

Thesis of Doctoral (Ph.D.) Dissertation

**THE EFFECT OF LEADERSHIP STYLES ON THE
ORGANISATIONAL PERFORMANCE AND MODERATING
ROLE OF ORGANISATIONAL CULTURE OF THE
HEALTHCARE IN THE STATE OF QATAR**

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List of contains

1. DISSERTATION BACKGROUND	2
1.1. Research Aims And Questions	4
1.2. Research Hypothesis	4
2. MATERIALS AND METHODOLOGY	5
2.1. Statistical Analysis Methods	6
2.2. Instrumenations	7
RESULTS AND FINDINGS	8
2.3. Demographics	8
2.4. Multiple Regression	8
2.5. Multiple Moderated Regression	10
2.6. Factor Analysis	11
CONCLUSION AND RECOMMENDATION	13
2.7. Recommendations	17
NOVEL FINDINGS OF THE DISSERTATION	19
3. REFERENCES	22

1. DISSERTATION BACKGROUND

Healthcare in the Gulf Cooperation Council (GCC) has rapidly changed, driven by demographics, government subsidies and investment, politics and technology. This swiftly shifting environment, coupled with evolving professional leadership practices, has revealed the need to identify executive leadership characteristics and medical professionals in management roles (medical leaders). This developing atmosphere has also required innovative leadership to provide better healthcare services.

Leaders direct employees to produce the desired results in a context termed institutional change (BEJINARU, and, BĂEȘU, 2013). Employees generate revenue, and adverse leadership can disenfranchise employees, reduce job satisfaction, promote workplace deviance, emotionally exhaust workers, minimize commitment, compromise well-being, and increase psychological distress. These effects can lead to employee attrition and reduced output quality, thus affecting financial outcomes (WALSH, and ARNOLD, 2020).

Medical managers, supervisors and leaders have highlighted shortages, and even a lack, of expertise in health service management. No training programs in health service management in Qatar improve the managerial skills of medical personnel in leadership roles. The majority of these people come from medical backgrounds without management skills. Indeed, they are more engaged with treating patients and the medical aspects of their job than the management of healthcare facilities and their employees. This lack of training has illuminated an issue in the health system in Qatar (Al Ghafri, 2018). Medical leaders, markedly, do not earn extra pay if they accept roles as health centre managers, supervisors or department heads. Scholars need to examine the leadership styles of these medical leaders, as well as the stress they confront simultaneously managing patient treatment and supervise employees. An examination of these factors will unveil insights into their commitment and job satisfaction.

The number of Qatari health professionals is considerably low compared to Non-Qatari. Engaging citizens in Qatari healthcare is challenged by tough criteria and requirements of medical colleges admitting new applicants. Furthermore, the long-standing outlay in the medical system investing in non-Qatari doctors and nurses may prove ineffective, as many expatriate physicians do not stay

in Qatar for extended periods. Hence, revising the educational system to attract more Qataris will help develop a sustainable health system.

Additionally, most medical professionals receive their initial training abroad. Since these professionals come from diverse parts of the world, Qatari culture is foreign to them. The unfamiliar country, as well as language barriers, has proven problematic, especially when personnel interact with patients. It takes a long time to understand the healthcare culture medical regulators have established to embrace the national culture. This lack of comprehension of patient treatment and healthcare culture plus weak managerial skills may delay treatment or contribute to misunderstandings between staff and patients.

Institutions must remain cognizant about their organisational culture (OC) because a healthy OC can improve employee performance. Leadership style directly impacts employee job satisfaction (EJS) and output (ZHANG, and LIAO, 2015). Considering OC within the Qatar healthcare system, healthcare providers encounter numerous challenges, impacting the quality of the healthcare they deliver. If employees remain satisfied and perform well, a supportive and beneficial OC develops. ANJUM ET AL., (2018) contended 80% of employee productivity issues stem from daily work environments.

A research gap exists between organisational culture and organisational commitments plus lack of investigations within the local context. Therefore, researchers need to bridge this healthcare disparity in Qatar. Research into the relationship between leadership approaches and organisational performance in the local healthcare system in Qatar has remained sparse. Yet, a need for such an understanding remains imperative for the healthcare system to advance. This research aims to meet the needs of the Qatari government to enhance the performance of such an important sector.

The primary study aim is to understand the role leadership styles play in Primary Health Care Corporation (PHCC) performance in Qatar and the moderating role of OC on the relationship between leadership techniques and organizational performance (OP). The purpose of this quantitative study is to examine the most common leadership styles employed in the healthcare system in Qatar, leadership style's impact on EJS and organisational commitment (OCOM) in the healthcare system of Qatar, plus OC as a possible moderator.

