of experience	R2	4.268	0.000	0.504		8.461	Sig	1.306	0.27 3	0.015
	Democrat ic Style	-0.016	0.472	0.022	- 0.065	- 0.721	No Sig			
	Autocrati c Style	-0.032	0.099	0.019	- 0.111	- 1.656	No Sig			
	Laissez- faire Style	0.020	0.479	0.028	0.063	0.709	No Sig			
	R2	1.975	0.005	0.695		2.841	Sig	1.734	0.16	0.020
	Democrat ic Style	-0.006	0.853	0.031	- 0.017	- 0.186	No Sig			

Hospital	Autocratic Style	0.023	0.381	0.026	0.059	0.878	No Sig		0	
	Laissez-faire Style	0.054	0.167	0.039	0.124	1.387	No Sig			
Overall Job Satisfaction	R2	0.243	0.491	0.352		0.689	No Sig	35.661	0.000	0.297
	Democratic Style	0.035	0.025	0.016	0.173	2.260	Sig			
	Autocratic Style	0.026	0.049	0.013	0.112	1.977	Sig			
	Laissez-faire Style	0.093	0.000	0.020	0.357	4.722	Sig			

The results indicate that there were significant differences in the level of importance between different leadership styles based on gender and overall job satisfaction. In contrast, no significant differences appeared based on age, educational level, years of experience, or type of hospital. This suggests that gender and job satisfaction may have a greater impact on how employees evaluate different leadership styles compared to other variables.

Age: the results showed no statistically significant differences in performance based on age and driving style. The regression coefficients for democratic, authoritarian, and Liberal leadership styles (-0.020, -0.008, and 0.068, respectively) were statistically insignificant (y values greater than 0.05). This suggests that age does not significantly affect employees' assessment of different leadership styles.

Gender: the results showed that there were significant differences between the sexes regarding their assessment of leadership styles. The Democratic leadership style (regression coefficient 0.028, $P = 0.002$) and the libertarian leadership style (regression coefficient -0.026, $P = 0.021$) had a statistical effect D on performance, while the authoritarian leadership style had no statistical effect d (regression coefficient 0.002, $P = 0.761$). This suggests that gender may influence how employees evaluate leadership styles, as males and females prefer different leadership styles.

Level of education: the results did not show significant differences in performance based on the level of education and leadership style. The regression coefficients for democratic, authoritarian, and Liberal leadership styles (-0.018, 0.009, and 0.001, respectively) were statistically insignificant (y values greater than 0.05). This suggests that the level of Education does not significantly affect the employees ' assessment of various leadership styles.

Years of experience: the results showed that there were no significant differences in performance based on years of experience and driving style. The regression coefficients for democratic, authoritarian, and Liberal leadership styles (-0.016, -0.032, and 0.020, respectively) were statistically insignificant (y values greater than 0.05). This indicates that years of experience do not significantly affect the employees ' assessment of different leadership styles.

Type of hospital: the results showed no significant differences in performance based on the type of hospital and driving style. The regression coefficients for democratic, authoritarian, and Liberal leadership styles (-0.006, 0.023, and 0.054, respectively) were statistically insignificant (y values greater than 0.05). This suggests that the type

of hospital does not significantly affect the staff's assessment of different leadership styles.

Overall job satisfaction: the results showed significant differences in performance based on job satisfaction and leadership style. Where Democratic leadership styles (regression coefficient 0.035, $P = 0.025$), authoritarian (regression coefficient 0.026, $P = 0.049$), and libertarian (regression coefficient 0.093, $P < 0.000$) had a statistically significant effect on performance. This suggests that job satisfaction has a significant impact on how employees evaluate different leadership styles, as job satisfaction increases employees' preference for diverse leadership styles.

Chapter Five

Discussion

5.1 Introduction

This chapter reviews and discusses the results obtained through the research. Then, the recommendations from these findings are formulated. This chapter represents the final step in the research, where the data and conclusions reached are interpreted, and practical guidance is provided for future policies and practices in the studied field.

The discussion of the results revolves around data analysis and understanding what information has been generated, including clarifying the relationships, trends, and contradictions discovered. Additionally, the importance of the results in the context of the study and the factors that may have influenced them will be discussed.

Subsequently, practical recommendations will be formulated to guide future policies and practices. These recommendations are based on the actual results of the research, with an explanation of how they can be applied and the potential benefits they can bring to the field.

