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

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The aim of this dissertation is to obtain a doctoral (PhD) degree in the scientific field of Management and Business Administration.

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LIST OF ABBREVIATIONS

AF = Affective Commitment

EFA = EXPLORATORY FACTOR ANALYSIS

EJS = Employee Job Satisfaction

GCC = Gulf Cooperation Council

GDP = Gross Domestic Product

HMC = Hamad Medical Corporation

IIB = Idealised influence (behaviour)

LDRSP = Leadership Styles

LMX = Leader-Member Exchange

MBE = Management by Exception

MLQ = Multifactor leadership Questionnaire

MMR = Moderated Multiple Regression

NHS = National Health Strategy

OC = Organisational culture

OCA = Adaptability Dimension of Organisation Culture

OCI= Organisation Culture Inventory

OCIn = Involvement Dimension of Organisation Culture

OCM = Mission Dimension of Organisation Culture

OCOM = Organisational Commitment

OP = Organisational Performance

PCA = Principal Components Anaysis

PHCC = Primary Health Care Corporation

QNeDP = Qatar National E-Health & Data Program

TIC = Transformational leadership style Individualised Consideration

TMBEA = Transactional Management by Exception (active)

CONTENTS

INTRODUCTION

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).

Scholars have extensively explored leadership, with a particular focus on measuring effective leadership. For example, YIING, and BIN AHMAD (2009) unveiled employee attitudes, job satisfaction, organisational commitment (OCOM) were positively related, However, mavens have neglected organisational culture's (OC) effect on health care (RATHERT ET AL., 2009). Organisational commitment has garnered considerable researcher attention (CHUGHTAI, and ZAFAR, 2006). Commitment relates to positive organisational outcomes (MEYER, and ALLEN,1997), such as improved job performance YOUSEF, (2000) and employee satisfaction (CHUGHTAI, and ZAFAR, 2006; YOUSEF, 2000), reduced turnover.

The Qatari government has always paid considerable attention to healthcare because it recognizes the essential role healthcare plays in nation-building (BENER, and AL MAZROEI, 2010). Qatar's healthcare spending in the Middle East displays an uppermost rank, investing $4.7 billion in health care infrastructure in 2014 (ARABIAN BUSINESS, 2015). However, apart from this considerable investment in health infrastructure, the government also needs to capitalize on establishing training programs to improve the managerial skills of medical leaders.

Therefore, this study seeks to inspect medical leaders' transformational and transactional leadership approaches and the relationships between these leadership styles and their subordinates' job satisfaction and organizational commitment. The secondary aim h is to probe how organizational culture moderates the relationships between leadership behavior and organizational commitment and organizational commitment and job satisfaction and performance in Qatar's healthcare system.

1. TOPICS AND OBJECTIVES

Research Problem

Medical 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 must probe these medical leaders' leadership styles, 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 medical system outlay promoting doctors and nurses who are not Qatari may prove ineffective, as many nonQatari doctors do not remain 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 because a healthy OC can improve employee performance. Leadership style directly impacts employees job satisfaction (EJS) and output (BEJINARU, and BĂEŞU, 2013). 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. ALGHAFRI., (2018) contended 80% of employee productivity issues stem from daily work environments.

A research gap exists between organisational culture and organisational commitments plus a lack of investigations within the local context. Therefore, researchers need to bridge this healthcare disparity in Qatar. A paucity of pundits has explored leadership approaches' relationship with Qatar's local healthcare system's organisational performance. Nevertheless, a need for such an understanding remains imperative for the healthcare system to advance. This research aims to satisfy the Qatari government's mandate to enhance this sector's effectiveness. As the Ministry of Public Health asserted, Qatar can generate a healthcare system offering its people superior, innovative healthcare emerging as a global healthcare benchmark. Qatar strategically aspires to facilitate people reaching their full potential. In this course, this goal will benefit individuals, their families, the public and the country.

Research Aims

The primary study aims to probe leadership styles in Qatar's healthcare system to elucidate how it performs and the way organizational culture moderate's leadership technique-organizational performance relationship. This quantitative study explores the prevailing leadership styles Qatar's healthcare system employs, leadership style's impact on employee job satisfaction and organizational commitments in Qatar's healthcare system, plus organizational culture as a possible moderator.

Accordingly, the findings from this study will forge a foundation for future institutional development. This concentration will significantly affect healthcare quality and empower health managers (QATAR NATIONAL E-HEALTH & DATA PROGRAM [QNeDP], 2015). Finally, this investigation will contribute to leadership as well as OC literature, benefitting healthcare not only in Qatar but also worldwide. The results of this research could guide the Ministry of Public Health and the primary health care in Qatar on how to encourage and train medical leaders on how to engage followers (other employees). This research can frame institutional policies, behavioural-based leadership interviews for new hires plus guide leader training programs and accountability frameworks. This investigation will explore Qatari healthcare leadership, organisational culture 's moderating effect, and organisational performance.

Research Objectives

The study objectives entail:

1. Investigating the relationship between leadership styles, organisational culture, employee job satisfaction, and organisational commitments.
2. Uncovering the most common primary health care corporation leadership styles
3. Examining employee job satisfaction and organisational commitments in the primary health care corporation.
4. Probing the moderating role of organisational culture on the relationship between leadership styles, employee job satisfaction, and organisational commitments.

1.1. Research Questions and Hypothesis

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?

The researcher will examine these hypotheses:

> **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 organisational performance in Qatar's healthcare system, an empirical gap related to Qatar leadership styles and

organisational culture has surfaced. The need for such an investigation has motivated this researcher to explore this area.

1.2. Research Methodology and Model

This approach engenders quantitative correlational research to observe if a significant relationship exists between leadership styles and non-finical performance outcomes (EJS and OCOM) in the Qatari healthcare system. It will also discuss the relationship of OC as a moderating effect among the variables. This exploration will adopt quantitative research methods to measure the phenomenon using the self-administered method CRESWELL, (2014). Quantitative research assesses relationships and correlation between the variables to test objective theories (CRESWELL, 2014). This dissertation probed 23 PHCC health centres. Approximately 1,653 participants took part in this study. However, 1,029 questionnaires met inclusion criteria; thus, 471 were excluded because the information was missing or incomplete. The medical staff participated: 92 Medical heads, 19 health centre managers, 114 medical doctors, 102 technicians, 161 pharmacists, 18 dentists, and 430 nurses. The questionnaires were handed to all PHCC health centre managers according to the number of employees. Telephone calls were made to remind the managers and to encourage employees to answer the survey. The returning rate (82.2%) justified this study using quantitative research to unmask the research questions answers. The quantitative method depicted an effective way to answer the research questions, especially when it comes to reviewing large groups and target populations, like the PHCC.

2. LITERATURE REVIEW

The literature review synthesizes how professional and academic research related to the problem statement. The researcher drew content from peer-reviewed articles, books and dissertations soundly associated with the topic. This chapter compares diverse prevailing perspectives and the relationship between the study variables as well as the previous research and findings, comprehensively examining the problem and purpose. The literature review starts summarizing leadership theories defining the most relevant leadership styles during the past century, dividing into primary categories: transformational leadership encompassing trait, behavioural, contingency, transactional leadership and laissez-faire. These leadership paradigms typify the most commonly practiced leadership categories (HERSEY ET AL., 2008). The following section focuses on OC, according to Denison (2006), its principal elements, and the cultural impact within the study variables. The last section highlights organizational culture as moderator, organisational performance, such as EJS, OCOM, and the leadership style-OC-OP relationship.

Leadership Theory

This leadership theory section provides an overview of contemporary leadership paradigms. Leadership exemplifies the process in which a person exerts influence over other people. In doing so, the person encourages and guides activities to realise group, team or institutional objectives (JONES ET AL., 2000). Leadership engenders a multifaceted term, making a distinct operational explanation complicated.

Individual plans may not synchronise with institutional objectives (HERSEY ET AL., 2008). The numerous definitions incorporate DAFT (2014), describing leadership as the process of manipulating individuals to achieve a goal. GOLEMAN (2000), on the other hand, professed the leader solely must produce results. According to HOUSE, and ADITYA (1997), the motivating, affecting and permitting individuals the space to contribute to entity aims engenders leadership. Consequently, BASS and AVOLIO, (1994) exemplified leaders implement persuasion to realise objectives. ARMSTRONG (2009) when he discussed leaders affect others navigating others to perform cohesively towards a common goal, they might not have achieved their own.

Great Man Theory

BASS and AVOLIO, (1994) contended the leadership of great men had shaped history. CARLYLE ET AL. (2013) proposed the great man or trait leadership theory, where a leader epitomises an innately gifted person who inherited characteristics uniquely differentiating the person from one's followers. Ancient Greek, Roman, Egyptian, and Chinese scholars have contemplated traits, an early leadership style (LUSSIER, and ACHUA, 2013, portraying leaders as heroes or great men.

The great man theory purports some people are born equipped with attributes making them great leaders (NORTHOUSE, 2007). During the early 1900s, mavens sought to understand leaders and leadership, for they wanted to determine, from an organisational perspective, what characteristics leaders hold in common, hoping people with these traits could assume critical corporate positions. Notably, traits leadership emphasises leader attributes, like personality, motives, values and skills (JONES ET AL., 2000). Predominant researchers have sought to unmask a significant correlation between leader characteristics and success. However, these experts did not employ explanatory processes. However, as evidence from better-designed research slowly emerged, researchers have illuminated how leader attributes relate to leadership behaviour and effectiveness (YUKL, 2002). Under the premise of the great man theory, a person must emulate a heroic personality to rise to a revered leader's role. However, the great man theory fails to entertain leadership development or personality's influence on the ability to lead.

Trait Theory

Trait leadership identifies leader personal characteristics, deemed to promote effective leadership. Many researchers have professed successful leaders must possess particular personal qualities, setting influential leaders apart from ineffective ones and from individuals who will never become leaders. Since the 1930s, pundits have elucidated particular personal traits associated with successful leadership. Markedly, despite the nomenclature trait model, some personal characteristics it highlights do not engender personality features. They are, instead, leader skills, abilities, knowledge, competencies and expertise. Traits, when assessed deeper, are not critical to understanding leader performance, for some effective leaders do not possess these qualities. Furthermore, leaders who do have them do not always lead well.

Behavioural Approach

Under the influence of the great man theory, scholars have continued to concentrate on the leader to uncover what constitutes effective leadership. The trait theory diennormed many

researchers; hence, the behaviour approach emerged in the early 1950s. Experts were inspired to probe what managers did and how they behaved (YUKL, 2002). As leadership theory has evolved, researchers could not define effective leadership based solely on personal traits. Hence, they have begun to delve into leader behaviour, exploring what role it plays in leadership performance. The behavioural approach contends anyone who adopts the appropriate action can lead (DAFT, 2014). Traits only account for part of why someone becomes a leader and why they effectively lead. Personality psychologists have claimed behaviour results from the person-situation interaction.

Situational (Contingency) Leadership Theories

Contingency leadership theorists have considered how situations alter leader behaviour. The assumption contends no traits, behaviour or styles inevitably establish leadership. However, it links the conditions a leader faces to the leadership approach the leader employs.

Additionally, the two primary leader behaviours, initiating structure and consideration, do not always lead to positive outcomes. Namely, forming structure sometimes resulted in performance spikes and follower dissatisfaction. Several theorists have addressed this issue: contingency, path-goal, HERSEY, and BLANCHARD'S (2008) life cycle, cognitive resource, decision tree and the decision process theories.

2.1. Leadership Styles

Academics and practitioners have explored practical leadership (BASS and AVOLIO, 1994). Even though most managers practice several leadership styles, researchers have asserted subordinates asserted successful, satisfying managers focus on transformational leadership (BASS, and AVOLIO, 1994). This perspective also applies to employees, who consider transformational style as the most effective leadership. A leader must adapt to achieve maximum performance. Excellent leaders can employ various techniques to suit the diverse situational needs rather than using one method. A practical, fulfilled leader needs to find an appropriate balance between leader preferences and contextual demand. The leadership profile entails a unique mix of intermixing the eight styles. While some people use a few techniques, others like to balance many types. What makes a good leader depends on the situation and culture (TEAM TECHNOLOGY, 2020).

Transactional and Transformational Leadership

This research looks at the two aspects of transformational leadership, influencing followers the most, idealised influence and individualised consideration (HOFSTEDE, 2010). Transformational leaders who display the behaviour they want to see in followers, encourage them to take on a certain vision, values and mission, exerting idealised influence. Individualised consideration, on the other hand, epitomizes leader focus on the concerns and emotional needs of followers and support provisions. Qatar offers a rich backdrop to assess these leadership style impact on followers of various cultures, given the multinational workforce and the relatively high individualism and power distance (HOFSTEDE, 2010).

This research also sheds light on transactional leadership management by exception (active). Comparing transactional features with transformational unmasks how they affect followers. Transactional leadership focuses on the human side and increasing the comfort zone for all employees. Thus, job satisfaction and workplace spirituality may represent potential variables (YAHAYA and EBRAHIM, 2016). Management by exception exemplifies an active phase where the leader aggressively surveils subordinate performance. The manager alters action to regulate the situation if an error occurs. BASS, and AVOLIO, (1994) purported although people may negatively distinguish corrective action, they can view an active approach positively in certain conditions.

Passive and Laissez-Faire Leadership

Laissez-faire leadership reflects a leadership philosophy where managerial decision making remains absent (YULK, 2010), usually leading to adverse attitudes and lower individual and group (BATEMAN, and SNELL, 2007). Laissez-faire entails not intervening in others' affairs (CLARK, 2016). Scholars do not consider laissez-faire leadership, but they view it as non-leadership. Since the leader intentionally avoids involvement, leader incapacity to get involved illustrates the most prominent indicator. Such a lazy and sometimes non-committed attitude minimises personal interactions; therefore, a leader diminishes one's power base.

The CEO of Barrick Gold Corporation believed leadership entails many facets: leading, following, and making sure to give employees freedom (YULK, 2010). A laissez-faire leader allows making decisions autonomy, letting employees decide how accomplish tasks (YULK, 2010) and work out their solutions.

The laissez-faire style exemplifies passive leadership; thus, pundits have viewed it as the least effective, most passive transactional type and the least popular leadership technique. Passive, hands-off behaviour encourages the leader to hand over responsibility and skirt decision-

making and avoids follow up actions (GILL, 2006). Laissez-faire leaders remain devoid of decisiveness and try to avoid taking leadership responsibilities.

Also Lacking the initiative to work jointly with institutional members, laissez-faire leaders passively interact, hence, they allow employees to make decisions, but worker choices remain under the leader's purview.