1.1. Research Aims And Questions

The study objectives entail:

1. Investigating the relationship between leadership styles, OC, EJS, and OCOM.
2. Uncovering the most common PHCC leadership styles
3. Examining EJS and OCOM in the PHCC
4. Probing the moderating role of OC on the relationship between leadership styles, EJS, and OCOM.

This empirical investigation employs a quantitative methodology to answer these research questions:

1. Does a relationship exist between leadership styles and organisational culture in the PHCC as measures through Denison's model (mission, involvement, adaptability)?
2. Does a relationship exist between leadership styles and organisational performance in the PHCC (employee job satisfaction and organisational commitment)
3. Do organisational culture dimensions moderate organisational commitment?
4. Do organisational culture dimensions moderate employee job satisfaction?

1.2. Research Hypothesis

Hypothesis 1: A relationship exists between leadership styles and organisational culture as measures through Denison's model (mission, involvement, adaptability).

Hypothesis 2: A relationship exists between leadership styles and organisational performance (employee job satisfaction and organisational commitment).

Hypothesis 3: A moderating effect of organisational culture on the relationship between leadership styles and organisational commitment exists.

Hypothesis 4: A moderating effect of organisational culture on the relationship between leadership styles and employee job satisfaction exists.

After reviewing previous empirical studies related to leadership and OP in the healthcare system in Qatar, a gap in the literature related to leadership styles and OC in Qatar has surfaced. The need for such an investigation has motivated this researcher to explore this area.

2. MATERIALS AND METHODOLOGY

Because the purpose of this research is to investigate the relationship between leadership style and OC and OP, a quantitative approach presented the best choice. Since quantitative analysis assumes social reality remains objective, individuals respond to this objectiveness (MATVEEV, 2002). Since it statistically analyses numerical data, quantitative research aims to measure phenomena. When conducting quantitative analysis, researchers can objectively read and evaluate scientific data (MATVEEV, 2002). Various strengths typify the quantitative method. While it examines a specific research problem, it delineates variables for precise analysis (MATVEEV, 2002).

The study explored the research questions from a quantitative non-experimental, employing correlational research. The researcher administered surveys to examine the correlation between leadership and organisational performance (EJS and OCOM). Additionally, this investigation evaluated the moderating role of OC. Since leadership styles reveal the relationships between quantitative variables, the researcher chose this methodology and design. BAILEY ET AL. (2010) conducted descriptive correlational research, connecting the relationships among the studied variables.

The descriptive research method engenders a fundamental research method, inspecting an existing condition in its present state, allows the researcher to identify phenomenon attributes based on observing or exploring the correlation between two or more phenomena (WILLIAMS, 2011, p. 66). The study variables involved transformational leadership, transactional leadership, OC dimensions, OCOM and EJS. This quantitative research aimed to examine, count or classify, and construct statistical models and figures to explain the observation. In addition to designating what exists between variables, correlational research methodically considers relationships between two or more variables (PORTER, and CARTER, 2000).

The researcher deemed a quantitative research method the more appropriate technique for this study versus qualitative research or a mixed-methods. Qualitative research necessitates the researcher to interpret data, and the researcher cannot compare variables or group participants statistically (BERNARD ET AL., 2016). Moreover, qualitative data is gleaned from numerous sources, other than purely numerical sources (BANSAL, and CORLEY, 2011). The researcher recognised qualitative data could garner deeper consideration of employee feelings and desires.

Yet, qualitative outcomes would remain exclusively pertinent to the specific institution, rendering generalisations or inferences to comparable healthcare enterprises impractical.

The survey methodology used in this study is prevalent in business research because it allows the researcher to collect data to answer research questions. Indeed, the survey method is commonly used in the exploratory, descriptive analysis to collect data from people, events or situations. For instance, in a business context, surveys are often administered to gather data about consumer decisions, communication, job satisfaction and health services (SEKARN, 2013). Therefore, the best approach to use in this research entails a survey because it suitably measures variables, such as leadership styles, OCOMs, and OP.

The researcher used the Statistical Package for Social Sciences (SPSS) version 23 software to analyze the data. The researcher performed descriptive, factor, reliability, multiple regression analyses and moderated multiple regression (MMR) to reject the null hypotheses. The descriptive analysis identified frequencies, means and standard deviations. Factor analysis validated the instrument; loading and cross-loadings identified the study variables. Reliability analysis assessed item consistency, and the researcher calculated Cronbach Alpha. Finally, multiple regression and moderated various regression analyses evaluated the relationship between the variables and the IVs' impact on the DVs.