5.2 How Nurses Perceive Their Managers' Roles

Nursing managers employ different leadership styles that affect the performance of nurses in public hospitals in the North of the West Bank.

The democratic leadership style shows relatively high engagement, with the highest-rated trait being "The leader participates with me in the decision-making process," which scored an average of (3.69) and was perceived positively by (52.57%) of respondents. This suggests a significant appreciation for inclusivity. However, the trait concerning "The leader allows me to share my opinions in solving the hospital's

problems" scored (3.45) with a perception rate of (48.71%), indicating some reservations about open communication. The overall performance of leaders under this style is considered moderate (50.8%), highlighting strengths in collaboration and areas needing improvement in communication effectiveness.

In the autocratic style, the highest-rated trait is "The leader is characterized by extreme firmness and precise definition of nurses' duties," scoring (3.64) and perceived positively by (52%), suggesting that a structured and defined leadership approach is well-received in terms of task clarity. However, engagement with team opinions is seen as less favorable, with the trait "It is difficult for me to contact the leader when I need him," scoring lowest at (3.01), with a perception rate of (43%). This reflects some challenges in flexibility and openness in management under this style. The overall effectiveness is rated as moderate (47.28%), indicating a need for balance between firmness and flexibility.

In the laissez-faire style, the attribute "Nurses have their personal opinions when facing work situations" scored the highest (3.44) with a perception rate of (57.33%), demonstrating a strong preference for autonomy. However, "The leader leaves me complete freedom to choose the work I want" scored the lowest (3.03) with a perception rate of 50.5%, possibly reflecting concerns about excessive leniency affecting work discipline. The overall score for this style is moderate (55.25%), suggesting that while autonomy is valued, there is a perceived need for more structured oversight.

The study's results indicated that the Autocratic Style yielded the highest scores. Nurses' feedback suggests that leaders who adopt this approach positively impact their productivity and commitment to their work. They execute their assigned tasks with

precision. This style underscores the leader's control over decision-making in a precise manner, often without team participation. Clear task delineation ensures expedited completion of work.

The study by Ichsan et al. (2021) highlighted the importance of strict and clear leadership in employee performance, indicating the need to balance structure and flexibility. In contrast, Ibrahim et al. (2019) found that autocratic leadership negatively impacts nurses' performance due to challenges associated with flexibility and openness. O'Donovan et al. (2021) demonstrated that leadership emphasizing empowerment and relationships can improve performance, suggesting the need to balance autonomy and structured control. Zaghiniet et al. (2020) underlined the importance of a structured work environment and its impact on the quality of care, pointing out that too much laxity can negatively affect nurses' performance.

The results of the current study are consistent with previous studies in that different leadership styles significantly affect nurses' performance and that achieving a balance between inclusivity, rigor, and independence is key to enhancing performance and satisfaction in the nursing work environment. Incorporating the strengths of each leadership style can enhance leadership effectiveness and ensure a positive and productive work environment.

The researcher observes that the complexity of leadership's impact on nursing performance is apparent. While nurses appreciate certain aspects of each leadership style, there are conspicuous areas for improvement across all styles. In the researcher's view, enhancing leadership effectiveness in nursing management might require a more balanced approach. This involves integrating the strengths of each style to produce a terrain that maximizes nanny performance and satisfaction. They suggest that achieving

this balance could involve enforcing further inclusive decision-making processes, icing clear communication of tasks, and espousing a well-rounded approach to autonomy and oversight.

The results indicate that nurses in public hospitals in the Northern West Bank perform their duties with high levels of effectiveness, with assessments reflecting a good position of performance aspects of their work. Rudiments measuring effectiveness and trouble completing tasks within deadlines entered the loftiest conditions, indicating nurses' commitment to work norms and effectively achieving healthcare institution pretensions.

Some areas need strengthening, especially with regard to the performance appraisal system. Satisfaction with the performance evaluation system yielded lower results, which may impact nurses' provocation and drive to perform better. Developing a more effective evaluation system that directly reflects nurses' performance and motivates them to enhance performance situations could be a significant step towards perfecting healthcare services.

The researcher believes there's a critical need to review the styles used to estimate nurses' performance and performance in hospitals. The focus should be on developing evaluation systems that support professional growth and particular development and furnishing nonstop support and training to ensure nonstop enhancement in performance. Perfecting the evaluation system benefits nurses and enhances the quality of care handed to cases, appreciatively impacting the healthcare system as a whole.