2.2. Organisational Culture

Generally, OC represents additional control systems, regulating and governing employee behaviours and attitudes. OC does not constitute an externally imposed constraint system, such as direct supervision or involvement in policies and procedures. On the contrary, the employees internalise company norms and values. Following that, they allow these informal standards to guide their decisions and actions. Employees must remain mindful of the power of institutional values and norms. OC represents a control source for two reasons. First, it controls in instances where managers cannot utilise output or behaviour mandates. Secondly and more importantly, when a firm establishes healthy and cohesive corporate values and norms, employees focus on reasoning as to what best helps the entity in the long term (JONES ET AL., 2000). OC deals with the way workers recognise the norms and not with the fact of whether or not they like or dislike them. The values of the founder, socialisation, ceremonies and rites, stories and language exemplify OC facets (JONES ET AL., 2000).

Organisational Culture Definition

OC represents the values, norms, behaviour standards and conventional expectations, controlling how individuals, groups and teams in the institutions interact with each other and work together to accomplish the entity goals (JONES ET AL., 2000). According to JACOBS ET AL. (2012), numerous explanations and meanings embody culture, posing an obstacle to determining an exact meaning. Anthropologists and sociologists have defined culture as beliefs, values, customs, attitudes and practices a particular group share (JONES ET AL., 2000).

National versus Organisational Culture

According to HOFSTEDE (1984) explored two dimensions of culture to illuminate how national and organisational culture theoretically diverge. Since a person acquires national culture at an early age, national culture epitomises an individuals' fundamental values. On the other hand, organisational culture engenders the practices and processes within an institution

HOFSTEDE ET AL. (2010). P. BREWER, and VENAIK (2012) asserted national culture entailed groups and nations, not individuals. Unlike national culture, institutional culture funnels to the person because entity members comprise individuals. Organisational culture as the basic shared assumptions internally integrated, externally practised, and subsequently adopted as standard procedure. The established norms imparted to new members indicate precise thinking, feeling and perceiving the business world.

A person from a collective society (Chinese) positions the group before the individual, where the person represents nothing without the group (HOFSTEDE ET AL., 2010). However, individualistic societies (Canadian) loosely connect individuals, and members take care of themselves and their immediate family. Members from a collective society rely on leaders for guidance (SAAD ET AL.,2014). In contrast, people from an individualistic society need to explicitly defined roles and require more instruction to function equal to the collective community members (HOFSTEDE ET AL., 2010).

OC and national culture differ, and protocol learned from the national culture does not transfer equally to institutional practices (HOFSTEDE, 1984). Hence, managers' distinct national cultural backgrounds affect their leadership styles. Markedly, the followers also bring their unique national culture to the institution, especially with the high expatriate population working at the healthcare sector in Qatar. Recognizing the distinct approaches leaders adopt regarding accepting and integrating diverse cultures affects company success.

Organisational Culture Comparative Measurement

Some experts have looked into the comparative measurement of OC as DENISON ET AL. (2006) developed. For example, HOFSTEDE ET AL. (2010) used behavioural norms, O'REILLY ET AL. (1996) explored person-institution fit and investigated national culture and its impact on corporations. Other researchers, however, comprehensively reviewed OC survey measures.

Comparing and measuring OC has long been debated among researchers (DENISON, 2006; HOFSTEDE ET AL., 2010; SCHEIN, 1992). However, SCHEIN (1992) concluded as culture gains complexity in figurative connotation, semiotics and fundamental principles and conventions, comparative analysis cannot accurately measure it. SCHEIN (1992) asserted the essential ideas and assumptions can be best understood through ethnography.

HOFSTEDE ET AL. (2010) developed an instrument, called the Organisational Culture Inventory (OCI), measuring perceived and expected behavioural norms. According to the OCI,

12 cultural styles fall into three main categories: constructive, passive/defensive and aggressive/defensive. Another comparative measurement of OC came from HOFSTEDE's (2010) study on national diversity in work practices and derived six OC dimensions (process versus results, employees versus job, parochial versus professional, open system versus closed system, loose versus tight, and normative versus pragmatic) using cross-national research observing 20 Dutch and Danish firms. Other experts created an OC comparative measure focusing on socialisation and new employee selection (CHATMAN, and O'REILLY ET AL., 1996), yielding cultural components of innovation, attention to detail, outcome orientation, aggressiveness, and supportiveness, emphasis on rewards, team orientation and decisiveness.

Denison's Organisational Culture Model

DENISON'S (2006) study revolved around OC and effectiveness stemming from four OC traits: involvement, consistency, adaptability and mission. Participation and adaptability predicted flexibility, openness and responsiveness, forecasting expansion. The remaining two features, consistency and mission, indicated integration, direction and vision, revealing profit attainment. The four characteristics also significantly predicted other efficacy criteria, like quality, employee satisfaction and aggregate performance. DENISON (2006) unveiled four traits as strongly indicating subjective effectiveness, robustly predicting objectively verifiable data, such as return on assets (ROA) and increased sales, particularly with more prominent businesses. DENISON (2006) displayed culture remains integral to institutional adaption, and specific cultural traits may enhance performance and effectiveness (DENISON, 2006). Figure 2.1 summarises the cultural traits model.

Figure 2.1. *Theoretical Model of Culture Traits*

External Orientation	Adaptability	Mission
Internal Integration	Involvement	Consistency

Source: DENISON (2006)

Involvement

Experts have demonstrated effective organisations empower and insight employees to get involved in company activities and to work collaboratively. Even though they work on different levels, people feel they can participate. This inclusion could lead to higher organisational involvement (OCIn) relying on unofficial rather than official networks DENISON ET AL. outlined (2006) three indexes assessed such a trait: empowerment, team orientation and capability development. When empowered, persons possess the power, ingenuity and aptitude to manage their labour, creating more responsibility and a sense of institutional belonging.

Team orientation involves achieving joint goals cooperatively for which all employees maintain communal accountability. Team efforts accomplish the work. Capability develops when entities continually invest in employee skills, so companies remain competitive and achieve their needs.

Consistency

Scholars have claimed consistent and integrated institutions act effectively (SAFFOLD, 1988). Steady behaviour depicts core values, and leaders and followers skilfully agree and incorporate diverse viewpoints, integrating and coordinating activities (MARTIN and SCHEIN, 1992). Consistent firms formulate an outlook and build internal governance dependent on consensual support with committed employees. Furthermore, they tend to promote from within and outline a clear agenda. This consistency powerfully stabilises the company with internal integration.

Adaptability

Organisations must change to keep up with evolving standards (RANA ET AL., 2016). However, implementing alteration remains challenging. While staying within strategy parameters, a healthy strategy gives member ownership, where the institution harnesses employee adaptability (MORGAN, 1998). Adaptability addresses external revision, a focus in line with observation culture emerges as a firm discovers how to tackle external transformation and internal integration. Moreover, adaptability describes traits related to the organisational capacity to evolve. At the same time, consistency and mission help foster stability (DENISON, 2006). Customer focus and corporate learning create change and the degree the business position acclimates to attain the evolving requirements. The aim to please clients directs the institution. Organisational members must understand one another. If a leader from an individualistic society were to meet a follower from a collectivistic culture, both parties would have to adapt to comprehend the other's communication style. Adaptation remains not only critical for communication but also for collaborating (REEVES, 2011). Communication facilitates OC to build community and belongingness.

Mission

A well-communicated mission statement helps align resources. However, business strategy understanding remained sparse, for many managers could not cite the basic institutional strategy, let alone summaries it. If management cannot state company goals, how can they transfer and integrate the ideas into the company culture (COLLIS, and RUKSTAD, 2008) Discussing business plans not only promotes values and goals, but it also develops, integrates, and enhances firm initiatives (BOURGOIN ET AL., 2018). Everyone working in the same

direction connects employees, positively impacting the organisation. When institutional members grasp the vision, they take the extra effort more readily. Conversely, if they fail to comprehend the organisation direction, employees lack focus. Navigating on the same path fosters strong communal ties and advances the culture, propelling the company.

An entity's transparent strategy conveys the corporate aims, clearly delineating every employee contributes to the industry. Goals link to the company mission, vision and plan, and they direct employee work. The concept constitutes a collective future vision the firm wishes to reach.

Cultural Impact

JACOBS ET AL. (2012) demonstrated sociologists and anthropologists have demonstrated culture impacts economic behaviours, pointed out, many economists have link culture to beliefs and values and beliefs and values to economic results, asserting core values shape preferences and affect financial decision-making and performance (SMITH ET AL., 2003). Culture affects productivity, installing communal values, beliefs as well as customs throughout the institution. These standards, in turn, shaped how business associates interacted and engaged with each other.

Organisational Culture as a Moderator

An organisation's culture may directly or indirectly impact OCOM. Firstly, it may moderate the relationship between leadership behaviour and OCOM. Secondly, it may moderate the relationship between OCOM and EJS and OP. DAFT (2014) argued OC might represent the critical facet managers use to direct their firms. Scholars have studied OC. They have assessed many dimensions, resulting in fundamentally (though sometimes conceptually divergent) models (DAFT, 2014). OC relates to leadership exists, for OC may impact leadership and the two continually interplay (SCHEIN, 1985). Specifically, mavens have linked OCOM and an employee's felt organisational and managerial support (akin to leadership behaviour). (SCHEIN, 1985). Scholars also have professed appropriate leadership combined with OC can influence employee productivity (HARRIS, and OGBONNA, 2001). LI's (2004) Taiwanese investigation confirmed leadership affected OCOM differently by OC. A direct link between leadership and OCOM existed with a potential moderating role of OC, as the effect of leadership on OCOM varies according to OC.

When considering OCOM, experts have portrayed OC generates commitment, enhancing employee productivity (DEAL, and KENNEDY, 1982; LOK, and CRAWFORD, 2001). However, pundits have also identified relationships between OCOM (indirect variables, like

job satisfaction and performance) and OC. Leadership impacts employee satisfaction and performance. For example, studies in various industries have shown supportive cultures strongly and positively affected commitment and EJS, while bureaucratic cultures negatively influenced it (LOK, and CRAWFORD, 2001). OCOM directly influences variables, such as EJS and OP, with the potential moderating role of OC; OCOM and EJS affected according to OC. OC seems to sprawl across various measures: leadership behaviour, OCOM, EJS and OP. In the background of both relationships, leadership-OCOM and OCO-EJS-OP, OC surfaces as a potential moderator. The researcher has indicated the other variables moderated when culture is factored into the analysis. If leadership impacts OCOM and OC influences OCOM, then the potential for OC to moderate this relationship exists. Similarly, building upon this relationship, if OCOM also relates to EJS and OP, and OC affects OCOM, then OC can potentially moderate this relationship.

2.3. Organisational Performance

Top-levels managers primarily aggregate organaisational performance (OP), and they utilise differing financial measures to evaluate performance: profit, liquidity, leverage and activity ratios (JONES ET AL., 2000). Profit ratios measure how efficiently managers utilise institutional resources to generate benefits. Return on Investment (ROI) represents firm net income (profit) before taxes, divided by its total assets. Since ROI allows managers to compare OP to the performance of other entities, it depicts the most widely used financial performance measure. ROI enables managers to measure corporate competitive advantage (JONES ET AL., 2000).

Liquidity ratios assess how soundly managers safeguard corporate resources and assets, so they can pay short-term obligations. The current ratio represents the ratio of current assets (CAs) divided by current liabilities (CLs). By definition, CAs and CLs constitute the financial categories that can be liquidated within one year. This ratio signifies whether companies have sufficient resources available to meet their short-term credit obligations. On the other hand, the quick or acid test ratio means firm ability to meet creditor claims without having to sell inventory (JONES ET AL., 2000).

Finally, activity ratios appraise how well the managers create value from institutional assets. Inventory turnover analyses how efficiently managers cycle inventory, so the company does not carry excess, costly stock. Days of sales outstanding (DSO) informs on how managers collect revenue from customers to pay incurred expenses (JONES ET AL., 2000).

Organisational effectiveness and performance stem from the identical requirements. However, effectiveness scrutinises the resource and procedure internally, and performance includes stakeholder interest especially in the Qatari healthcare system.

OP has puzzled scholars about the variables engendering corporate success. Although OP incorporates financial and non-financial measurements, the focus has remained on non-financial benchmarks of OP when exploring public healthcare centres in Qatar. Public healthcare does not principally concentrate on profitability, like private healthcare. Both public and private healthcare converge regarding non-financial performance, such as patient satisfaction with service quality. Therefore, the researcher emphasises non-financial performance because it epitomises the variables used in this study. The following sections look into both financial and non-financial performance. Nevertheless, this researcher will concentrate on non-financial performance.

Financial Performance

When organisations fail to meet performance standards, such as ROI, sales revenue or stock price projections, managers must take corrective actions. Financial controls signify to managers when corporate reorganisation might be necessary. Even though financial information constitutes a critical output, it does not provide complete information about building a competitive advantage, encompassing innovation, customer service and quality. Financial performance indicators inform managers about the decisions they have made. However, they do not help managers discover new opportunities to construct future competitive advantages (JONES ET AL., 2000).

Non-financial Performance

What managers are seeking to accomplish, in which way they reason, they shall behave, how do they perceive their jobs, subordinates and organizations and finally, what feelings do they display at work can be exemplified can be derived by looking at the managers as a single entity – the person, and analysing their values, attitudes and moods. All of them capture as to how managers experience their jobs as individuals. This thesis will focus on one particular aspect of this triad – manager's attitudes. An attitude is defined a collection of feelings and beliefs. The attitudes capturing thoughts and feelings about their specific workplace and organizations strongly affect as to how managers tend to approach their jobs. Two of the most influential attitudes in this context are exemplified in: 1.) job satisfaction and 2.) organizational commitment (Jones, George & Hill, 2000).

Employee Job Satisfaction

Since the 19th century, job satisfaction theorists have widely studied organisational management. Moreover, job satisfaction exemplifies a comprehensively researched employment and corporate psychology concept (DORMANN, and ZAPF, 2001). Employee job satisfaction (EJS) entails subjectively evaluating working conditions, including responsibility, task variety or communication requirements, for such conditions promote EJS. Additionally, EJS depicts a significant concern regarding outcomes, such as absenteeism, fluctuation (DORMANN, and ZAPF, 2001) or institutional inefficiencies, especially counterproductive behaviour. When integrating these two perspectives, EJS emerges as a central organisational psychology facet.