2.1. Statistical Analysis Methods

1- Frequencies and Percentages

2- Cronbach Alpha for reliability: An internal consistency measure evaluating how closely items are related when grouped and assessing scale reliability.

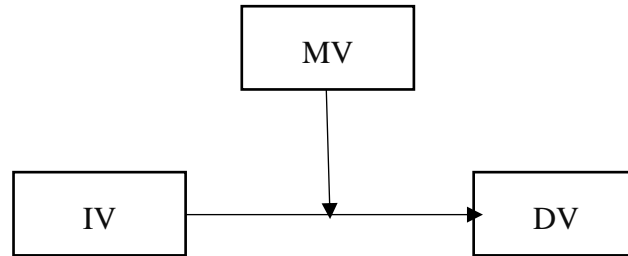
3- ANOVA Test: A statistical model collection and associated estimation procedures (variation among and between groups) used to analyse the differences among group means in a sample.

4- Multiple regression: A method used to understand the functional relationships between the IV and DVs, to try to see what might affect IV variation (KELLEY ET AL., 2003).

5- Factor analysis: A technique used to reduce many variables into fewer factors, extracting maximum common variance from all variables and putting them into a standard score. As an index of all variables, researchers use this score for further analysis (BRYANT ET AL., 1995).

6- Moderation Analysis: The Moderator Variable (MV) identifies the circumstances under which the IV and the DV are related. Including the moderator will either change the direction or the magnitude of the relationship between IV and DV, implying an interaction effect. Moderation involves the interaction effect between the IV and MV predicating DV. If the interaction effect is significant in predicting DV, moderation takes place (HAYES, 2018). See Figure 2.1

Figure 2.1 *Moderation model*



2.2. Instrumenations

This study used the model with a minor modification. In conclusion, the researcher carefully selected instruments based not only on reliability and validity but also because academics have consistently used them to measure leadership styles, EJS, OCOM and OC. The following table. summarizes scales used in the current study.

Scales Used

Number	Scale	References	No of Items	Rating Scale
1	Multifactor Leadership Questionnaire (MLQ)	BOGLER ET AL., 2013	36	5-point Likert-type scale anchored as 1 = strongly disagree and 5 =strongly agree
2	Organisational Inventory (OCI)	Culture DENISON ET AL.'S (2006)	45	5-point Likert-type scale anchored as 1 = strongly disagree and 5 =strongly agree
3	EJS	THOMPSON, and PHUA (2012). and BRAYFIELD, and ROTHE'S (1951)	8	5-point Likert-type scale anchored as 1 = strongly disagree and 5 =strongly agree
4	OCOM	MEYER ET AL., (1993)	20	7-point Likert-type scale anchored as 1 = strongly disagree and 7 =strongly agree

RESULTS AND FINDINGS

2.3. Demographics

The demographic analysis results showed that about 37.3% (384) respondents identified as male compared to 62.7% (645) female respondents. The respondents comprised 1,029 medical staff in the PHCC in Qatar. Also reflects 1.6% (16) respondents were less than 20 years old, 23.6% (243) of them ranged between 20-30 years old, 51.7% (532) respondents aged between 31-40 years, 17.8% (183) were between 41-50 years, while 5.3% (55) were over 50 years old. Reveals the highest respondents comprised Indians (33.4%, 344). The Philipinos followed as the second-highest respondents (20.1%, 207). The third nationality, Jordanian at 12.5% (129) occurred because the PHCC had started recently recruiting Jordanian employees based on the quality of their education and medical exam pass rates. Besides these nationalities, many other multinational employees responded, demonstrating the international PHCC workforce, especially in Qatar. The local Qataris constituted 4.6% (48) of the respondents

2.4. Multiple Regression

Variables with Significant Relationships in Multiple regression

#	DV	Significant IVs
1	EJS	TMBEA
2	AF	TIC and TMBEA
3	CC	TIC and IIB
4	NC	TIC
5	OCM	TIC, TMBEA, IIB
6	OCIn	TIC, TMBEA, IIB
7	OCA	TIC, TMBEA, IIB

After conducting the multiple regression between dependents and independents variables, the results indicated variables with significant relationships, as displayed above

Leadership Styles and Organisational adaptability

Regression was statistically significantly different from zero $F(3, 1025) = 49.017, p < .005$, $R^2 = .187$ (.182 adjusted) indicates Transformational Individualised Consideration (TIC), Transformational Idealised influence (IIB), and Transactional Management by Exception active (TMBEA) predicted 18.7% of the Adaptability Dimension of Organisation Culture COA

variability. Therefore, the most significant impact of leadership style on OCA was (TIC), depending on the Beta value while the lowest was IIB.