5.3. Testing the Thesis Model: the Effect of Leadership Styles on Performance

The First Hypothesis Is H_{01} : There Is No Statistically Significant Effect at The Significance Level ($0.05 \geq \alpha$) of the Leadership Style on The Performance of Nurses.

It shows the influence of different leadership styles on the nurse's performance in public hospitals in the North of the West Bank; multiple regression analysis was employed to assess the relationship between the three leadership styles (Democratic, Autocratic, and Laissez-faire) and nurse performance. The results extracted from the table indicate significant points that may directly affect human resource management in the healthcare sector.

Firstly, both the Democratic laissez-faire leadership styles positively and significantly impacted nurse performance. Democratic leadership, which encourages participation and collaboration among team members, can improve nurses' motivation and job satisfaction. On the other hand, Laissez-faire leadership, while limited in fostering innovation, may be effective in situations requiring quick and decisive decisions, which are essential in the complex and ever-changing medical work environment.

Secondly, the autocratic style showed no significant impact on nurse performance. Lack of supervision and guidance could reduce operational efficiency and adversely impact performance with this type of leadership. The Laissez-faire approach may not be the best option in healthcare due to the need for precision and high levels of responsibility. An ANOVA analysis highlighted the importance of choosing the right leadership style to improve hospital performance, revealing statistically significant differences in nurse performance among leadership groups.

Ichsan et al. (2021) show a positive relationship between leadership style and nurse performance, as the results showed that hand performance was directly affected by leadership style. In addition, the study by O'DonovanR et al. (2021) confirms the significance of empowering and relationship-acquainted leadership in perfecting the performance of nursing brigades, indicating a positive relationship between leadership styles and nurses' performance.

Zaghini et al.'s (2020) study demonstrates the significance of leadership in the quality of the work terrain and its impact on patient satisfaction, strengthening the positive relationship between leadership styles and patient satisfaction.

Ibrahim et al.'s (2019) study confirms the actuality of a relationship between the leadership styles of principal nurses and nurses' performance, which supports the positive relationship between them.

The researcher believes these results enhance understanding of the relationship between leadership and employee performance in the healthcare sector. Balancing Democratic and Autocratic leadership is essential to ensure optimal performance. Democratic leadership promotes transparency and participation, while Autocratic leadership provides firm leadership in emergencies. The researcher recommends that healthcare institutions enhance leadership training programs that address how to blend leadership styles to serve best medical practices and improve nurse performance.

5.4. Differences Based on Demographic Characteristics

Result of The Second Hypothesis H₀₂: There Are No Statistically Significant Differences at The Significance Level ($0.05 \geq A$) Between the Nurses' Performance Based on Their Demographic Differences.

An examination of results from multiple regressions shows some interesting findings about how nurses' performance relates to different employee demographics. Each variable is discussed individually, and these outcomes' practical and theoretical implications are presented.

The results of the study showed that certain factors significantly affect the performance of nurses, while there are others that do not show a statistically significant effect. Among the variables studied, years of experience and job satisfaction were the two factors that influenced performance most.

There are No Statistically Significant Differences in the Performance of Nurses in Public Hospitals in the Northern West Bank Based on the Variable of Years of Experience.

The study showed that nurses with little experience (between one month and two years) performed better compared to nurses with long experience. This can be explained by the fact that new nurses usually have high motivation and a sense of commitment as a result of their newly trained desire to prove themselves in the work environment. Conversely, the daily routine and the length of the work period can lead to a decline in performance in nurses with long experience, as they may experience fatigue or boredom, negatively affecting their productivity.

There are No Statistically Significant Differences in the Performance of Nurses in Public Hospitals in the Northern West Bank Based on The Variable of Job Satisfaction.

As for job satisfaction, the results showed that nurses who were "very dissatisfied" performed better than nurses who were "very satisfied." This result may seem unexpected at first glance, but it may reflect the phenomenon that high job satisfaction

may make nurses more comfortable and less interested in improving their performance, while dissatisfaction may push nurses to improve their performance with a desire to advance or change their career status.