Job satisfaction represents the feelings and beliefs managers possess regarding their current jobs. Managers with pronounced EJS tend to like their jobs, feel fairly treated and perceive their work offers desirable traits (exciting work, satisfactory pay, job security, autonomy and pleasant colleagues) (JONES ET AL., 2000). Notably, EJS seeks to measure affective responses to the work environment, focusing on how employees perceive corporate expectations, reward practices and methods for handling conflict. Even though OC and EJS overlap, OC remains descriptive, EJS evaluates and defines significant factors for OP because it considerably impacts non-financial performance.

This research will systematically gather information to examine the relationship between three significant components in the healthcare system of Qatar: leadership style, OC, and organisational performance. A variable engenders a universal characteristic measuring change, either in amplitude, intensity or both. An independent variable (IV) represents the presumed cause of some change in the dependent variable (DV); therefore, this researcher denotes leadership styles as IVs. A DV represents a response, IV affects. In terms of the hypothesis testing, it reflects the variable the researcher is interested in explaining. In organisational behaviour, the most popular DVs, related to non-financial performance, comprise EJS and OCOM. EJS demonstrates the relationship between performance and value preferences (JONES ET AL., 2000). EJS poses a challenge to business leaders (YANG, 2014). investigated leadership's impact on job satisfaction in healthcare, reporting both employees and patients faced massive obstacles, transcending technical patient care to looking at successful leadership holistically (p. 16). Moreover, OP in healthcare leads employees to administer better healthcare services.

ABUJABER, and KATSIOLOUDES (2015) elucidated researchers have sparsely examined EJS in Qatari healthcare, especially regarding national and emigrant workers, work performance, OCOM and the relationship with customers perceived service quality. In this sense, the authorities need to apply different strategies to garner healthcare EJS, retain highly qualified personnel plus improve OP and OCOM. Furthermore, the system must offer better wages to attract and retain the best-trained professionals.

ABUJABER, and KATSIOLOUDES (2015) conducted a cross-sectional study of health caregivers in Qatar, evaluating EJS and stress at Hamad Medical Corporation (HMC). The study uncovered below-average job satisfaction and stress. No significant differences in overall EJS existed for nationality, sex, marital status; but, women healthcare workers in Qatar experienced more stress than other health employees in Qatar. Qatari doctors expressed dissatisfaction with their pay and work diversity, and they were significantly more stressed compared to non-Qatari counterparts. Most PHCC employees were non-Qatari due to the Qatari employee void or since they perceive the PHCC service as substandard to other spheres. ABUJABER, and KATSIOLOUDES (2015) reported providing incentives, reducing workload and offering occupational training to improve PHCC services could enhance EJS of PHCC physicians. In Qatar, nurses were satisfied with leadership, coworkers and work environment but dissatisfied with their wages (ABUJABER, and KATSIOLOUDES, 2012).

Instead, the decision-makers in Qatar believed establishing a new rule would boost healthcare performance in the country. The SUPREME COUNCIL OF HEALTH (2013) recommended new directions crucial to achieving better satisfaction:

1. Increase the compensation to make the healthcare profession more attractive, especially for Qataris, to guarantee competitiveness with other national sectors (financial services, energy).
2. Modify human resource legislation to make them more flexible and streamline licensing requirements.
3. Create explicit career frameworks and promotions linked to performance.
4. Expand work settings, aesthetically and include staff services.
5. Develop organized professional development agendas for Qatari and emigrant workers.

Healthcare in Qatar has faced the challenge of meeting the demands of expanding population. Thus, the state has allocated spending on both healthcare and education to build a robust

infrastructure. Therefore, this study measures EJS in healthcare workers as the key to institutional success.

Organisational Commitment

Organisational commitment (OCOM) exemplifies a job-related attitude, either constructive or hostile evaluative statements about objects, people or events. OCOM depicts when a worker identifies with a certain institution (PHCC) and its mission by maintaining affiliation in the association. OCOM epitomises one of two non-financial OP measures used in this study. Over the last 15 years, researchers have proposed and refined a multidimensional conceptualisation of OCOM (ALLEN, and MEYER, 1997). Moreover, they explained OCOM reduced turnover and committed employees worked hard to achieve company objectives. Thus, accomplishing business goals enhanced OP. MEYER and ALLEN (1997) conceptualised commitment considering psychological states, like influenced personnel existence or whether the employee would remain with the enterprise.

In 1988, MEYER, and ALLEN theorised a difference between affective and continuance commitment. AF means the employee had an emotional connection to the institution and was proud to associate with it. In contrast, CC signifies the employee weighed the practical costs if the person decided to leave the company. Subsequently, ALLEN, and MEYER (1997) incorporated another commitment, normative, to illustrate perceived employee obligation to stay with the company. OCOM theorists' focus has remained chiefly on outcomes relevant to employers, for they have connected commitment and employee-focused items, including stress and conflict between work and family. Hence, when developing the model, employee health and well-being were included as a category. Experts have disagreed as to how commitment, especially AF, relates to the variables. Some researchers have argued AF can soften the negative impact of work stress and thus, does not influence employee health as much as others (BEGLEY, and CZAJKA, 1993). Other scholars have asserted committed employees might react more negatively to work stress than less committed workers. The debate has remained pertinent, especially concerning job satisfaction (MEYER, 1997). Job involvement and occupational commitment depict variables often studied, and similar to EJS, encompassing emotions and could, thus, relate to AF. MEYER, and ALLEN (1997) professed, however, even

though EJS, job involvement and occupational commitment are related, they remain unique from the AF.

Affective Commitment

Employees possessing a robust affective commitment (AF) continue to work for the institution since they want to do so. This facet precedes OCOM. Porter focused on a one-dimensional approach named AF in his study (DUBIN ET AL., 1975). Four antecedent groups concerning AF constitute personal characteristics, job characteristics, work experiences, and structural characteristics. Researchers have paid attention to work experience, for they have purported it moulds employee OCOM (MEYER, and ALLEN, 1997).

Continuance Commitment

Employees continually linked to an institution persist with dedication and loyalty. Two factors affect continuance commitment (CC): investment volume and alternative scarcity (BECKER, 1960). Employees have spent time and developed skills working in a corporation, making it difficult to start over at another company. Hence, a job change would require great sacrifice. Continuance commitment also develops as employees believe they have no alternatives; thus, they must remain in their current job.

Normative Commitment

Normative commitment defends as (NC) engenders employee believed obligation to their organisation. Specifically, if an institution remains loyal to the worker or has promoted education, the employee may feel a higher NC (DUBIN ET AL., 1975). A similarity between AF and NC exists, especially when employees with a high NC feel they ought to remain with the company.

2.4. The linkage between the study variables

This section will shed a light on the relationships between the study variables leadership styles, organisational culture and organisational performance from previous literatures review.

Organisational Culture and Organisational Performance

In healthcare, empirical researchers have probed the relationship between OC and OP. CALLEN ET AL. (2007), asserted culture affects quality system implementation in hospitals. Additionally, he argued a relationship between OC and patient-care quality while CALLEN ET AL. (2007) claimed OC influenced clinical information system use. GIFFORD ET AL. (2002),

described a relationship between OC and provider team effectiveness and healthcare provider job satisfaction. Moreover, hospital senior management team cultures in both the UK and Canada represented dominant management cultures, impacting OP (GEROWITZ, 1998). Chinese public hospital workers displayed a similar contingent relationship, where culturally embedded factors (cost control) correlated with hospital performance (ZHOU ET AL., 2011). These authors had explored the relationship between OC and OP in hospitals, using cross-sectional study (DAVIES ET AL., 2007).

JACOBS ET AL. (2012) extended DAVIES ET AL. (2007) when they investigated the changes in higher management culture in English National Health Strategy (NHS) examined acute hospitals over three periods, 2001, 2002, and 2007-2008. They identified performance measures and principal healthcare organisational traits to determine the relationship between OC and OP. Precisely, the aim was to discover if organisational values were crucial within a dominant culture and if they were, which ones enhanced performance over time. Some experts have concentrated on between OC-OP relationship (DENISON, and MISHRA, 1997). Professed an adaptive culture positively affected market-related performance.

SHAHZAD ET AL. (2012), in addition, mentioned an influential culture promotes worker performance. It can also improve employee confidence, loyalty and honesty in the workplace, as well as reduce job stress (SAFFOLD, 1998). Furthermore, SHAHZAD (2012) demonstrated most experts have studied culture, focusing on a single OC. From DEAL, and KENNEDY'S (2000) viewpoint, whether strong or weak, culture considerably impacted institutional behaviour. The difference resided in the healthy culture, employee and management goals aligned to improve OP. As cited in JACOBS ET AL. (2012), many pundits explored the relationship between OC and OP. Populist, since the 1980s, have illuminated strong cultures exist, where institutional members extensively follow and actively hold similar standards and values (O'REILLY, and CHATMAN, 1996, P. 166), This cohesiveness has cultivated high performance across diverse industries (DEAL, and KENNEDY, 1982; DENISON, 2006)

As cited in NAZARIAN ET AL. (2017), scholars have investigated the OC–OP link over the last 30 years. Moreover, argued a strong relationship between OC, reliable compass and powerful leverage, make company members behave uniquely. According to BARNEY (1991), OC encompasses the central resource institutions possess to uphold a competitive advantage and numerous mavens have explored the effect of OC on OP.

Leadership Styles and Organisational Performance

EVKALL, and RYHAMMAR (1997) explained leadership style influenced the organisational environment, accordingly, impacting both creativity and productivity. Thus, leadership directly affected productivity. Moreover, researchers have shown various leadership styles diversely influenced variables, like flexibility, responsibility, clarity and commitment. Various leadership has impacted institutional climate (MANNING, 2002). Leadership affected subordinates because leader behaviour fostered motivation, impacting individuals RAHMAN (2001). Indeed, leadership influences culture. Accordingly, leadership influences OP through its culture (OGBONNA, and HARRIS, 2001). Leadership impacts effectiveness in public organisations (OGBONNA, and HARRIS, 2001). RAHMAN (2001) concluded the products, services, individual approach to clients and leadership style affected entity results.

Leadership Styles and Organisational Commitment

MANNING (2002) stated transformational leaders nurture personal and group improvements; they also share with their subordinates inspiring organisational vision. They encourage employee commitment and motivation for important company goals (BASS, and AVOLIO, 1994). Transformational leadership has enhanced positive individual as well as institutional consequences (BASS, 1994), and fostered higher EJS (NIEHOFF ET AL., 1990), focusing on three leadership styles: transactional, transformational, and laissez-faire. Researchers have unmasked commitment lacks consistency in its definition (MANNING, 2002), contributing to the problem with understanding research findings (NIEHOFF ET AL., 1990).

In a research of engineers in Singapore, J. D. LEE (2005) found transformational and transactional leadership positively impacted all dimensions of leader-member exchange (LMX) and OCOM. In contrast, transactional leadership negatively influenced one aspect of LMX, particularly loyalty. J. D. LEE (2005) concluded transformational leadership positively associated with AF and NC. In contrast, the impact of transactional leadership influenced affective more than normative commitment (YAHAYA, and EBRAHIM, 2016). EJS represented the most challenging issues facing business leaders (YANG, 2014).

Transformational Leadership Style and Employee Job Satisfaction

JACOBS ET AL. (2012), professed intrinsic and extrinsic motivating factors, supervision quality, social relationships with workgroups and individual success affected EJS. People were motivated to achieve specific goals and remained satisfied if they accomplished these

objectives. EJS garners immediate affective reactions to the job and forms soon after the employee enters the enterprise. Such satisfaction gradually develops after the person holds a firm understanding of the job and job description and the institutional goals and values, performance expectations and the outcomes, and the consequences of preserving good employees. This cognizance and support for EJS do not occur instantly, for it requires exposure to various company components beyond the job (YAHAYA, and EBRAHIM, 2016).

Transformational leaders use vision or inspiration (YUKL, 2002), to foster follower satisfaction, performance and citizenship acts. Leader charisma augmented transformational leadership, sparking followers to transcend self-interests to add institutional benefits. They extraordinarily affect followers because they conscientiously cater to the needs and concerns of the individual follower. Additionally, they assist followers in looking at the problems from the past through the new paradigm prism, proactively changing follower. Furthermore, they excite followers to apply additional energy to realise group objectives. The evidence supporting the superiority of transformational leadership over transactional has remained overwhelmingly impressive (BATEMAN, and SNELL, 2007; ROBBINS, and JUDGE, 2012; YAHAYA, and EBRAHIM, 2016). Transactional leadership compared to transformational leadership affects employees differently, notably, in the attitude toward a balanced psychological climate and increasing job satisfaction and workplace spirituality. While transformational leadership focuses on organisational change and the motivation to increase effort, the transactional leader concentrates on the human side, enhancing the comfort zone for employees. Thus, EJS and working place spirituality engender potential variables (YAHAYA, and EBRAHIM, 2016).

Transformational Leadership and Organisational Commitment

Transformational leadership builds on transactional leadership to drive follower performance beyond the limits of transactional leadership. Markedly, reverse managerial reasoning does not hold valid. In other words, good transactional leaders who lack transformational leadership qualities will likely be an average or below average leader. To incite OCOM, a leader must possess, both, positive characteristics of transactional and transformational leadership. Transformational leaders utilise idealised influence as a top active and productive element on the leadership continuum. Additionally, while garnering respect and trust, the leader also imparts pride. The second most substantial aspect entails organisational motivation, whereby a leader communicates expectations, uses symbols to direct labours and ourtlines significant purposes simply. The third element constitutes intellectual stimulation, where a leader promotes

intelligence, rationality and vigilant problem-solving. The fourth (in terms of activity and effectiveness) weakest part encompasses individualised consideration, whereby, a leader treats each employee individually, advising, coaching and providing personalised attention (BATEMAN, and SNELL, 2007; ROBBINS, and JUDGE, 2012; YAHAYA, and EBRAHIM, 2016).

Scholars have scrutinised the OCOM-transformational leadership relationship. CHEN (2002) explored Taiwanese steel industry employees, unveiling transformational and transactional leadership weakly and positively correlated with OCOM. The results revealed idealised influence, inspirational motivation, and individual consideration leadership correlated more with OCOM than other leadership behaviours. Hence, CHEN (2002) determined transformational leadership related more to OCOM than transactional leadership. In 2004, CHEN extended his previous study at 84 manufacturing and service organisations in Taiwan, uncovering significant, positive correlations between transformational leadership and OCOM and OC (YAHAYA, and EBRAHIM, 2016). CHEN (2002) probed the construction sector in Thailand and unmasked transformational leadership positively impacted work performance and OCOM of subordinates. Transformational leadership significantly associated with leadership results (effectiveness, satisfaction and extra effort) and commitment.