Leadership Styles and Organisational Mission

Regression was statistically significantly different from zero $F(3, 1025) = 35.168, p < .005$, $R^2 = .199$ (.195 adjusted) indicates TIC, IIB, and TMBEA predicted 19.9% of the Mission Dimension of Organisation Culture OCM variability. Therefore, the most significant impact of leadership style on OCM was TIC, depending on the Beta value while the lowest was IIB.

Leadership Styles and Organisational Involvement

Regression was statistically significantly different from zero $F(3, 1025) = 36.189, p < .005$, $R^2 = .805$ (.804 adjusted) indicates TIC, IIB, and TMBEA predicted 80.5% of the organizational culture involvement (OCIn) variability. Therefore, the most significant impact of leadership style on OCIn was IIB, depending on the Beta value while the lowest was TIC.

Leadership Styles and Affective Commitment

Regression was statistically significantly different from zero $F(3, 1025) = 11.731, p < .005$, $R^2 = .129$ (.124 adjusted) indicates Affective commitment (AF) and TIC and TMBEA predicted 12.9% variability. Therefore, the most significant impact of leadership style on AF was TIC, depending on the Beta value while the lowest was IIB.

Leadership Styles and Normative Commitment

Regression was statistically significantly different from zero $F(3, 1025) = 8.321, p < .005$, $R^2 = .082$ (.076 adjusted) indicates normative commitment (NC) and TIC and TMBEA predicted 8.2% variability. Therefore, the most significant impact of leadership style on normative commitment (NC) was TIC, depending on the Beta value while the lowest was IIB.

Leadership Styles and Continuous Commitment

Regression was statistically significantly different from zero $F(3, 1025) = 9.864, p < .005$, $R^2 = .204$ (.199 adjusted) indicates continuous commitment (CC) and TIC and TMBEA predicted 12.9% variability. Therefore, the most significant impact of leadership style on continuous commitment (CC) was TIC, depending on the Beta value while the lowest was IIB.

Leadership Styles and Employee Job Satisfaction

Regression was statistically significantly different from zero $F(3, 1025) = 14.530, p < .005$, $R^2 = .201$ (.196 adjusted) indicates employee job satisfaction (EJS) and TIC and TMBEA predicted 20.1% variability. Therefore, the most significant impact of leadership style on EJS was TMBEA, depending on the Beta value while the lowest was TIC.

2.5. Multiple Moderated Regression

Variables with Significant Relationships in Moderator Multiple Regression

#	Moderator variable	Significant relationship between leadership styles and OP
1	OCA	TMBEA and NC
2	OCIn	TIC and AF
3	OCA	TMBEA and EJS relationship

- The interaction Effect between Transformational Individualised Consideration and Organisational Mission on Affective Commitment: the interaction term (TIC * OCM) accounted for a significant proportion of the variance in the AF and OCM plays a moderator role in TIC and AF relationship.
- Interaction Effects of Management by exception Active and the Adaptability on Normative Commitment: the interaction term (TMBEA * OCA) accounted for a significant proportion of the variance in the NC and OCA plays a moderator role in TMBEA and NC relationship.
- The Interaction between management by exception (TMBEA) Active and the adaptability (OCA) on Employee Job Satisfaction (EJS) |: the interaction term between (TMBEA * OCA) accounted for a significant proportion of the variance in the EJS. The OCA moderated role in TMBEA and EJS relationship.

2.6. Factor Analysis

Factor analysis was conducted to measure the main four variables of the study: leadership style, organisational culture ,organisational performance and job statsfaction.

Factor Analysis: Leadership Style

Initially, the factorability of the 36 items was examined. Several well-recognised criteria for the factorability of a correlation were used. Firstly, it was observed 20 of the 36 items correlated at least .3 with at least one other factor, suggesting reasonable factorability. Secondly, the KMO was .895, above the commonly recommended value of .6, and Bartlett's test of sphericity was significant (χ^2 (630, N=630) = 9673.756, $p < .05$). Finally, the communalities were all above .3 , further confirming each item shared some common variance with other elements. Given these overall indicators, factor analysis was deemed suitable with 20 items.