Other variants:

Despite the importance of some other demographic variables, such as age, gender, marital status, and educational level, the results showed that they did not significantly affect the performance of nurses. This can be explained by the fact that these variables may not directly impact nurses' job performance and that other factors that are not studied affect performance, such as the work environment, organizational culture, and management support.

There are No Statistically Significant Differences in the Performance of Nurses in Public Hospitals in The Northern West Bank Based on The Variable of Type of Hospital.

The study did not show significant differences based on the type of hospital or its geographical location, suggesting that the work environment may be very similar in different hospitals or that other factors play a greater role in influencing performance, such as labor policies or management support.

Result of The Third Hypothesis H_{03} : There Are No Significant Differences in The Level of Importance ($0.05 \geq A$) Between Different Driving Styles Based on Demographic Differences.

An examination of results from multiple regressions shows some interesting findings about how leadership styles relate to different demographics of employees. Each variable is discussed individually, and these outcomes' practical and theoretical implications are presented.

There Are No Statistically Significant Differences in The Leadership Styles in Public Hospitals in The Northern West Bank Based on The Variable of Age.

Results indicate that age does not significantly affect employee's judgment concerning various leadership styles. Based on the above results, it is easy to conclude that age does not significantly impact employees' evaluation of diverse leadership patterns. This is evidenced by the non-statistically significant values of the regression coefficients for democratic, authoritarian, and libertarian leadership styles. This result means that employees' preferences for leadership styles do not change significantly with age. This can be explained by the fact that effective leadership styles may be equally important for employees of all age groups since all ages can similarly adapt to different leadership styles.

There Are No Statistically Significant Differences in The Leadership Styles in Public Hospitals in The Northern West Bank Based on The Variable of Gender.

The study found that there were significant differences between the sexes in their assessment of driving patterns. The results indicated that the democratic leadership style is preferable among employees, and the libertarian leadership style has a D-effect between the genders. These findings suggest that gender can play a role in determining leadership preferences, as women may have different leadership preferences than men, possibly due to differences in professional or personal experiences.

There are No Statistically Significant Differences in The Leadership Styles in Public Hospitals in The Northern West Bank Based on The Variable of Education.

The results did not show significant differences between education level and leadership style preferences. This suggests that employees of different levels of Education have

similar preferences for leadership styles. This finding is consistent with the hypothesis that leadership effectiveness is assessed based on performance and leadership behaviors rather than employees' educational background.

There are No Statistically Significant Differences in The Leadership Styles in Public Hospitals in The Northern West Bank Based on The Variable of Years of Experience.

The results showed that years of experience do not significantly affect employees' assessment of leadership styles. This result means that long or short work experience does not change the preferences of employees for different leadership styles. This can be explained by the fact that experience leads to the ability of employees to adapt to different leadership styles on an equal footing.

There Are No Statistically Significant Differences in The Leadership Styles in Public Hospitals in The Northern West Bank Based on The Variable of Job Location.

The study found no significant differences between the type of hospital and driving style preferences. This suggests that different hospitals' work environments do not affect how employees evaluate leadership styles. This can be because hospital environments are similar in work culture and desired leadership style, which makes the leadership assessment uniform among different hospitals.

There Are No Statistically Significant Differences in The Leadership Styles in Public Hospitals in The Northern West Bank Based on The Variable of Job Satisfaction.

The results showed that there are significant statistical differences between job satisfaction and leadership style preferences. All leadership styles (democratic,

authoritarian, and libertarian) were statistically significantly associated with job satisfaction. This suggests that job satisfaction plays a crucial role in how employees evaluate leadership styles. This can be explained by the fact that employees who are satisfied with their work tend to perceive leadership styles more positively, which reinforces their preferences for different leadership styles.

5.5. Conclusions

The results demonstrate the depth to which different leadership styles and other environmental factors such as education level, years of experience, and workplace location can impact the performance of nurses in public hospitals in the North of the West Bank. Analyzing the relationships between these factors and nurse performance shows that both democratic and autocratic leadership styles significantly and positively impact performance, while the laissez-faire style did not show a tangible effect. Additionally, experience and expertise emerge as key factors in enhancing nurses' capabilities, indicating that academic education alone is insufficient to ensure improvement in practical performance unless coupled with practical applications and continuous training.

It is worth noting that job satisfaction, despite contrary expectations, has shown that its decrease may drive nurses to enhance their performance, indicating complex dynamics that require deeper understanding. Emphasizing the improvement of working conditions and providing a motivating and supportive environment can significantly enhance nurses' efficiency and satisfaction, thereby positively reflecting on the quality of healthcare provided.