Transformational leaders were likely to garner subordinate commitment, unlike transactional and laissez-faire leaders (YAHAYA, and EBRAHIM, 2016). In a similar study to J. D. LEE (2005), LO ET AL. (2009) administered questionnaires consisting of MLQ, the 12-item LMX scale, and TCM to inspect the moderating effect of LMX on 156 employees in 11 East Malaysia manufacturing faculties. The researchers demonstrated intellectual stimulation, idealised influence, and inspirational motivation directly influenced AF and NC. Moreover, mental stimulation and individualised consideration directly affected continuance commitment. They asserted transformational leadership related to OCOM (YAHAYA, and EBRAHIM, 2016).

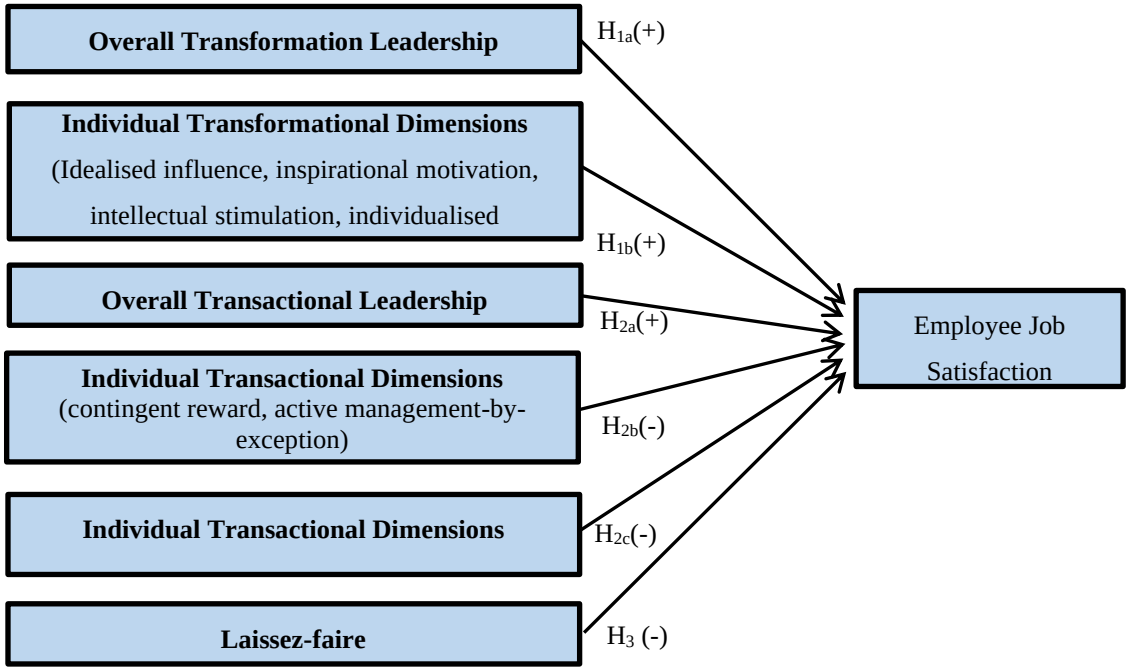
Link between Passive Leadership and Employee Job Satisfaction

Non-leadership, laissez-faire, embodies an apathetic approach neither transformational nor transactional. Consequently, scholars have dubbed it non-transactional leadership. Non-leadership involves laissez-faire acts, revealing leadership absenteeism. Although laissez-faire leadership conceptually correlates to the passive MBE, for it lacks action even when the task needs amendment. It engenders managers taking a hands-off approach and letting events fall as they may. Administrators applying this technique have abdicated authority and accountability,

hesitate to act, postpone directives or avoid decision making (YAHAYA, and EBRAHIM, 2016).

These leaders avoid taking stances, offer no feedback to followers and make little or no effort to cultivate follower growth. Laissez-faire managers remain sluggish, uninterested, uninfluential, negligent and, above all, typically are absent when needed. Laissez-faire managers do not lead. Figuratively laissez-faire leadership leaves employees to their own devices, where employees either must learn to survive on their own.

Figure 2.2. *Leadership Influence on Employee Job Satisfaction in German Hospitality Industry*



(Source: ROTHFELDER ET AL., 2012)

Passive Leadership (laissez-faire) and Employee Organisational Commitment

Passive leadership, prevalent in many companies, destructively influences work atmosphere and social exchange. As superintendents maintain the formal responsibility for monitoring employee performance on behalf of the enterprise, they must verify all resources remain accessible and align with the organisational aims, so workers can achieve their work objectives efficiently (YAHAYA, and EBRAHIM, 2016).

When the supervisors adopt passive leadership, resources from targets would probably not serve employee actions well. Undeniably, even if employees observe getting support from others, the lack of supervisory directives about allocating these funds in the workflow tarnish employee morale. Passive leadership negatively moderates the relationships of the three sources of support to AF. Particularly, perceived support from the organisation and co-workers might be weaker and strongly related to AF when the leader remains passive. The resources may divert employees due to the absent guidance assigning unit tasks. Regarding professed doctor support, one may expect a negative relationship with AF under passive leadership. Nursing heads need to establish their identity with physicians.

If nursing heads embrace passive leadership, ward nurses may perceive physicians threatening their identity because nurses view such support as instrumental (AASLAND ET AL., 2010). Thus, physicians' support may cause relationships with nurses to be role prescriptive (nurses applying physician instructions). This event would mainly occur when head nurses remain passive. AASLAND ET AL.'S (2010) illustrated other destructive leadership often associated with passive leadership, especially tyrannical and disloyal. Nearly 20% of leaders combined a passive leadership style with some other adverse style. Hospital managers must, therefore, remain aware of negative leadership coupled with passive leadership. Managers should distinguish passive leadership propensities among promotion candidates.

For example, healthcare study revealed low empathic concern, empathic matching, and perspective-taking passive leadership characterised passive leadership. Similarly, BURKE (2006) professed failure to realise results, under-management, inconsiderateness and trust disloyalty signified poor managers. These observable behaviours allow human resource authorities to safeguard supervisory candidates' not displaying these traits (using personality tests or observation)

Discussion

The current literature review attempted to bridge the gap within the local context of Qatar. However, this literature might not fit precisely within the local setting if Qatar is a unique case because of the migrant labour. The medical professionals have diverse languages, religions and norms diverging from Qatar's culture. Based on the literature review, I found researchers have not studied the organisational culture intensively. In contrast, this study is considered unique as I found few studies covering the correlations and the moderating role of the organisational culture.

After reviewing the literature, I found many studies affirming the positive relationship between leadership and organisational performance. However, these studies were rather conceptual, anecdotal or based on case studies without measuring either culture or performance. This study examines the impact of organisational culture on the Qatar healthcare system's organizational performance after conceptualising and defining all the study variables and defined. The measurements for those variables are identified and provided.

Based on the literature review, organizational commitment theorists and researchers have focused on outcomes relevant to employers. The latest experts have used an employee-focused approach to unmask the connection between commitment and outcomes, including stress and conflict between work and family. Therefore, when developing the model, employee health and well-being were included as an outcome category.

The exiting literature review unveils some disagreement among researchers; however, commitment, especially affective commitment, relates to the outcome variables. Some researchers have argued affective commitment can soften the negative impact of work stress and, therefore, will not influence those employees' health as much as others. These findings lead us to conclude committed employees might have a more adverse reaction to work stress than their uncommitted counterparts, especially medical professionals facing enormous challenges risking their lives during this pandemic.

2.5. Qatar Background

Demographics

According to the United Nations Office for the Coordination of Humanitarian Affair (OCHA, 2017), Qatar's population varies seasonally, depending on construction projects relying on migrant workers. In 2019, the population equaled 2.8 million, where the majority of people encompassed non-Arab foreigners. Only 12% of the population were Qatari citizens, while 88% represented migrant labour. Qatar migration ranked second, making this country one the leading countries for immigration (OCHA, 2017).

Economy

The growth of the economy in Qatar relies on its petroleum and natural gas industries, for Qatar depicts the leading exporter of natural gas. In 2012, Qatar projected to spend more than $120 billion in the energy sector over the next ten years (OCHA, 2017). According to the INTERNATIONAL MONETARY FUND (IMF, 2020), Qatar has the highest gross domestic

product (GDP) per capita in the world in PPP bases. It depends heavily on the foreign workforce to grow the economy; thus, 86% of the workforce constituted migrant workers.

Establishment of Qatar healthcare system

In this rich country, healthcare system needs to be looked at in the light of the country's economic power, and the vision and guidance set out by the ruler of Qatar EMIR OF QATAR HH SHEIKH TAMIM BIN HAMAD AL-THANI. The first hospital in Qatar, Rumailah Hospital, opened in 1957 and has remained a principal public healthcare complex in the country (HMC, 2018). Currently, 36 hospitals around the country, plus 23 healthcare centres have been erected near freeways to allow easy access (PHCC, 2018). The state of Qatar has allocated billions of public dollars to accomplish top-ranking in both education and healthcare (THE PENINSULA QATAR, 2018). The country desires to develop innovative medical services, as well as medical education, to advance healthcare (THE PENINSULA QATAR, 2018).

In 1995, Qatar established the Qatar Foundation (QF) for education and community development. The educational city affiliated with QF provides world-class non-profit education as well as research and innovation (THE PENINSULA QATAR, 2018). Six top international universities operate in the educational city of QF, such as Carnegie Mellon University, Virginia Commonwealth, Georgetown, Texas A&M, Weill Cornell Medicine-, UCL University. Additionally, Qatar University (QU) college of medicine was founded in 2014 with the country vision to offer both a premedical curriculum and a six-year medical curriculum program. Nevertheless, in 2015 an agreement signed between PHCC, HMC and Qatar Medical College permitted medical students to train within the health centres and hospitals affiliated with both PHCC and HMC (QA, 2015). In 2018, progressive, entirely-digital academic medical research centre Sidra research centre was established and followed with an outpatient hospital later in the same year (THE PENINSULA QATAR, 2018). With coordination between HMC and Weill Cornel College, Sidra will become a hub for medical research in the state (THE PENINSULA QATAR, 2018).

In addition to PHCC and HMC as non-profitable healthcare providers, the state of Qatar has also encouraged private healthcare providers to offer healthcare to the public. Almost six private hospitals in the state plus more than 200 private polyclinics, laboratories, pharmacies and medical centres operate (OXFORD-BUSINESS-GROUP, 2019). According to the LEGATUM INSTITUTE (2019), Qatar, healthcare rated fifth in the world. When amassing the healthcare yearly prosperity index, country performance in three principal categories entails health

outcomes, healthcare infrastructure and preventative care providers. Qatar constitutes the sole Middle Eastern nation to rank in the top five on the annual prosperity index, ranking behind Singapore, Luxembourg, Japan and Switzerland (THE PENINSULA QATAR, 2018).

While Qatar offers free or highly subsidised healthcare for Qatari people and immigrants, citizens receive free treatment. In comparison, foreigners can pay a small amount to purchase a health card for $25US, and it covers the patient for one year (THE PENINSULA QATAR, 2018). Additionally, a non-citizen can obtain medicine at a subsidised rate (ALHAJRI ET AL., 2011). According to NATIONAL HEALTH STRATEGY 2018-2022 (NDS), Qatar's healthcare expenditure as a GDP proportion equaled 2.2%. In 2014, government expenditure as a percentage of total health disbursement equaled 89.5%. Moreover, for every 1000 people, 5.8 nurses and 2.5 physicians care for patients. Qatar has monitored and controlled healthy national growth because the government has converted its publicly funded medical care to emulate American health insurance (NATIONAL HEALTH STRATEGY [NHS], 2015).

Qatar's population

In September 2017, the population of Qatar equaled 2.624 million, with approximately 12% Qataris and 88% expatriates. Females constituted 25.1% of the population; the male majority reflected the gender profile of the expatriate population. Life expectancy for Qataris equaled 80.4 years, and as of July 2017, less than 2% of the population was 65 years or older. At 65 years, women were expected to live 20.3 more years, 14.3 of which will be healthy. At 65 years, men were expected to live an additional 18.7 years, of which 13.5 will be healthy. Some big employers offer employee health insurance; others have universal access via the state system, according to the MINISTRY OF PUBLIC HEALTH IN QATAR (2018).

Qatar Healthcare Sector

Some additional facts about the health sector according to national health strategy 2018-2022 of the Ministry of Public Health in Qatar (2018) include:

- Healthcare services combine public, private and semi-government providers, with public providers constituting most national healthcare activities.
- Some public providers have assumed a united clinical data network.
- Standardizing data entry and collection has enhanced shared electronic medical records across public providers.

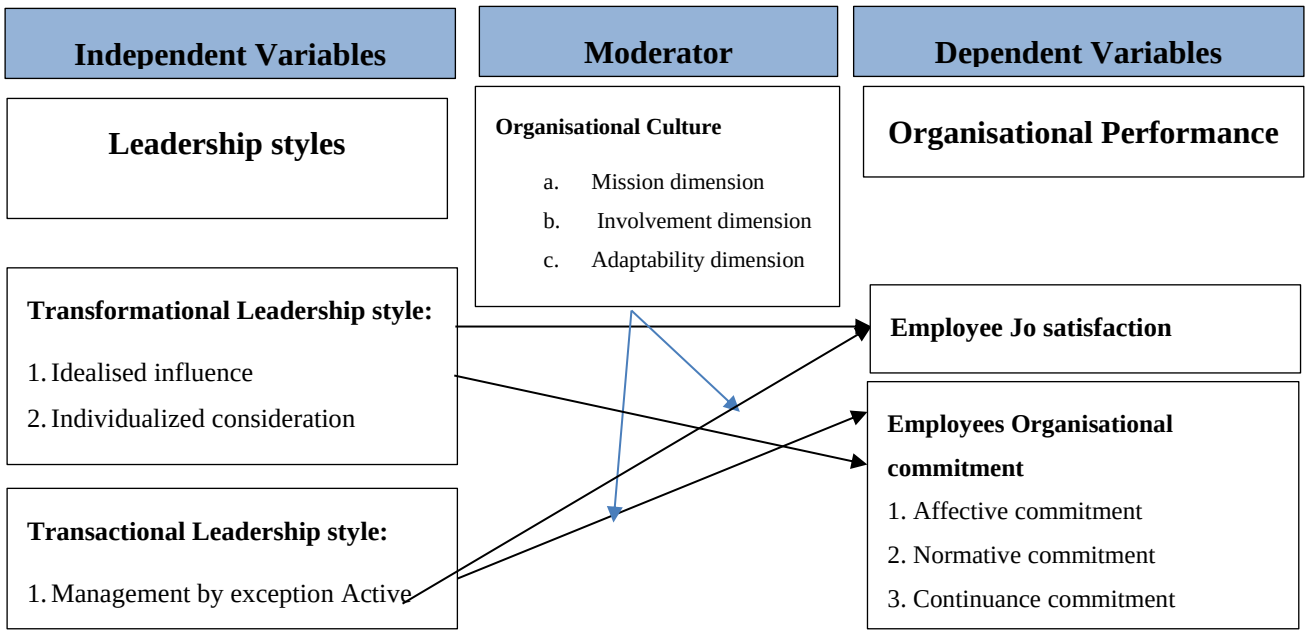
Leadership Styles in Healthcare

Healthy lives and fostering global well-being enable sustainable progress. However, practical healthcare leadership significance surfaces not only because it enhances patient clinical outcomes, but it also foments provider well-being. It encourages workplace engagement and reduces pressure directly, impacting EJS. Studying the leadership styles and practices of health centre managers in the PHCC would help to explain the behavioural habits used to direct groups and how these practices may affect EJS. Thus, the variable selection stems from the problems the researcher gleaned from his experience in the healthcare system of Qatar, along with related literature review on healthcare industry selection factors. This research considers previous studies related to hospital administrative environment, such as BULL (2010) and SPINELLI, (2006).