Factor Analysis: Organisational Culture

Initially, the factorability of the 45 items was examined. Several well-recognised criteria for the factorability of a correlation were used. Firstly, it was observed 24 of the 45 items correlated at least .3 with at least one other factor, suggesting reasonable factorability. Secondly, the KMO was .960, above the commonly recommended value of .6, and Bartlett's test of sphericity was significant (χ^2 (1770, N=630) = 29300.249, $p < .05$). Finally, the communalities were all above .3, further confirming each item shared some common variance with other elements. Given these overall indicators, factor analysis was deemed suitable with 24 items.

Factor Analysis: Organisational Commitment

Initially, the factorability of the 20 items was examined. Several well-recognised criteria for the factorability of a correlation were used. Firstly, it was observed 14 of the 20 items correlated at least .3 with at least one other factor, suggesting reasonable factorability. Secondly, the KMO was .880, above the commonly recommended value of .6, and Bartlett's test of sphericity was significant (χ^2 (171, N=630) = 8348.287, $p < .05$). Finally, the commonalities were all above .3 , further confirming each item shared some common variance with other elements. Given these overall indicators, factor analysis was deemed suitable with 14 items.

Factor Analysis: Employee Job Satisfaction

Initially, the factorability of the eight items was examined. Several well-recognised criteria for the factorability of a correlation were used. Firstly, it was observed 8 of the eight items correlated at least .3 with at least one other factor, suggesting reasonable factorability. Secondly, the KMO was .952, above the commonly recommended value of .6, and Bartlett's test of sphericity was significant ($\chi^2 (153, N=630) = 11465.556, p < .05$). Finally, the commonalities were all above .3, further confirming each item shared some common variance with other elements. Given these overall indicators, factor analysis was deemed suitable with eight items.

CONCLUSION AND RECOMMENDATION

For this study to trace the effect of leadership styles in organizational performance relationship and the moderating role of organisational culture upon the Qatari healthcare system 1,682 surveys were distributed among the employees of 23 health centres; 1,029 surveys were collected yielding a response rate of 61.2%. This researcher sought to answer the research questions intended to test the four hypotheses. This empirical testing aimed to identify the PHCC aspects, like the relationship between leadership styles (MLQ) and 13 organizational culture as measures through Denison's model (mission, involvement, adaptability) and the relationship between leadership styles and organizational performance (employee job satisfaction and organizational commitment). Moreover, this research explored the moderating effect of organizational culture on the relationship between leadership styles and organizational commitment and the moderating effect of organizational culture on the relationship between leadership styles and employee job satisfaction. This concluding section will lay out the answers to these questions and how they bear upon the investigator's key hypotheses.

Based on sample opinions, PHCC medical leaders in Qatar have employed various leadership styles transformational (idealized influence behaviour) plus transformational individual consideration) and transactional management by expectation (active). The results of this research indicated transformational leadership style (individual consideration) was the most common leadership style PHCC leaders employed, elucidating leaders and instructors in healthcare centres attended to follower needs, advised or coached employees and did attentively listened to follower workplace concerns. In other words, manager consideration was notably high, where they empathised with individual employees requirements. The second most common PHCC leadership style entailed transactional leadership style (management by expectation (active). Many PHCC leaders monitored followers at the workplace, making sure they did not deviate from set goals and correcting action to prevent mistakes. Idealised influence (behaviour) of transformational was the least common approach among PHCC leaders.

Organisational culture comprises the norms, values, and unspoken assumptions expressed in daily employee behaviours and embedded in company processes and systems. The healthcare centres with effective organizational cultures provide a strong corporate mission, adapt to both internal and external changes and empower their employees. Hence, the research question concerning the

relationship between organizational culture in the PHCC and Leadership styles were answered. Hence, it can be assumed leadership style can predict organizational culture, for adaptability, mission, and involvement define it.

The organizational culture in healthcare in Qatar vitally shapes organizational performance since the majority of followers entail foreigners. Participants indicated high organizational adaptability and commitment for PHCC in Qatar culture but low organizational involvement. PHCC employees did not feel engaged with their healthcare centres jobs. High follower involvement invites workers into planning while a low degree reveals selectivity, negatively affecting organizational performance. Additionally, employee participation positively links to perceived organizational performance. A common issue with multinational employers constitutes followers come from diverse nationalities with various beliefs and religions; thus, their organizational involvement may remain low.