Therefore, there is a need to rethink how performance is managed and evaluated in the healthcare sector, focusing on developing evaluation systems that support professional growth and personal development and providing continuous support and training to ensure persistent performance improvement. A balanced approach that integrates strength and flexibility, support and independence, and theoretical and practical training may be the key to enhancing nurse performance and improving healthcare services overall.

5.6. Recommendations

Based on the results extracted from the study, the following recommendations can be proposed to improve policies and administrative practices in the healthcare sector, especially in public hospitals in the North of the West Bank:

1. Enhance Balanced Leadership Styles: Hospital administrations may integrate democratic and autocratic leadership styles to promote transparency and participation while providing firm leadership in emergencies. Leadership training programs should focus on how to blend these styles to enhance nurse performance and satisfaction.
2. Improve Infrastructure and Working Conditions: Invest more in medical infrastructure and improve working conditions to ensure a motivating and efficient work environment. This includes updating equipment, improving administrative and technical support systems, and ensuring adequate resources are available.
3. Develop Performance Evaluation Systems: Develop a performance evaluation system that accurately reflects the efficiency and achievements of nurses, focusing on supporting professional growth and personal development. The system should provide constructive feedback and motivate nurses to improve their performance.

4. Enhance Training and Professional Development Programs: Establish and support continuous training and professional development programs focusing on practical competencies and clinical skills. These programs should target nurses at all levels of education and experience to ensure their skills are continuously updated.
5. Emphasize Practical Application in Education: Since the results have shown that formal education alone may not directly impact practical performance, enhancing the practical aspect in theoretical education programs and providing opportunities for intensive practical training is essential.
6. Provide Support According to Workplace Location: Due to variations in performance based on workplace location, individual hospitals' specific needs should be assessed and addressed, providing necessary support to achieve equal performance standards.
7. Focus on Job Satisfaction: Since job satisfaction has a complex impact on performance, management should understand and address factors leading to decreased satisfaction and work on improving them to motivate nurses and enhance their overall performance.

5.7 Future Studies

This study will open doors to a variety of forthcoming research that may further our understanding of the influence of leadership styles on nurses' performance in health care facilities. Here are some future study suggestions:

Expand the geographical scope of the study: Other studies may be done within other parts of the West Bank and Gaza Strip or even other countries with different health

settings to confirm the generalization of results and provide insights for comparing different environments.

Increase sample size: To add up to the dependability of results, more male and female nurses could be studied; this makes it possible to get better results, hence making it easier for the findings obtained here to be generalized.

Utilize different types of research designs: Different types of research designs can include longitudinal study designs that trace changes in nurse performance over a longer period, such as years, thus explaining the long-term effects caused by diverse leadership styles.

Study of intermediate and modifying effects: Intermediate and modifier variables such as work environment, organizational commitment, and job satisfaction can be explored more deeply to understand how these variables affect the relationship between leadership styles and nurse performance.

Different data collection tools: Besides questionnaires, other data collection tools such as in-person interviews, field observations, and document analysis can be employed to improve the reliability and credibility of the findings.

Investigate the effect of training and professional development: The impact of training and professional development programs on enhancing leadership skills among nurses and their consequent impacts on their performance can be studied to assist in designing effective training programs.

Evaluate how leadership affects patient care: Research focusing on how different types of leadership affect quality patient care outcomes goes towards improving strategies for leading health organizations.

Examine technology's influence on nursing leadership: Understanding how changing trends in theoretical and practical approaches to nurses' performance affect healthcare quality within health management institutions has been found useful by using these methods.

How technological dynamics coupled with digital application approaches could enhance leadership styles and their outcome on nurses' performance and Teamwork effectiveness might be subjected to examination.

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Appendices

Appendix A: IRB Approval

Arab American University
Institutional Review Board - Ramallah



الجامعة العربية الأمريكية
مجلس أخلاقيات البحث العلمي - رام الله

IRB Approval Letter

Study Title: "The Effect of Leadership Styles on Nursing Performance in the Northern West Bank Public Hospitals".