The Proposed Theoretical Model of the Dissertation

The primary study variables and theoretical framework unfolded as depicted in Figure 2.3. The IVs entailed leadership styles, measured by three leadership styles: Transformational idealised influence, individual consideration and Transactional management by exception (TMBA). The DV comprised OP, evaluated by EJS and employee OCOM. The moderating variable encompassed OC, using DENISON ET AL.'s (2006) three dimensions.

Figure 2.3. *Proposed Theoretical Framework*



The researcher postulated a relationship between leadership style and the OP would significantly affect EJS and OCOM of the followers. While the idealised form will positively impact overall OP, other leadership approaches will negatively affect OP. As a result, it will reduce EJS as well as OCOM. OCM, OCIn and OC represent a moderator moderating the relationship between leadership style, OCOM and EJS. The argument entails a healthy OC will positively impact OP, promoting organisational goals. GINEVIČIUS, and VAITKŪNAITE. (2006) argued that It is irrational analyzing all dimensions when investigating its impact on performance because they are too big. After picking out the dimensions, which impact on performance most of all, it became obvious, that some of them are similar by their content; hence it is unclear if they are the same or different dimensions. Accordingly, the researcher selected three cultural aspects to measure: OCM, OCIn and OCA.

3. MATERIAL AND METHODS

This chapter introduces the research methodology for this quantitative descriptive study examining the relationship between leadership styles and OP of the healthcare system in Qatar and to unmask the moderating role of OC on leadership styles and OP. The applicability of quantitative methods for this study is discussed in-depth in this chapter. The research plan, including the methodology, study participants, procedures, analysis method and ethical concerns, constitute primary chapter components.

Research Approach

Scientific research encompasses two types: inductive and deductive, involving seven steps to verify the observed event, define the problem statement, hypothesize, determine measures, collect and analyze data and interpret results (LEEDY, and ORMROD, 2005). As CRESWELL (2014) outlined, a quantitative technique is appropriate when a researcher seeks to comprehend the relationships between variables. Quantitative research measures variable, tests theories, investigates phenomena of large groups and examines the relationship between variables (LEEDY, and ORMROD, 2005), allowing researchers to discover the relationship between variables (BORREGO ET AL., 2009). Because this research aims 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 unbiased, people reply to this objectiveness (MATVEEV, 2002). Therefore, quantitative techniques remain structurally existential. 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). Valid and reliable methods enable generalizing findings to the broader population (MATVEEV, 2002). Furthermore, bias, values and subjective preferences are less likely to permeate the research. Various strengths typify the quantitative method. While it examines a specific research problem, it delineates variables for precise analysis (MATVEEV, 2002).

Research Design

The study explored the research questions from a quantitative non- experimental, employing correlational research. The researcher administered surveys to examine the correlation between the primary healthcare corporation leadership in Qatar 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 (LEEDY, and ORMROD, 2005). 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 (LEEDY, and ORMROD, 2005).

The researcher deemed a quantitative research method the more appropriate technique for this study versus qualitative research or a mixed method. Qualitative research necessitates the researcher to interpret data, and the researcher cannot compare variables or group participants statistically (MATVEEV, 2002). Moreover, qualitative data is gleaned from numerous sources, other than purely numerical sources. 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.

Mixed methods intertwine quantitative and qualitative research. In mixed-methods, one approach’s findings help formulate or enlighten the complimenting methodology, like using sampling and implementation, plus measurement decisions (BAILEY ET AL. 2010). While

mixed methods can obtain more information than a quantitative research method, the added costs and time sometimes overshadows the benefits of procuring extra data. Furthermore, mixed methods circumvent subjectivity and researcher bias related to qualitative techniques (BAILEY ET AL. (2010).

Quantitative research is principally suited for larger sample groups, like this study where the sample size comprised 1,029 out of a population of about 2,590 employees (MATVEEV, 2002). Additionally, quantitative research methods produce decipherable numerical data easily communicated to the target audience without the need for additional clarification (LEEDY, and ORMROD, 2005). The objectively gathered results could enable future researchers to replicate the study in other situations and yield similar outcomes (MATVEEV, 2002). The primary study goal was to unmask the correlation between leadership styles and OP, as well as the moderating role of the OC for the primary health care corporation PHCC employees in Qatar. Therefore, a quantitative methodology implementing a survey design was chosen as the most fitting research design.

Research Strategy

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 individuals, events or circumstances. Researchers administered surveys in a business setting to gather data about consumer decisions, communication, job satisfaction and health services (LEEDY, and ORMROD, 2005). Therefore, the best approach to use in this research entails a survey because it suitably measures variables, such as leadership styles, OCOMs, and OP.

3.1. Research Variables and Hypothesis

This groundbreaking study uniquely investigates leadership styles, OC's moderating role on the OP perception and attitude towards the practices of healthcare performance in Qatar. Thus, it delves into an extensive range of variables signifying the role of leadership style (transactional and transformational) interplaying with healthcare system OP, particularly in the PHCC. In addition to OC (OCA, OCM and OCIn).

3.2. Study Setting

The researcher chose to explore the Qatari healthcare system. The following section provides information and context regarding the healthcare system and Qatar, such as Qatar's population and healthcare history in the last 60 years.

3.3. Study Setting and Researcher Interference

According to MATVEEV, (2002), researcher interference directly impacts whether the study undertaken depicts correlation or causality. The researcher should conduct correlational research in a natural environment without interfering with the normal event flow. This study attempts to ascertain and describe variable characteristics (leadership styles and OC) influencing EJS and OCOM. Hypothesis testing will enhance the research to explore the relationships and determine how OC affects this issue. Since this engenders a correlational study of OP (EJS and OCOM), the researcher will conduct it in a natural environment with minimum interference to normal participant behaviour and in a non-contrived setting where work proceeds typically.

Units of analysis

In this study, the chief examination unit comprises the person working as medical staff in Qatar's healthcare centre (PHCC).

Time horizon

This research probes the relationship between the variables of PHCC employees in Qatar. Therefore, the researcher used a cross-sectional time horizon.

Data

Secondary (annual reports, official websites, academic books and articles) and primary data (administered questionnaires) were collected for the study to gather detailed insights about leadership styles, OC and OP. The researcher also collected archival data from PHCC, including previous internal surveys of job and patient satisfaction. EJS measures consisted of job duties, staff quality, training and pay. The PHCC permitted the researcher to obtain the data for the research project.

Sample Frame and Population

The population of this study comprised of all health centres under the supervision of Qatari PHCC. A sampling frame engenders lists all population elements (SEKARAN, 2003). For this study, the sampling frame represented all healthcare centres under PHCC in Qatar in 2018. The sampling frame (working population) was obtained from the PHCC website (2018). According to PHCC, 23 health centres are distributed throughout three primary regions: northern, central and western. The study population comprises 3,700 staff, of whom 2,590 (70%) are medical staff, and 1,110 (30%) represent the non-medical staff. This research constituted the professional medical staff of the PHCC. The researcher obtained an official permission letter from the top-level PHCC management to collect the data in advance. Participation in the research study remained voluntary. Participants were randomly selected from the population of medical staff.

Sample Size and Selection Procedure

Experimental designs and surveys facilitate uncovering research question answers through subsequent data collection and analysis. Still, they are rendered useless if the research does not target the appropriate population or if data is not collected correctly. Selecting suitable individuals, objects or events as entire population representatives epitomises a sample. (MATVEEV, 2002). The study targeted medical staff in the PHCC, including healthcare centre managers, medical leaders, doctors and nurses and other medical staff to derive its sample.

Sampling techniques constitute two groups: probability and non-probability sampling. In probability (random) sampling, the researcher starts with a complete sampling frame of all eligible individuals to select the sample. Hence, all qualified people stand an equal chance of being chosen for the sample (MATVEEV, 2002). Also, in nonprobability sampling. The elements do not have a known or predetermined chance of being selected as subjects. Probability sampling is used when the sample needs to be generalised broadly.

When elements in the population have a identified, nonzero chance of being chosen as sample participants, the researcher resorts to a probability sampling design. Probability sampling can be unrestricted (simple random sampling). In unrestricted probability sampling (random sampling), every population element holds a known, equal chance of being selected as a participant (MATVEEV, 2002). Thus, this research adapted probability sampling procedure to determine the sample. Also, many probability sampling types exist; however, random sampling is suitable in this research. To employ a random selection method, the researcher must ensure the population units have an equal probability of being selected. To avoid bias in this study and

to choose randomly, the researcher used Microsoft Excel worksheet RAND function to generate a random selection.

Determine Sample Size

According to FABER, and FONSEACE (2014), extensive samples tend to transform small differences into statistically significant differences. Therefore, this researcher took a large sample based on G*power. The total size of the population equalled 2,590 medical employees approximately. The sample size computed via G*Power (FAUL ET AL., 2009) was 1,682. Table3 .1.illustrates the sample distribution across medical centres and highlights the data collection for this study.

Table*3* **.1.** *Data Distribution Across the Sample*

Centre Code	Name of Health Centre	Questionnaires Distributed	Questionnaires Collected	Response Rate
01	Al-Rayyan	159	100	62.9%
02	Mesimeer	90	80	88.9%
03	Al-Muntazah	169	78	46.2%
04	Al Mataar	133	94	70.7%
05	Al Wajba	109	50	45.9%
06	Khalifah City	100	90	90.0%
07	Abu Bakr Assideeq	85	63	74.1%
08	Al Wa'b	121	57	47.1%
09	Al Gharafa	80	73	91.3%
10	Um Salal	189	90	47.6%
11	Al Jame'a	69	32	46.4%
12	Umm Salal	40	30	75.0%
13	Gharrafat Al Rayyan	25	20	80.0%
14	Umm Ghuwailina	35	25	71.4%
15	Omar Bin Khatab	45	16	35.6%
16	Al Thumama	15	8	53.3%
17	Al Sheehaniya	38	17	44.7%
18	Al Karaana	20	13	65.0%
19	Abu Nakhla	70	32	45.7%
20	Abo Hamour	50	31	62.0%
21	Al Kaaban	13	10	76.9%
22	Al Ruwais	12	8	66.7%
23	Al Jumiliya	15	12	80.0%

Total	1682	1029	61.2%

Source: Author's Computation (2019)

Data Collection

This study used a survey design, consisting of three standardised questionnaires, presented in Appendix 1 and personal and organisational demographics. The researcher administered surveys to 1,029 participants across 23 centres in Qatar. The questionnaire consisted of six blocks: medical demographic, primary health care centre location, leadership styles, OC, EJS, and OCOM. The researcher collected data from three regions in the PHCC in the State of Qatar: northern, central and southern areas between March 2019 and April 2019. The researcher made clear to the centre managers in both morning and afternoon shifts the purpose of this questionnaire was for academic purposes only. The researcher handed (hard copy) inquiries to the centre managers, and the manager explained to the departments heads the respondents needed to answer the questionnaire freely with ample time and without being observed. One week later, the researcher returned to the centre to collect the surveys. The process of collecting data took seven weeks. The researcher hired a specialist data collection freelancer to assist him on questionnaires distribution and collation in the PHCC health centres.

Instrumentation

The questionnaire included closed-ended questions and was divided into segments. The first entailed demographics, consisting of seven questions regarding gender, age and marital status to identify respondent characteristics. The second segment encompassed primary study variables aimed to uncover the leadership styles, OC, and OCOM. Table 3.2. presents the sources and rated items used for the study. The (revised) Multifactor Leadership Questionnaire (MLQ) (BASS, 1994) was employed to assess leadership styles, like transactional, transformational, and passive/avoidant. The scale uses contingent reward and MBE to signify transactional leadership.

Similarly, idealised attributes and behaviors, inspirational motivation, intellectual stimulation and individualised consideration indicated transformational leadership. MBE (passive) and laissez-faire depicted passive/avoidant leadership. The respondents rated the extent to which they perceived each construct on a scale of 1 to 5. This Likert-type scale was valuable in conducting statistical analyses about the relationship between leadership styles and organisational performance. Finally, the MLQ has a demonstrated, established acceptable validity and reliability, and many researchers have employed this instrument.

This study measured OC, according to DENISON ET AL. (2006), investigating three cultural dimensions. The researcher revised this instrument slightly. Specific aspects measured each facet. The respondents rated the extent to which they perceived each construct on a scale of 1 to 5. The higher (5), the stronger they agree with the statements. DENISON ET AL. (2006) adapted this Likert scale. THOMPSON, and PHUA (2012) and BRAYFIELD, and ROTHE'S (1951) devised a scale evaluating EJS: the index of job satisfaction or short index of job satisfaction. These eight-item scales gauge job satisfaction unit without dimensions. The respondents rated the extent to which they perceived each construct on a scale of 1 to 5. The higher (5), the stronger they agree with the statements.

MEYER and, ALLEN (1990) devised a scale appraising staff commitment in the health centre. This model contained three-component of OCOM, and researchers have adopted it as a standard model due to its validity and reliability. The model measures AF, NC, and CC to determine OCOM. 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. Table 3.1. summarizes study's applied scales.