Examining the relationship between leadership styles and organizational culture in the PHCC engenders a principal research aims. The findings indicated the three dimensions of organizational culture (adaptability, mission and involvement) have a significant positive impact on leadership style. Transformational (Individualized Consideration) the most significant impact of leadership style on Adaptability and mission. Exploring the leadership-culture connection, unmasked employees who rated their immediate supervisor high in transformational leadership were more likely to perceive the institutional culture as involving, integrating, adaptive and mission-oriented.

The institutional values begin with its leaders, who evolve leadership approach, guiding subordinates using these values and norms to align the behaviour of both parties. When managers develop strong integrated practices, values and beliefs, a strong organizational culture emerges. Leaders need to appreciate their role in maintaining culture to ensure consistent action between the institutional members, reduce conflict and create a healthy employee work environment. Organisational culture plays a primary role in whether or not a corporation offers a happy, healthy workplace. Communicating and promoting corporate vision to followers and fostering vision recognition, work behaviour, and attitudes can change. When communication between the leader and followers exists, contributions to team interaction, collaboration and employee encouragement help to achieve the entity mission and goals.

The results signified an existing relationship between leadership styles and organizational culture. Hence, the organizational culture impacted and directed the leadership style, increasing its components. A strong culture helps institutions to reach their goals effectively. Consequently, ***Hypothesis 1*** stating, “A relationship exists between leadership styles and organizational culture in the PHCC as measures through Denison’s model (mission, involvement, adaptability)”, ***was supported***. Organisational culture significantly and positively correlated with PHCC leadership techniques.

After examining ***Hypothesis 2***, “A relationship exists between leadership styles and organizational performance (employee job satisfaction and organizational commitment)”, the results revealed leadership style positively affected transactional management by expectation (active) and employee job satisfaction in Qatari healthcare centres. The findings indicated employees were likely to feel more content when their boss actively managed them and corrected their action. The majority of the responding employees completely agreed leaders who actively monitored the workplace increased followers job satisfaction and decreased work pressure among individuals. Furthermore, they concurred an active manager could effectively promote job satisfaction.

This finding is consistent with empirical literature purporting leaders who actively manage by exception remain concerned about working conditions if they achieve institutional objectives. Hence, the weak relationship may imply either the leaders poorly practice transactional management by expectation (active), or a moderating variable, like failure to achieve company goals, exists (LING ET AL., 2011). The relationship between leadership style and employee job satisfaction indicated transactional management by expectation (active) positively affected employee job satisfaction. While transformational idealised influence (behaviour) insignificantly impacted employee job satisfaction. Specifically, PHCC employees were more content with their job when leaders actively managed, continually monitoring follower performance and promptly correcting them when something went awry. Followers in the health centres might have less working experience; therefore, the manager prefers to guide followers actively to avoid workplace errors. Additionally, some employees feared taking managerial action without referring to their chief, and they felt satisfied when leaders implemented transactional management by expectation (active).

Additionally, the result of this research revealed a significant positive effect between transformational (individual consideration) and organizational commitment (affective, normative and continuous) in the PHCC. Notably, PHCC managers and leaders demonstrated a high consideration for followers, positively affecting organizational commitment. Transformational individual consideration influenced employee job satisfaction. The findings of this research answered the second research question about the existing relationship between leadership styles and organizational performance in the PHCC in Qatar. Hence, Hypothesis 2: “A relationship exists between leadership styles and organizational performance (employee job satisfaction and organizational commitment)” was supported.

Additionally, the purpose of this research was to investigate the moderating role of organizational culture on the relationship between leadership styles, employee job satisfaction, and organizational commitment. Based on the findings, the researcher has concluded regarding Hypothesis 3 as the moderator (organizational culture) tends to increase so does the relationship between leadership styles and employee job satisfaction. A moderating effect of organizational culture on the relationship between leadership styles and organizational commitment exists. Organisational culture was introduced as a moderator in the relationship between leadership style and organizational performance in the theoretical framework. The results showed organizational culture significantly moderated leadership and its consequences for the followers. Thus, ***Hypothesis 3:*** “A moderating effect of organizational culture on the relationship between leadership styles and organizational commitment” ***was supported.***

Organisational culture encompassed a crucial variable in the relationship between organizational performance and leadership style. Specifically, the results indicated high organizational culture strengthens the relationship between organizational commitment and employee job satisfaction, for organizational involvement and adaptability tends to result in a high-quality relationship with their leader. It not only reinforces employee willingness to identify with the institution but also enhances positive engagement.