Submitted by: Thaaer Salah Abu Deeab

Date received: 3rd April 2024

Date reviewed: 11th May 2024

Date approved: 16th May 2024

Your Study titled "The Effect of Leadership Styles on Nursing Performance in the Northern West Bank Public Hospitals" with the code number "R-2024/A/76/N" was reviewed by the Arab American University Institutional Review Board - Ramallah and it was approved on the 16th of May 2024.

Sajed Ghawadra, PhD
IRB-R Chairman
Arab American University of Palestine



General Conditions:

1. Valid for 6 months from the date of approval.
2. It is important to inform the IRB-R with any modification of the approved study protocol.
3. The Board appreciates a copy of the research when accomplished.

رام الله - فلسطين

Tel: 02-294-1999

E-Mail: IRB-R@aaup.edu

Website: www.aaup.edu

Appendix B: MOH Approval

State of Palestine
Ministry of Health
Education in Health and Scientific
Research Unit



دولة فلسطين
وزارة الصحة
وحدة التعليم الصحي
والبحث العلمي

Ref.:
Date:

الرقم: ٢٠٢٤/٩/٦٢٤
التاريخ: ٢٠٢٤/٩/٢٨

عطوفة الوكيل المساعد لشؤون المستشفيات والطوارئ المحترم،،،
تحية واحترام،،،

الموضوع: تسهيل مهمة بحث

يرجى تسهيل مهمة الطالب: ثائر صلاح ابو ذياب - ماجستير ادارة الجودة/ الجامعة العربية
الامريكية، في عمل بحث بعنوان:

"The effect of leadership styles on nursing performance in the
Northern West Bank public hospitals"

من خلال السماح للطالب بجمع معلومات عن طريق توزيع استبانة على الممرضين/ات، وذلك
في:

- مستشفى رفيديا - مستشفى جنين - مستشفى طوباس - مستشفى طولكرم
- مستشفى الوطني - مستشفى قلقيلية

مع العلم ان البحث تحت اشراف د. وسيم سلطان.

على ان يتم الالتزام باساليب واخلاقيات البحث العلمي، وعدم التعرض للمعلومات التعريفية للمشاركين .
على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعهد بعدم النشر لحين الحصول على موافقة
الوزارة على نتائج البحث.

مع الاحترام،،،

د. عبد الله القواسمي
رئيس وحدة التعليم الصحي والبحث العلمي

نسخة: عميد كلية الدراسات العليا المحترمة /الجامعة العربية الامريكية

Appendix C: Questionnaire



الجامعة العربية الأمريكية

ARAB AMERICAN UNIVERSITY

أخي الممرض / أختي الممرضة

تحية طيبة

السلام عليكم ورحمة الله تعالى وبركاته،

يسعدني أن أضع بين أيديكم هذا الاستبيان الذي يدخل في إطار استكمال متطلبات الرسالة للحصول على شهادة ماجستير في تخصص إدارة الجودة في المؤسسات الصحية بعنوان (أثر الأنماط القيادية على الأداء التمريضي في المستشفيات العامة في شمال الضفة الغربية) ونظرا لأهمية رأيكم في هذا المجال، نأمل منكم التكرم بالإجابة على أسئلة الاستبانة بدقة، حيث أن صحة النتائج تعتمد بدرجة كبيرة على صحة إجاباتكم، فمشاركتكم ضرورية ورأيكم عامل أساسي من عوامل نجاحها علما أن جميع إجاباتكم لن تستخدم إلا لأغراض البحث العلمي فقط.

• مع العلم ان المشاركة في البحث اختيارية.

• مدة تعبئته 10 دقائق

وتفضلوا بقبول فائق الاحترام،

ثائر صلاح أبو ذياب

Th_20055@hotmail.com

Part One: Demographic Data

Code	Question (Choose the answer that is closest to the reality of your situation)				
Scio 1	Age years			
Scio 2	Gender	<input type="radio"/> Male	<input type="radio"/> Female		
Scio 3	Marital Status	<input type="radio"/> Married	<input type="radio"/> Unmarried		
Scio 4	Level of Education	<input type="radio"/> Diploma	<input type="radio"/> Bachelor's Degree	<input type="radio"/> Master's degree	<input type="radio"/> PhD
Scio 5	Years of experience year			
Scio 6	Hospitals	<input type="radio"/> Dr. Khalil Suleiman Hospital	<input type="radio"/> Tubas Hospital	<input type="radio"/> Dr. Thabet Thabet Hospital	<input type="radio"/> Al Watani Hospital
		<input type="radio"/> Rafidia Hospital	<input type="radio"/> Darwish Nazal Hospital		
Scio	Overall Job	<input type="radio"/> Very satisfied,	<input type="radio"/> Satisfied,	<input type="radio"/> Neither satisfied nor	<input type="radio"/> Dissatisfied,

7 **Satisfaction**

dissatisfied,

○ Very

dissatisfied

Part Two: Leadership Styles Questions

Democratic style: It is based on mutual respect between the leader and the nurses and considers every individual extremely important in the hospital's management(H. H. Alsaqqa & Akyürek, 2021b).