Table 3.1. *Scales Used*

NR	Scale	References	No of Items	Rating Scale
1	Multifactor Leadership Questionnaire (MLQ)	BOGLER ET AL., 2013	36	5-point Likert-type scale
2	OrganisationalCulture Inventory (OCI)	DENISON ET AL. 'S (2006)	45	5-point Likert-type scale
3	EJS	THOMPSON, and PHUA (2012). and BRAYFIELD, and ROTHE'S (1951)	8	5-point Likert-type scale
4	OCOM	MEYER ET AL., (1997)	20	7-point Likert-type scale

Source: Author's Computation (2019)

Instrument Validity and Reliability

CRESWELL (2014) contended survey design studies a sample population to describes trends, attitudes, or opinions of a population numerically. Three types of validity exist in research. Assessing the research instrument against a highly rated existing standard (gold standard) produces criterion validity. Allowing experts familiar with the subject to analyze the validity of the instrument rationally generates content validity. Experts look at clarity, readability and the instrument content (BOLARINWA, 2015). However, documenting the steps and procedures

used in the research work, establishing a detailed protocol so others can follow the research procedure (YIN, 2009) and checking the transcript for glaring mistakes and errors promotes validity.

In quantitative research, as in this study, reliability involves result consistency and repeatability. The same survey conducted in an identical situation but in different circumstances yields consistent results (BOLARINWA, 2015). However, quantitative research remains valid if the instrument precisely measures what it projected to measure. A measure can be reliable but invalid, but if a measurement is unreliable, it can never be valid (BOLARINWA, 2015). This study used standardised instruments tested for validity and reliability to bolster its validity and reliability.

3.4. Data Analysis

The researcher implemented (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. The bellow section describe the Statistical Analysis Methods were used

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.

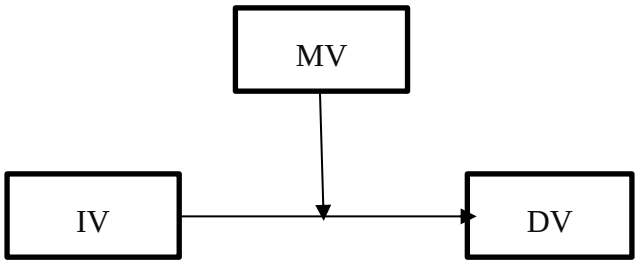
3- **ANOVA Test:** A statistical model collection and associated estimation procedures (variation among and between groups) used to analyse the differences among group means in a sample.

4- **Multiple regression:** A method used to understand the functional relationships between the IV and DVs to see what might affect IV variation.

5- **Factor analysis:** A procedure reducing 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.

6- **Moderation Analysis:** The Moderator Variable (MV) identifies the circumstances under which the IV and the DV are related. Including the moderator will either alter the IV-DV relationship direction or magnitude, implying an interaction effect. Moderation involves the interaction effect between the IV and MV predicating DV. If the interaction effect significantly forecasts the DV, moderation transpires (HAYES, 2018). See Figure 3.1.

Figure 3.1. *Moderation model*



4. RESULTS AND FINDINGS

4.1.1. Factor Analysis

Before conducting data analysis, the researcher must validate the data. Therefore, he conducted validity and reliability testing. The extraction method involved principal component analysis (PCA), and the rotation method entailed varimax with Kaiser normalization.

4.1.1.1. Kaiser-Meyer-Olkin (KMO) Test for Sampling Adequacy

Kaiser-Meyer-Olkin Test (KMO) measures data appropriateness factor analysis. It assesses sampling adequacy for each model variable and the comprehensive model. The statistic evaluates the proportional variance amid variables that coulds share common variance. The lesser the ratio reflects increased factor analysis data appropriateness. KMO values equal 0 or 1. Standards construing the statistic include KMO values:

- Between 0.8 and 1 indicates adequate sampling.
- Less than 0.6 demonstrates inadequate sampling, and remedial action is needed. Some scholars follow a 0.5 threshold, so researcher judgment comes into play for values between 0.5 and 0.6 may be used.
- Close to zero mean significant partial correlations compared to the sum of correlations exist. Basically, widespread correlations exist, a massive factor analysis issue.

  For reference, Kaiser put the following values on the results 0.00 to 0.49 unacceptable.

  - 0.50 to 0.59 miserable.
  - 0.60 to 0.69 mediocre.
  - 0.70 to 0.79 middling.
  - 0.80 to 0.89 meritorious.
  - 0.90 to 1.00 marvellous.

4.1.1.2. Bartlett’s Test of Sphericity

This technique tests the correlation matrix's hypothesis as an identity matrix, signifying the unrelated variables and, therefore, unfit for structure detection. Small significance values ($p < 0.05$) demonstrate factor analysis is useful with the given data**.**

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 (see Appendix 3). Secondly, the KMO equaled .895, exceedingly the frequently indorsed .6 value, and Bartlett's test of sphericity was significant ($\chi 2$ (630, N=630) = 9673.756, $p < .05$). Finally, the communalities all exeeeded .3 (see Table 1), further confirming each item shared some common variance with other elements. Given these overall indicators, factor analysis was deemed suitable with 20 items.

PCA was employed since the primary purpose aimed to identify and compute composite scores for the factors underlying the MLQ. Initial eigenvalues revealed the first three factors explained 19.23%, 17.65%, and 9.59% of the variance, respectively. The fourth, fifth and sixth factors had eigenvalues just over one, and each explained 53.53% of the variance. Solutions for three, four, five and six factors were each examined using varimax rotations of the factor loading matrix. The three-factor solution, which explained 51.51% of the variance, was preferred because of its previous theoretical support: levelling off eigenvalues on the scree plot after three factors, the insufficient number of primary loadings and difficulty interpreting the fourth factor and subsequent factors. Little difference emerged between the three-factor varimax and varimax solutions. Thus, both plots were examined in subsequent analyses before deciding to use varimax rotation for the final solution.

Sixteen items were eliminated because they did not contribute to a simple factor structure and failed to meet a minimum criterion of having a primary factor loading of .4 or above and no cross-loading of .3 or above. The 16 factors yielded factor loadings below .4 on TIC, IIB, and TMBEA. "I treat PHCC members as individuals rather than just as a an employee," "I act in ways that build PHCC members respect for me," and "I consider each PHCC members as having different needs and abilities" had factor loadings, between .4 and .5, on TIC (.431, .436, and .493, respectively). "I help PHCC members to develop their strengths," "I spend time to coach PHCC members," "I get PHCC members to look at problems from different angles," "I consider the moral and ethical consequences of decisions," "I propose different methods of looking at how to complete tasks," and "I explain a compelling version of the future," yielded a primary factor loadings greater than .5 on TIC (.725, .663, .661, .627, .614, and .571, respectively).

"I talk about followers most important values and beliefs," "I express the importance of having a collective sense of mission," and "I go beyond self-interest for the good of PHCC members" had factor loadings, between .4 and .5, on IIB (.477, .437, and .421, respectively). "I emphasise the importance of having a collective sense of mission," "I spend time to coach PHCC members," "I get PHCC members to look at problems from different angles," "I consider the moral and ethical consequences of decisions" and "I display a sense of power and confidence," yielded a primary factor loading greater than .5 on IIB (.650 and .595, respectively).

One factor, "I focuse my full intention on dealing with mistakes of PHCC members", loaded between .4 and .5, on TMBEA (.445). "I express my satisfaction when an employee meet expectations," "I focus attention on irregularities, mistakes, exceptions and deviations," "I provide others with assistance in exchange for their efforts," "I re-examine critical assumptions to questions whether they are appropriate," and "I make clear what one can expect to receive when performance goals are achieved" yielded a primary factor loadings greater than .5 on TMBEA (.751, .680, .573, .522, and .591, respectively).

For the final stage, a PCA of the remaining 20 items, using varimax rotation, was conducted, with three factors explaining 51.51% of the variance. A varimax rotation provided the best-defined factor structure. All items in this analysis had primary loadings over .5. Internal consistency for each of the scales was examined using Cronbach's alpha. The alphas were high: .834 for TIC (9 items), .779 for IIB (5 items), and .759 for TMBEA (6 items). Eliminating more items did not yield any substantial increases in alpha for any of the scales.

Composite scores were created for each of the three factors, based on the mean of the items with primary loadings on each factor. Higher scores indicated greater use of leadership style. TIC represented the leadership approach managers reported using the most, with a negatively skewed distribution, while TMBEA and IIB were used considerably less and had positively skewed distributions. Table 4.2 presents the descriptive statistics. The skewness and kurtosis were well within a tolerable range for assuming a normal distribution and histogram examination illustrated the distributions looked approximately normal (see Appendix 3). Although a varimax rotation was used, only small correlations between each of the composite scores existed: 0.10 between TIC and IIB; .0.12 between TIC and TMBEA; and 0.05 between IIB and TMBEA.

Overall, these analyses indicated three distinct factors (TIC, IIB, MBEA) were underlying manager responses to the MLQ, and TIC had meritorious internally consistent. In contrast, IIB

and TMBEA had middling internal consistency. Hence, 16 of the 36 items were eliminated. Approximately normal distribution was evident for the composite score data in the current study. Thus, the data were well suited for parametric statistical analyses.

Table 4.1. displays the rotated component matrix for leadership styles, the component matrix after rotation. This matrix contains the loadings of each variable onto each factor. By default, SPSS displays all uploads; however, the researcher requested all loadings less than 0.4 be suppressed in the output; therefore, blank spaces exist for many of the loadings. At this stage, SPSS extracted three factors using Kaiser's criterion of Eigenvalues over 1

Table 4.1. *Factor Loadings and Communalities from Multifactor Leadership Questionnaire*

Items	**Component**			**Communalities**
	TIC	IIB	TMBEA	
1. I help PHCC members to develop their strengths	.725			.673
2. I spend time to coach PHCC members	.663			.622
3. I get PHCC members to look at problems from different angles	.661			.567
4. I consider the moral and ethical consequences of decisions	.627			.605
5. I propose diffrent methods of looking at how to complete tasks	.614			.461
6. I explain a compelling version of the future	.571			.456
7. I consider each PHCC members as having different needs and abilities	.493			.544
8. I act in ways that build PHCC members' respect for me	.446			.448
9. I treat PHCC members as individuals rather than just as an employee	.431			.590
10. I emphasise the importance of having a collective sense of mission		.650		.542
11. I display a sense of power and confidence		.595		.530
12. I talk about followers most important values and beliefs		.477		.565

13. I explain the importance of having a collective sense of mission		.437		.635
14. I go beyond self-interest for the good of PHCC members		.421		.582
15. I express my satisfaction when an emplyee meet expectations			.751	.487
16. I focus attention on irregularities, mistakes, exceptions and deviations			.680	.534
17. I provide PHCC members with assistance in exchange for their efforts			.573	.617
18. I re-examine critical assumptions to questions whether they are appropriate			.522	.589
19. I focuse my full intention on dealing with mistakes of PHCC members			.445	.668
20. I make clear what PHCC members expect to receive when performance goals got achieved			.591	.523

Source: Author's Computation (2019)

Note. Factor loadings < .4 are suppressed.

After perusing the elements loaded onto the same factor, common themes acknowledged by extraction method using PCA, rotation method: varimax with Kaiser normalization: transformational individualised consideration (TIC), idealised influence (behaviour) (IIB), and transactional management by exception (active) (TMBEA). Table 4.2 presents the descriptive statistics for the 36-item multifactor leadership questionnaire (MLQ) (n=630).

Table 4.2. *Descriptive Statistics for Multifactor Leadership Questionnaire*

Variable	**Items**	**M(SD)**	**Skewness**	**Kurtosis**	**Cronbach's α**
TIC	9	3.96 (.679)	-.172	.153	.834
IIB	5	3.81 (.763)	.824	.732	.779
TMBEA	6	3.37 (.838)	.017	.091	.759

Source: Author's Computation (2019)

A three-factor structure for 20 out of the 36 items was evident, based on a PCA with varimax rotation. The three factors fitted Kaiser's proposed factor structure, involving TIC (9 items; 0.834), IIB (5 items, 0.779), and TMBEA (6 items, 0.759). This data indicates meritorious

internal consistency for TIC and middling internal consistency for IIB and TMBEA. Table 4.3 contains leadership style examples.

Table 4.3. *Leadership Style Examples*

Leadership styles	**Original item (s)**	**New item(s)**
Transformational Individual Consideration	I treat others as individuals rather than just as a member of a group	I treat PHCC members as individuals rather than just as an employee
Idealised influence (behaviour)	I go beyond self-interest for the good of the group	I go beyond self-serving for the good of the team
	I express the importance of having a collective sense of mission	It was important that I have a collective sense of mission
TMEBA (active)	I concentrate my full intention on dealing with mistakes, compliments, and failures	I concentrate my full intention on dealing with faults, complains, and failures

Source: Author's Computation (2019)

Three factors (components) were saved. That is, the analysis assumes the 36 original items reduced to 20 elements. And these 20 items can be condensed into three factors. The Kaiser Rule determined the number of components selected. The three components explained 51.51% of the variance in the data. Explicitly, with three assumed elements, the researcher can predict 51.51% of the information in the 36 variables when excluding items loading at less than 30%.

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 (see Appendix 3). Secondly, the KMO was .960, above the commonly recommended value of .6, and Bartlett's test of sphericity was significant ($\chi 2$ (1770, N=630) = 29300.249, $p < .05$). Finally, the communalities were all above .3 (see Table 4.4), further confirming each item shared some common variance with other elements. Given these overall indicators, factor analysis was deemed suitable with 24 items.

PCA was employed since the primary purpose aimed to identify and compute composite scores for the factors underlying the OCI. Initial eigenvalues revealed the first three factors explained

33.17%, 9.16%, and 6.36% of the variance, respectively. The fourth, fifth and sixth factors had eigenvalues just over one, and each explained 7.67% of the variance. Solutions for three, four, five and six factors were each examined using varimax rotations of the factor loading matrix. The three-factor solution, which explained 48.68% of the variance, was preferred because of its previous theoretical support; the levelling off eigenvalues on the scree plot after three factors; and the insufficient number of primary loadings and difficulty of interpreting the fourth factor and subsequent factors. Little difference emerged between the three-factor varimax and varimax solutions. Thus, both plots were examined in subsequent analyses before deciding to use varimax rotation for the final solution.