Thorough data taken from the sector suggests a concordance between organizational culture and leadership styles, as they influence employee job satisfaction and organizational commitment, uncovering a moderating relationship of the former upon the latter. Scholars have professed organizational culture, explicitly adaptability, positively moderated the relationship between

transactional management by exception (active), normative commitment and employee job satisfaction. In other words, employee job satisfaction and normative commitment in companies grow when institutions adapt to environmental changes, and this result remained consistent with AKHIGBE ET AL, 2014, CHO ET AL., 2019 and RAMACHANDRAN ET AL., 2009.

Additionally, organisational culture, transformational leadership style and affective commitment, related to organisational commitment. According to KESKES (2014), transformational leaders powerfully influence organisational commitment, promoting the values associated with goal accomplishment, emphasizing the relationship between employee efforts and goal achievement and creating robust personal both followers, as well as leader, commitment to realise the common vision, mission and goals of the enterprise. Hence, ***Hypothesis 4: “A moderating effect of organisational culture on the relationship between leadership styles and employee job satisfaction” was supported.***

2.7. Recommendations

This research has various implications for healthcare policymakers, leaders and organisational behaviour empirical literature. First, this research offers perceptions about leadership style, organisational culture and performance of the healthcare industry in the emerging country of Qatar. Therefore, this investigation extends the Western-dominated literature. The findings highlight the influence of healthcare leadership style between, purporting healthcare regulators must encourage leaders and managers to learn and employ positive work behaviours. the healthcare regulators in Qatar should establish an effective culture where the followers can communicate freely and actively with the leader. ***Firstly*** the PHCC need to arrange training programs for the leaders, heads and supervisors working in healthcare centres to promote coaching and guiding their staff. Such training programs can develop interpersonal and supervisor leadership skills enhancing interaction with subordinates. The PHCC regulators must encourage supervisors to treat staff fairly and equally to foster effective workplace interactions.

During the distribution of questionnaires to senior managers and explaining to them about the research, many highlighted shortages and lack of expertise in health service management. No healthcare management training programs exist in Qatar, even senior managers and policymakers come from a medical background without managerial training. Therefore, healthcare system regulators must establish administrative training programs to hone their leadership skills.

Secondly, the findings of this research also offer empirical organisational culture evidence among the PHCC, elucidating a lack of involvement exists. The regulators need to develop educational programs to enhance cultural workplace involvement. Experts can investigate the primary causes of the problem affecting healthcare service quality. These insights could remove barriers to participation and foster meaningful engagement. Workers must feel their leaders welcome their input. They want to know managers hear their voices. Besides, staff at all levels want to participate irrespective of education, skills or language. In addition, the regulators need to establish a comprehensive national culture framework interconnected with the Qatari national culture, introducing it to the staff, especially new hires. The proposed structure facilitates understanding the national culture, helps employees engage with companies.

Thirdly, the current workforce analyses unveiled exceptionally high percentages of medical professionals trained outside the region and most represented non-nationals. This expatriate saturation emphasizes the long-term need to scale up undergraduate education and postgraduate training of Qatari nationals to support the healthcare system. In this sense, the government can expand its medical education programs, as well as increase the incentives of medical students during their studies to encourage nationals to pursue medical careers. These incentives can help bridge local medical professional disparity. Regardless of medical education, Qatar attracts for medical staff. However, this may change, depending on the national economy. Due to acute shortages worldwide and lack of opportunity for long-term settlement in Qatar, many view the country as a stepping-stone to a more permanent career. These make it challenging to develop human resources policies and strategies in Qatar. Markedly, foreign health professionals are needed to maintain the Qatari healthcare system.

NOVEL FINDINGS OF THE DISSERTATION

The research proved added value in several ways. 1st, this investigation comprehensively studied the healthcare system on organisational performance in Qatar. I proved in my research that the findings will drive and support, introducing effective leadership styles and strong culture in the PHCC. 2nd, the researcher examined for the first time, the relationship between leadership styles and organisational performance in the Qatari healthcare environment by giving a clear picture of the leadership styles managers applied. I identified that in my study exploring those variables, will increasing follower engagement positively. Furthermore, it will help to minimize negative employee outcomes, such as work stress that reduces corporate productivity. 3rd, this research represented the first culture investigation highlighting the moderating role of culture played particularly in Qatari healthcare according to the Denison model of culture, uncovering the most common dimension among employees, unmasking the cultural elements creating a strong follower-institutional link, positively and negatively affecting employee attitudes and behaviours. High organisational culture associates with higher work engagement and sharing. Similarly, my research proved that a higher organisational commitment relates to employee job satisfaction. Organisational culture, therefore, coordinates the followers-organisational relationship, increasing the overall organisational performance.