- Please put a mark (X) in the box indicating your degree of agreement with each of the following statements:

Code	Items	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
D1	The leader participates with me in the decision-making process.					
D2	The leader encourages me to express my problems at work.					
D3	The leader allows me to share my opinions in solving the hospital's problems.					
D4	The leader delegates part of his powers to the top-level manager.					

D5	The top-level manager encourages periodic meetings with the nursing teams.					
D6	The leader is considered a role model and commands the respect of all nurses.					
D7	The top-level manager shows flexibility in his dealings with me and the nurses' team.					

Autocratic style: The leader focuses on power and does not allow his nurses to participate in decision-making(López-Medina et al., 2022).

- Please put a mark (X) in the box indicating your degree of agreement with each of the following statements in the hospital:

Code	Items	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
A1	The leader is characterized by extreme firmness and precise definition of nurses' duties.					
A2	The leader studies the decisions and then issues them individually.					

A3	The top-level manager considers exchanging opinions a waste of time.					
A4	The top-level manager is keen to be the official spokesman on behalf of the nurses.					
A5	The top-level manager is imposed on instructions and regulations.					
A6	It is difficult for me to contact the leader when I need him.					
A7	The leader reserves all powers for himself.					

Laissez-fair style: It gives nurses complete freedom to manage hospital affairs, and the leader's role is limited to providing information or responding to inquiries (Opiah & Oyira, 2021).

- Please put a mark (X) in the box indicating your degree of agreement with each of the following statements in the hospital:

Code	Items	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
L1	The leader leaves me complete freedom to choose the work I want					
L2	The leader tolerates me when I fail to perform my work and duties.					
L3	There are systems and laws through which nurses are held accountable.					
L4	Nurses have their personal opinions when facing work situations.					
L5	The leader grants his managerial powers to all nurses.					
L6	The leader tolerates nurses going out during work.					

Part Three: Nurse's Performance Questions

A nurse's performance is the nurse's actions of the assigned tasks and duties, following the responsibilities determined by the hospital's leadership(Mukmin, 2019).

- Please put a mark (X) in the box indicating your degree of agreement with each of the following statements in the hospital:

Code	Items	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
P1	I perform my work efficiently and effectively.					
P2	I make enough effort to complete my work on time.					
P3	I prefer to participate in the decision-making process.					
P4	I have sufficient ability to correct errors resulting from the performance of my work.					
P5	I constantly improve my knowledge about my job requirements.					
P6	I have the skills and ability to solve work-related problems.					
P7	Fair treatment from the top-level					

	manager supported me in raising my performance.					
P8	I am satisfied with the job performance evaluation system.					
P9	The performance evaluation system motivates me to perform better.					
P10	I take into account the humanitarian aspects of patients when providing medical services.					
P11	I am happy with the teamwork in my department.					
P12	I involve the patient in the treatment plan.					

Thank you for your kind cooperation and interest,

Appendix D: List of arbitrators

Arbitrator	University	Specialist	Country
Dr. Mona El-Helalay	The Port Said University	Professor of Nursing	Egypt
Dr. Khuloud Dajani	Al-Quds University	Community Medicine and Health Policy, Ministry of Health	Palestine
Dr. Nael Sarhan	The Hashemite University	Business Administration Department	Jordan
Dr. Ekhlas Al-Gamal	The University of Jordan	Psychiatric and Mental Health Nursing	Jordan
Dr. Abeer Shaheen	The University of Jordan	Community Health Nursing	Jordan
Dr. Amira Ali	The Suez Canal University	Professor of Nursing	Egypt