"PHCC strategic direction is unclear to me," "We have a shared vision of what the PHCC will be like in the future," "PHCC Leaders have a long-term viewpoint," "People understand what needs to be done for us to succeed in the long run," "There is a clear mission that gives meaning and direction to our work," "There is a long-term purpose and direction," "We continuously track our progress against our stated goals," "The leadership has "gone on record" about the objectives we are trying to meet," "PHCC vision creates excitement and motivation for our employee," "Employees are able to meet short-term demands without compromising our long-term vision," and "PHCC strategy leads other organisations to change the way they compete in the industry" yielded a primary factor loadings greater than .5 on OCM (.720, .704, .697, .691, .686, .665, .646, 635, .617, .559, and .554, respectively).

"Paitents comments and recommendations always lead to changes," "Paitents input directly influences our decisions," "Different parts of PHCC organization often cooperate to create change," "We respond well to competitors and other changes in the business environment," "The way things are done is very flexible and easy to change," "We encourage direct contact with patients by our staff," and "All PHCC members have a deep understanding of patients wants and needs" yielded a primary factor loadings greater than .5 on OCA (.703, .669, .623, .620, .614, .541, and .532, respectively).

"The "bench strength" capability of people) is continuously improving," "Business planning is ongoing and involves everyone in the process to some degree," "All PHCC memebers believe that he or she can have a position impact," "There is continuous investment in the skills of PHCC memebers," "Authority is delegated so that people can act on their own," and "Cooperation across different parts of the PHCC is actively encouraged" yielded a primary factor loadings greater than .5 on OCIn (.695, .670, .652, .642, .603, and .559, respectively).

For the final stage, a PCA of the remaining 24 items, using varimax rotation, was conducted, with three factors explaining 48.68% of the variance. A varimax rotation provided the best-defined factor structure. All items in this analysis had primary loadings over .5.

Internal consistency for each of the scales was examined using Cronbach's alpha. The alphas were meritorious: .938 for OCM (11 items) middling .825 for OCA (7 items), and .896 for OCIn (6 items). Eliminating more items did not yield any substantial increases in alpha for any of the scales.

Composite scores were created for each of the three factors, based on the mean of the items with primary loadings on each factor. Higher scores indicated greater organisational culture. OCM was the most reported OC reported, with a negatively skewed distribution, while OCA and OCIn were used considerably less and had positively skewed distributions. Descriptive statistics are presented in Table 3.6. The skewness and kurtosis were well within a tolerable range for assuming a normal distribution and histogram examination illustrated the distributions looked approximately normal (see Appendix 3). Although a varimax rotation was used, only small correlations between each of the composite scores existed: 0.7 between OCM and OCA; .15 between OCM and OCIn; and .086 between OCM and OCIn.

Overall, these analyses indicated three distinct factors (OCM, OCA, OCIn) were underlying responses to the OCI, where OCM, OCA, OCIn had meritorious internally consistent. Hence, 21 items were eliminated. Approximately normal distribution was evident for the composite score data in the current study. Thus, the data were well suited for parametric statistical analyses.

Table 4.4. displays the rotated component matrix for leadership styles, the component matrix after rotation. This matrix contains the loadings of each variable onto each factor. By default, SPSS displays all uploads; however, the researcher requested all loadings less than 0.4 be suppressed in the output; therefore, blank spaces exist for many of the loadings. At this stage, SPSS extracted three factors using Kaiser's criterion of Eigenvalues over 1

Table 4.4. *Factor Loadings and Communalities for Organisational Culture*

Item	**Component**			**Communalities**
	OCM	OCA	OCIn	
1. PHCC strategic direction is unclear to me	.720			.577
2. We have a shared vision of what the PHCC will be like in the future	.704			.524
3. PHCC members understand what needs to be done for us to succeed in the long run	.697			.549
4. PHCC Leaders have a long-term viewpoint	.691			.581
5. There is a clear mission that gives meaning and direction in the PHCC	.686			.518
6. There is a long-term purpose and direction	.665			.624
7. We continuously track our progress against our stated goals	.646			.623
8. The leadership has “gone on record” about the objectives we are trying to meet	.635			.472
9. The PHCC vision creates excitement and motivation for our employee	.617			.489
10. Employees are able to meet short-term demands without compromising our long-term vision	.559			.492
11. The PHCC strategy leads other organizations to change the way they compete in the industry	.554			.534
12. Patients comments and recommendations always lead to changes		.703		.704
13. Patients input directly influences our decisions		.669		.571
14. Different parts of the PHCC often cooperate to create change		.623		.555
15. We respond well to competitors and other changes in the business environment		.620		.563
16. The way things are done is very flexible and easy to change		.614		.481

17. We encourage direct contact with patients by our staff		.541		.433
18. All PHCC members have a deep understanding of patients wants and needs		.532		.621
19. The "bench strength" capability of people) is continuously improving			.695	.605
20. Business planning is ongoing and involves all members in the process to some degree			.670	.511
21. All PHCC members believe that he or she can have a position impact			.652	.609
22. There is continuous investment in the skills of PHCC members			.642	.600
23. Authority is delegated so that people can act on their own			.603	.477
24. Cooperation across different parts of the PHCC is actively encouraged			.559	.655

Source: Author's Computation (2019)

Note. Factor loadings < .4 are suppressed.

After looking at the content of items loaded onto the same factor, common themes identified by extraction method using principal component analysis., rotation method: varimax with Kaiser normalization: OCM, OCA, and OCIn. Table 4.5. portrays the descriptive statistics for the 24-item Denison Model.

Table 4.5. *Descriptive Statistics Organisational Culture Questionnaire*

Variable	**Items**	**M(SD)**	**Skewness**	**Kurtosis**	**Cronbach's α**
OCM	11	3.71 (.782)	-.084	.436	.938
OCA	7	3.52 (.795)	.943	.363	.825
OCIn	6	2.98 (.530)	.621	1.285	.896

Source: Author's Computation (2019)

A three-factor structure for 24 out of the 45 items was evident, based on a PCA with varimax rotation. The three factors fitted Kaiser's proposed factor structure, involving OCM (11 items; 0.938), OCA (7 items; 0.825), and OCIn (6 items; 0.896). This data indicates meritorious internal consistency for OCA, OCA and OCIn.

Three factors (components) were saved. That is, these 24 items can be condensed into three factors. The Kaiser Rule determined the number of items selected. The three components explained 48.68% of the variance in the data. Explicitly, with three assumed elements, the researcher can predict 48.68% of the information in the 24 variables when excluding items loading at less than 40%.

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 (see Appendix 3). Secondly, the KMO was .880, above the commonly recommended value of .6, and Bartlett's test of sphericity was significant ($\chi 2$ (171, N=630) = 8348.287, $p < .05$). Finally, the commonalities were all above .3 (see Table 1), further confirming each item shared some common variance with other elements. Given these overall indicators, factor analysis was deemed suitable with 14 items.

PCA was employed since the primary purpose aimed to identify and compute composite scores for the factors underlying the OCOM. Initial eigenvalues revealed the first three factors explained 28.198%, 20.678%, and 8.705% of the variance, respectively. The fourth, fifth and sixth factors had eigenvalues just over one, and each explained 17.222% of the variance. Solutions for three, four, five and six factors were each examined using varimax rotations of the factor loading matrix. The three-factor solution, which explained 57.58% of the variance, was preferred because of its previous theoretical support; the levelling off eigenvalues on the scree plot after three factors; and the insufficient number of primary loadings and difficulty of interpreting the fourth factor and subsequent factors. Little difference emerged between the three-factor varimax and varimax solutions. Thus, both plots were examined in subsequent analyses before deciding to use varimax rotation for the final solution.

No items were eliminated because they did not contribute to a simple factor structure and failed to meet a minimum criterion of having a primary factor loading of .4 or above and no cross-loading of .3 or above. The 14 factors yielded factor loadings below .4 on AF, NC, and CC.

"PHCC has a great deal of personal meaning for me," "I am proud of discussing my organization with people outside it," "I really feel as if this organisation's problems are my own," "I think that I could easily become as attached to another organisation as I am to PHCC," "I owe a great deal to my organisation," and "I would be very glad to spend the rest of my

career with PHCC" yielded a primary factor loadings greater than .5 on OCM (.724, .721, .714, .674, .563, and .555, respectively).

"I would feel guilty if I left PHCC now," "Even if it were to my advantage, I do not feel it would be right to leave PHCC now," "I would not leave my PHCC right now because I have a sense of obligation to the memebers in it," and "This organisation deserves my loyalty" yielded a primary factor loading greater than .5 on OCA (.766, .742, .713, and .696, respectively.

"I do not feel like 'part of the family' at PHCC," "I do not feel a strong sense of belonging to PHCC," "I do not feel 'emotionally attached' to PHCC," and "I do not feel any obligation to stay with PHCC" yielded a primary factor loading greater than .5 on OCIn (.819, .806, .779, and .613, respectively).

For the final stage, a PCA of the remaining 14 items, using varimax rotation, was conducted, with three factors explaining 57.58% of the variance. A varimax rotation provided the best-defined factor structure. All items in this analysis had primary loadings over .5. Internal consistency for each of the scales was examined using Cronbach's alpha. The alphas were meritorious: .729 for AF (6 items) middling .816 for NC (4 items), and .704 for CC (4 items). Eliminating more items did not yield any substantial increases in alpha for any of the scales.

Composite scores were created for each of the three factors, based on the mean of the items with primary loadings on each factor. Higher scores indicated greater organisational commitment. AF was the most reported OCOM reported, with a negatively skewed distribution, while NC and CC were used considerably less and had positively skewed distributions. Descriptive statistics are presented in Table 3.8. The skewness and kurtosis were well within a tolerable range for assuming a normal distribution and histogram examination illustrated the distributions looked approximately normal (see Appendix 3). Although a varimax rotation was used, only small correlations between each of the composite scores existed: .077 between AF and NC; .162 between AF and CC; and .133 between NC and CC.

Overall, these analyses indicated three distinct factors (AF, NC, CC) were underlying manager responses to the OC, where AF, NC, CC had meritorious internally consistent. Hence, none of the 14 items were eliminated.

Table 4.6. displays the rotated component matrix for leadership styles, the component matrix after rotation. This matrix contains the loadings of each variable onto each factor. By default, SPSS displays all uploads; however, the researcher requested all loadings less than 0.4 be suppressed in the output; therefore, blank spaces exist for many of the loadings.

Table 4.6. *Factor loadings and communalities for the Organisational commitments*

Item	Component			Communalities
	AF	NC	CC	
1. PHCC has a great deal of personal meaning for me	.724			.471
2. I am proud of discussing my organization with people outside it	.721			.624
3. I really feel as if this organisation's problems are my own	.714			.668
4. I think that I could easily become as attached to another organisation as I am to PHCC	.674			.527
5. I owe a great deal to PHCC	.563			.722
6. I would be very glad to spend the rest of my career with PHCC	.555			.605
7. I would feel guilty if I left PHCC now		.766		.629
8. Even if it were to my advantage, I do not feel it would be right to leave PHCC now		.742		.689
9. I would not leave PHCC right now because I have a sense of obligation to the memebrs in it		.713		.468
10. PHCC deserves my loyalty		.696		.660
11. I do not feel like 'part of the family' at PHCC			.819	.668
12. I do not feel a strong sense of belonging to PHCC			.806	.590
13. I do not feel 'emotionally attached' to PHCC			.779	.457
14. I do not feel any obligation to stay with PHCC			.613	.435

Source: Author's Computation (2019)

Note. Factor loadings < .4 are suppressed.

After looking at the content of items loaded onto the same factor, common themes identified by extraction method using PCA, rotation method: varimax with Kaiser normalization: AF, NC, and CC. Table 4.7. summarises the descriptive statistics for OCOM.

Table 4.7. *Descriptive Statistics for Organisational Commitment*

Variable	Items	M(SD)	Skewness	Kurtosis	Cronbach's α
AF	6	4.73(1.43)	-.616	1.095	.729
NC	4	4.70(1.44)	.457	1.233	.816
CC	4	3.74(.751)	.603	.711	.704

Source: Author's Computation (2019)

A three-factor structure for 14 out of the 14 items was evident, based on a PCA with varimax rotation. The three factors fitted Kaiser's proposed factor structure, involving AF (6 items; 0.729), NC (4 items; 0.816), and CC (4 items; 0.704). This data indicates meritorious internal consistency for AF, NC and CC.

Three factors (components) were saved. That is, these 14 items can be condensed into three factors. The Kaiser Rule determined the number of items selected. The three components explained 57.58% of the variance in the data. Explicitly, with three assumed elements, the researcher can predict 57.58% of the information in the 14 variables when excluding items loading at less than 40%.

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 (see Appendix 3). 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 (see Table 1), further confirming each item shared some common variance with other elements. Given these overall indicators, factor analysis was deemed suitable with eight items.

PCA was employed since the primary purpose aimed to identify and compute composite scores for the factors underlying the EJS. Initial eigenvalues revealed the first three factors explained 64.139%, of the variance, respectively. The second, third and fourth factors had eigenvalues just over one, and each explained 1.385% of the variance. Solutions for two, three, and four factors were each examined using varimax rotations of the factor loading matrix. The three-factor solution, which explained 64.14% of the variance, was preferred because of its previous theoretical support; the levelling off eigenvalues on the scree plot after one factor; and the

insufficient number of primary loadings and difficulty of interpreting subsequent elements. Little difference emerged between the one-factor varimax and other varimax solutions. Thus, both plots were examined in subsequent analyses before deciding to use varimax rotation for the final solution.

No items were eliminated because they did not contribute to a simple factor structure and failed to meet a minimum criterion of having a primary factor loading of .4 or above and no cross-loading of .3 or above. The eight factors yielded factor loadings below .4 on EJS. All items yielded a primary factor loading greater than .5 on EJS. Refer to Table 4.8. For the final stage, a PCA of the remaining eight items, using varimax rotation, was conducted, with one factor explaining 64.14% of the variance. A varimax rotation provided the best-defined factor structure. All items in this analysis had primary loadings over .5. Internal consistency for each of the scales was examined using Cronbach's alpha. The alphas were meritorious: .817 for OCM (8 items). Eliminating more items did not yield any substantial increases in alpha for any of the scales.

Composite scores were created for each of the factors, based on the mean of the items with primary loadings on each factor. Higher scores indicated greater EJS. Descriptive statistics are presented in Table 4.9. The skewness and kurtosis were well within a tolerable range for assuming a normal distribution and histogram examination illustrated the distributions looked approximately normal (see Appendix 3).

Overall, these analyses indicated one factor (EJS) were underlying responses to the EJS, where EJS had meritorious internally consistent. Hence, none of the eight items were eliminated. Approximately normal distribution was evident for the composite score data in the current study. Thus, the data were well suited for parametric statistical analyses.