4th, my study proved that the adaptability dimension plays a moderating role in the transactional leadership and employee job satisfaction relationship. However, majority of medical staff in Qatar they from different culture backgrounds but it is obvious that they are able to adapt into the new environment without any issues. Moreover, the findings of my study proved that the adaptability has a positive effect in employee job satisfaction in the Qatari healthcare system.

5th, the findings of my study showed that both transactional and transformational leadership style were adapted by medical leaders in Qatar, which means that those leaders having flexibility to quickly respond to each situation as needed at workplace. Indeed, flexibility is important functions especially under pandemics and unexpected circumstances.

I proved in my research that the significance of the relationship between the immediate leader and the subordinate to foster healthy cultural, situating employees in the institutional hierarchy in the Qatari healthcare system. As a result, the role of a direct leader becomes even more important in

the culture of involvement between the followers and subordinate compared to Western culture. Employees in the eastern cultures frequently need help, assistance and security more than their western counterparts when the followers obtain the expected support from their manager, they tend to reciprocate by getting involved, garnering positive company benefits. Furthermore, immediate leader support reduces negative feelings and impression of the corporation.

Moreover, this study proved the interaction between transformational individualized consideration and organisational adaptability was insignificant on employee job satisfaction. Organisational adaptability did not play a moderating role in the transformational individualised consideration and employee job satisfaction relationship which was identified in this study. A possible reason for this result is many of the medical professionals received their training abroad, and they already had worked with different organizations in various countries. The experience they gained working at international organizations fostered strong adaptability. Hence, the adaptability would not moderate the relationship between the subordinate and followers because those migrant professionals already gained the capability to assimilate to a new workplace and environment. Consequently, the work experience in various institutions increased adaptability. Effective resides on globally practicing skills. Cultural adaptability is associated with diverse experiences, both on and off the job.

This study examined the interaction of leadership styles and organisational culture upon organisational performance. Surveys, a quantitative methodology, were used to gather data, subjected to various analyses to build a picture of the intersectionality between these elements.

SUMMARY

This study examined the interaction of leadership styles and organisational culture upon non-financial performance. Surveys, a quantitative methodology, were used to gather data, subjected to various analyses to build a picture of the intersectionality between these elements. The primary study aim was to understand the role leadership styles play in the performance of PHCC in Qatar and the moderating role of organisational culture on the relationship between leadership techniques and organisational performance. The purpose of this study was to examine the most common leadership styles of the healthcare system in Qatar, leadership style's impact on employee job satisfaction and organisational commitments in the healthcare system of Qatar plus organisational culture as a possible moderator. The dissertation consists of six chapters.

Chapter 1 laid out the goals of the research: its objectives, chief inquiry veins, hypotheses tested and the study structure. Chapter 2 synthesised the empirical literature, summarising the body of knowledge relating to the history and efficacy of leadership approaches as well as the models for assessing organisational culture. The literature review provided an overview of the extant research relevant to the issue under investigation. This section contextualised the gaps in previous inquiries, proposing the theoretical models utilised. Chapter 3 outlined the research plan for executing the study. The data sample of employees at 23 health centres throughout Qatar, the quantitative, survey-based approach, and the methods of statistical analysis applied to the findings were explained. Quantitative data was collected from Qatar's three administrative regions: Northern, Central, and the Southern areas. The component sections of the questionnaire gleaned the medical staff and the PHCC profiles, leadership styles, organisational culture, employee job satisfaction, and employee organisational commitment. Chapter 4 presented the yield of the quantitative study. The results included a descriptive analysis of the data findings, as well as factor, correlation and regression analyses. The interpretation of these results is summarised using tables and figures. The investigation unmasked dominant leadership techniques managers employed, revealing a correlation between leadership styles and organisational performance. These findings corroborated the literature review asserting the role corporate culture plays in moderating leadership style and its effects on employee satisfaction and commitment. The study was carried out using surveys to build a picture of organisational culture per the Denison Model. Chapter 5 concluded the thesis and revealed the theoretical and practical implications of the study. The chapter ended, highlighting potential avenues for future research. Chapter 6 presents the main conclusions as well as the principal and novel findings of the investigation.

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1. **Alshamari, S.:** Laissez-faire leadership positively impacts organisational commitment in healthcare centres in Qatar.
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