المخلص

مقدمة

يتناول هذا البحث كيفية تأثير أنماط القيادة المختلفة على أداء الممرضات في المستشفيات الحكومية في شمال الضفة الغربية. ويهدف البحث إلى فهم كيفية تأثير سلوك القيادة على كفاءة التمريض ورضا الوظيفة وجودة الرعاية الصحية بشكل عام. إن النظام الصحي هو نظام معقد يتطلب إدارة فعالة لضمان رعاية المرضى الجيدة. إن معرفة العلاقة بين أنماط القيادة وأداء الممرضات يمكن أن تكون مهمة لتحسين النتائج الصحية في المستشفيات الفلسطينية. استخدمت الدراسة نهجاً وصفيًا تحليليًا واستخدمت أسلوبًا كميًا من خلال استبيان منظم لتحقيق هذا الغرض. يتكون مجتمع البحث من الممرضات العاملات في المستشفيات الحكومية في شمال الضفة الغربية. استجابت عينة من 257 ممرضة وأكملت الاستبيان. تم تطوير الاستبيان لقياس تأثير ثلاثة أنماط قيادية على أداء التمريض: الديمقراطي والاستبدادي وعدم التدخل. تم ضمان صحة وموثوقية الاستبيان من خلال مراجعات الخبراء والاختبارات الإحصائية. تظهر النتائج أن أنماط القيادة المختلفة مرتبطة بتأثيرات مختلفة على أداء الممرضة: يؤثر أسلوب القيادة الديمقراطي بشكل إيجابي كبير على أداء التمريض. وقد أثار الممرضون دوافع، وقدّروا الشمولية والمشاركة في عمليات صنع القرار التي حفزتهم وأضافت إلى رضاهم الوظيفي. أسلوب القيادة الاستبدادي: ومع ذلك، قدم هذا الأسلوب اتجاهًا وهيكلًا واضحين ولكنه لم يحسن بشكل كبير الأداء التمريضي العام. وشملت العيوب الافتقار إلى المرونة في التفكير وقنوات الاتصال المغلقة.

أسلوب القيادة المتساهل: كان لهذا الأسلوب التأثير الأقل أهمية على الأداء. على الرغم من أنه سمح بالاستقلالية، إلا أنه يفتقر إلى الإشراف والتوجيه، مما قلل من الكفاءة والمساءلة. كما بحثت الدراسة في العمر والجنس ومستوى التعليم وعدد سنوات الخبرة من بين المتغيرات الديموغرافية الأخرى. وبناءً على هذه النتائج، ثبت أن سنوات الخبرة ورضا الوظيفة كانت العوامل الأساسية التي تؤثر على الأداء حيث أشار الممرضون الجدد إلى ارتفاع الدافع وكذلك مستويات الأداء.

الخلاصة

وفقًا للبحث، فإن القيادة الديمقراطية هي الأكثر فعالية لتحسين أداء التمريض في المستشفيات العامة في شمال الضفة الغربية. يعزز هذا النمط من القيادة بيئة عمل داعمة وتشاركية تؤدي إلى مستويات عالية من رضا الممرضات عن وظائفهن ورعاية أفضل للمرضى. تتصحح الورقة بضرورة الجمع بين العناصر الاستبدادية والديمقراطية لتحسين أداء الممرضات. يجب أن تركز

بعض برامج التدريب لقادة التمريض على كيفية استخدامهم لمهارات القيادة الديمقراطية وتحسين التواصل الصحي العام.

التوصيات

تبني القيادة الديمقراطية: تعزيز ممارسات القيادة الديمقراطية التي تدمج الممرضات في صنع القرار، وتعزيز الرضا الوظيفي والأداء.

التدريب على القيادة: تقديم ندوات تدريبية لمديري المستشفيات لتطوير قدراتهم في أساليب القيادة الديمقراطية واستراتيجيات الاتصال الجيدة.

تحسين الرضا الوظيفي: تحسين ظروف العمل مع توفير فرص للتطوير المهني المستمر للحفاظ على مستويات عالية باستمرار من أداء الممرضات.

نهج القيادة المتوازن: دمج جوانب من أشكال السلوك التوجيهي الاستبدادي والديمقراطي التي تقدم تعليمات واضحة ولكنها لا تزال تسمح بالمرونة وتشرك الجميع على قدم المساواة.

الكلمات المفتاحية: أساليب القيادة؛ أداء التمريض؛ المستشفيات الحكومية؛ الضفة الغربية؛ جودة الرعاية الصحية.