Table 4.8 displays the rotated component matrix for leadership styles, the component matrix after rotation. This matrix contains the loadings of each variable onto each factor. By default, SPSS displays all uploads; however, the researcher requested all loadings less than 0.4 be suppressed in the output; therefore, blank spaces exist for many of the loadings.

Table 4.8. *Factor Loadings and Communalities for Employee Job Satisfaction*

Item	Component	Communalities
	EJS	
1. I find real enjoyment in my job	.826	.777
2. I like my job better than the average person	.824	.743
3. Most days I am enthusiastic about my job	.815	.726
4. I feel fairly well satisfied with my job	.790	.724
5. I consider my job to be rather unpleased [R]	.782	.758
6. Each day at work seem like it will never end	.775	.688
7. I find my work meaningful.	.767	.635
8. My work contribution is appreciated.	.703	.662

Source: Author's Computation (2019)

Note. Factor loadings < .4 are suppressed.

After looking at the content of items loaded onto the same factor, common themes identified by extraction method using principal component analysis., rotation method: varimax with Kaiser normalization: EJS. Table 4.9. presents the descriptive statistics for the MLQ.

Table 4.9. *Descriptive Statistics Employee Job Satisfaction Questionnaire*

Variable	Items	M(SD)	Skewness	Kurtosis	Cronbach's α
EJS	8	3.92(.909)	.356	.197	.817

A one-factor structure for eight out of the eight items was evident, based on a PCA with varimax rotation. The one factor fitted Kaiser's proposed factor structure, involving EJS (8 items; 0.817). This data indicates meritorious internal consistency for EJS.

One factor (components) was saved. That is, these eight items can be condensed into one element. The Kaiser Rule determined the number of items selected. The one component explained 64.14% of the variance in the data. Explicitly, with one assumed element, the researcher can predict 64.14% of the information in the eight variables when excluding items loading at less than 40%.

4.2. Reliability

After conducting factor analysis, the derived variables grouped into new variables were renamed and tested for reliability or internal consistency using the Cronbach Alpha test. This test reveals if multi-question Likert scale surveys are reliable. Table 4.10. portrays the Cronbach Alpha values for the primary study variables. The Cronbach's Alpha for all items was high; this means the internal consistency was acceptable (Alpha> 0.6)

Table 4.10. *Variable Reliability*

Dimension	**Cronbach's Alpha Value**	**N of Items**
TIC	.834	9
IIB	.779	5
TMBEA	.759	6
OCM	.938	11
OCIn	.896	6
OCA	.825	7
EJS	.817	8
AF	.729	6
NC	.816	4
CC	.704	4

Source: Author's Computation (2019)

4.3. Summary

Understanding the correlation between leadership styles and OP of the Qatari healthcare network remains essential to the health and well-being of the population. This study focused on medical staff of 23 PHCC centres across three regions of Qatar. A multi-part survey yielded data analyzed through SPSS version 23. This chapter presented a rationale for the methodology surrounding the research, detailing the sampling process, data collection and data analysis procedures.

In this section, descriptive analysis, reliability analysis, multiple regression and moderator multiple regression were employed to probe the research questions and hypotheses.

4.4. Demographics

Tables Table 4.11. to Table 4.20. present the descriptive statistics.

Table 4.11. portrays 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.

Table 4.11. *Respondent Gender Distribution*

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	384	37.3	37.3	37.3
Female	645	62.7	62.7	100.0
Total	**1029**	**100.0**	**100.0**	

Source: Author's Computation (2019)

Table 4.37. depicts 34.9% (359) respondents responded in Arabic compared to 65.1% (670) respondents answering in English. This distribution indicated most participants encompassed non-Arabic expatriates.

Table 4.12. *Respondent Language*

Language	Frequency	Percent	Valid Percent	Cumulative Percent
Arabic	359	34.9	34.9	34.9
English	670	65.1	65.1	100.0
Total	**1029**	**100.0**	**100.0**	

Source: Author's Computation (2019)

Table 4.13. 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.

Table 4.13. *Respondent Age*

Age	Frequency	Percent	Valid Percent	Cumulative Percent
Less than 20 years	16	1.6	1.6	1.6
20-30 years	243	23.6	23.6	25.2
31-40 years	532	51.7	51.7	76.9
41-50 years	183	17.8	17.8	94.7
More than 50 years	55	5.3	5.3	100.0
Total	**1029**	**100.0**	**100.0**	

Source: Author's Computation (2019)

Table 4.14. illustrates 23.9% (246) of the participants were single, while 71.3% (734) were married. Divorcee respondents equalled 2.9% (30) and 1.8% (19) were widowed or widowers.

Table 4.14. *Respondent Marital Status*

Marital Status	Frequency	Percent	Valid Percent	Cumulative Percent
Single	246	23.9	23.9	23.9
Married	734	71.3	71.3	95.2
Divorce	30	2.9	2.9	98.2
Widow or Widower	19	1.8	1.8	100
Total	**1029**	**100.0**	**100.0**	

Source: Author's Computation (2019)

Table 4.15. reveals the maximum participants comprised Indians (33.4%, 344). The Philippines 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. This low citizen participation indicated the PHCC does not attract locals, relating to two principal factors. The majority of medical colleges in Qatar rigorously vet applicants to ensure anyone they admit can pass the tough medical courses. The second factor is other pursuits are much more desirable than medicine. For example, studying other programs is easier and shorter than seeking a medical degree that could take up to six years to attain.

Table 4.15. *Respondent Nationality*

Nationality	Frequency	Percent	Valid Percent
Qatari	48	4.6	4.6
Albanian	23	2.2	2.2
Algerian	7	0.6	0.6
Argentinian	6	0.5	0.5
Armenian	4	0.3	0.3
Australian	2	0.19	0.19
Bahraini	5	0.48	0.48
Bangladeshi	3	0.29	0.29
Bulgarian	7	0.6	0.6
Cambodian	3	0.29	0.29
Canadian	6	0.5	0.5
Central African	4	0.3	0.3
Chadian	2	0.19	0.19
Colombian	2	0.19	0.19
Croatian	9	0.8	0.8
Ecuadorian	6	0.5	0.5

Egyptian	79	7.6	7.6
French	13	1.2	1.2
Greek	9	0.8	0.8
Hungarian	7	0.6	0.6
Indian	344	33.4	33.4
Iranian	7	0.6	0.6
Iraqi	19	1.8	1.8
Italian	11	1.0	1.0
Jordanian	129	12.5	12.5
Kuwaiti	2	0.19	0.19
Lebanese	3	0.29	0.29
Omani	3	0.29	0.29
Pakistani	2	0.19	0.19
Palestinian	5	0.4	0.4
Philippines	207	20.1	20.1
Spanish	3	0.29	0.29
Sudanese	14	1.3	1.3
Syrian	7	0.6	0.6
Tunisian	13	1.2	1.2
British	9	0.8	0.8
Yemeni	6	0.5	0.5
Total	**1029**	**100.0**	**100.0**

Source: Author's Computation (2019)

Table 4.16. presents the medical professionals at PHCC. Doctors entailed 11.0% (114) of the respondents. However, most respondents comprised Nurses at 41.7% (430) of the respondents. The laboratory technicians equalled 9.9% (102) of the respondents. Pharmacists constituted 15.6% (161) of the respondents. Besides this, medical section heads, such as pharmacist, lab and nurse encompassed 8.0% (92) of the participants. PHCC managers constituted 1.8% (19) of the respondents.

Table 4.16. *Respondent Designation*

Designation	**Frequency**	**Percent**	**Valid Percent**
Medical doctor	114	11.0	11.0
Nurse	430	41.7	41.7
Lab technician	102	9.9	9.9
Pharmacist	161	15.6	15.6
Dentist	18	1.7	1.7
Medical heads	92	8.9	8.9
Health centre Manager	19	1.8	1.8
Other Medical staff	102	9.9	9.9
Total	**1029**	**100.0**	**100.0**

Source: Author's Computation (2019)

Table 4.17. presents 27.40% (282) of the respondents possessed one to five years of experience. Similarly, 7.0% (287) of the respondents possessed five to ten years of experience. While 25%.3 (261) had 10 to 15 years of experience, 11.5% (119) of the respondents possessed 15 to 20 years of experience. Additionally, (3.9%) or 42 got 20 to 25 years of experience. Qatar healthcare system has sought the most experienced professionals, contributing to the Qatar National Vision 2030.

Table 4.17. *Respondent Work Experience*

Work Experience	Frequency	Percent	Valid Percent
1 to 5 years	282	27.4	27.4
more than 5 to 10 years	278	27.0	27.0
more than 10 to 15 years	261	25.3	25.3
more than 15 to 20 years	119	11.5	11.5
more than 20 to 25 years	42	3.9	3.9
more than 25 years	47	4.5	4.6
Total	**1029**	**100.0**	**100.0**

Source: Author's Computation (2019)

Table 4.18. portrays 76.4% (786) of the participants held bachelor's degrees, while 9.5% (98) of the respondents had earned master's degrees. Notably, 2.8% (29) of the respondents had a PhD.

Besides qualifications and according to the regulations in Qatar, a medical professional cannot be recruited without passing the Prometric exam. Hence, the healthcare system in Qatar is following high standard and criteria when it comes to now hiring.

Table 4.18. *Respondent Educational Level*

Education Level	Frequency	Percent	Valid Percent
Matric /FA/ FSC	116	11.3	11.3
Bachelor	786	76.4	76.4
Master	98	9.5	9.5
PhD	29	2.8	2.8
Total	**1029**	**100.0**	**100.0**

Source: Author's Computation (2019)

Table 4.19. displays 76.9% (792) of the respondents earned QR25000 or less since the majority were nurses, lab technicians and pharmacists. While 13.2% (136) of the respondents earned from QR25000 to QR35000, 8.9% (92) of the respondents received higher incomes, making between QR35000 to QR40000. Also, 0.8 % (9) of the respondents earned QR40000 a month. Markedly, Qatar has paid higher salaries for medical professional compared to others in the

region. The hiring contract includes many incentives, such as free housing and annual flight tickets.

Table 4.19. *Respondent Monthly Income*

Annual Income	Frequency	Percent	Valid Percent
QR25000 or below	792	76.9	76.9
QR25001 to QR35000	136	13.2	13.2
QR35001 to QR40000	92	8.9	8.9
More than QR40000	9	0.87	0.87
Total	**1029**	**100.0**	**100.0**

Source: Author's Computation (2019)

Table 4.20. presents health centres locations. While 34.7%) (8) health centres were located in northern Qatar, 30.4% (7) of the health centres were located in the central area, and 34.7% (8) were located in western Qatar. This distribution covers the whole country.

Table 4.20. *Health Centre Location*

Health Centre Location	Frequency	Percent	Valid Percent
North	8	34.7	34.7
Central	7	30.4	30.4
West	8	34.7	34.7
Total	**23**	**100.0**	**100.0**

Source: Author's Computation (2019)

4.5. Leadership Styles

As shown in Table 4.11. TIC reflected the most practised leadership style in the PHCC, with a mean of 3.96. TMBEA represents the second most prevalent style. However, idealised influence depicted the lowest practised approach in the PHCC, with a mean of 3.37.

Using descriptive statistics included in Table 4.11. The most typical leadership techniques in Qatari PHCCs entailed individual transformational consideration then transactional TMEA.

In Table 4.21, based on sample opinions, PHCCs in Qatar incorporated varying degrees of transformational leadership. However, transactional leadership remained the predominant public health leader theme. Public health needs superiorly-skilled, educated leaders to spur organisations and communities, ameliorating public health and well-being.

Table 4.21. *Leadership Styles*

Leadership Style	Mean	Std. Deviation
TIC	3.96	.679
TMBEA	3.81	.763
IIB	3.37	.838

Source: Author's Computation (2019)

As shown in Table 4.22. the mission dimension of OC represented the most dominant factor in the PHCC (Mean=3.71, SD=.782), followed by adaptability (Mean=3.52 SD=.795). However, the least overriding aspect of OC comprised involvement (Mean=2.98 SD=.530).

Table 4.22. *Organisational Culture Dimensions*

Dimensions	Mean	Std. Deviation
OCM	3.71	.782
OCIn	2.98	.530
OCA	3.52	.795

Source: Author's Computation (2019)

Participant opinion indicated a high level of mission and adaptability for PHCCs in Qatar culture and low involvement. Generally, PHCC culture comprises the norms, values and unspoken assumptions expressed in daily employee behaviours and embedded in company processes and systems. Healthcare centres with productive OCs provide a robust institutional mission, can adapt to both internal and external changes and empower their employees. Unfortunately, PHCC employees in Qatar do not feel involved in their jobs.

As illustrated in Table 4.23, PHCC employees were quite satisfied with their working place (Mean = 3.92) as depicted via a five-point-Likert Scale (extremely dissatisfied–extremely satisfied). The highest dimension of OCOM constituted the effectiveness, with a mean of 4.73. However, continuous commitment among the employees ranked the lowest among aspects of OP dimensions, with a mean of 3.74. An employee with elevated OCOM contributes more to the organisation and will also realise advanced job satisfaction. Superior job satisfaction diminishes employee attrition and increases, enhancing institutional ability to attract and keep talent. As demonstrated in Table 4.23. high affective employee commitment will not only impact continuance and normative commitment but also inspire the employee to convince others to join the company to experience job satisfaction.

Table 4.23. *Organisational Performance Dimensions*

Dimension	Mean	Std. Deviation
EJS	3.92	.909
AF	4.73	1.43
NC	4.70	1.44
CC	3.74	.751

Source: Author's Computation (2019)

4.6. Multiple Regression

After conducting the factor analysis and determining the components, multiple regression analysis was performed to uncover the effect leadership styles have on these elements and examine the first, second and third hypotheses.

Multiple Regression Assumptions

To probe research questions and scrutinse the hypotheses, the researcher applied multiple regression. However, initial circumstances must be met to confirm veracity and precision:

Assumption 1: The relationship between the independent variables and the dependent variables is linear. Scatterplots show this assumption was realised. See Appendix 3.

Assumption 2: No multicollinearity exists in the data. Analysis of collinearity statistics illustrated this assumption was met, as VIF scores were well below 10, and tolerance was exceeding 0.5. See multiple regression tables

Assumption 3: The values of the residuals remained independent. The Durbin-Watson tested the residuals from a linear regression or multiple regression demonstrated independence. This assumption was met when obtained values between 1.5 to 2.5 were relatively healthy. The Durbin-Watson results are included in the multiple regression tables.

Assumption 4: The variance of the residuals is constant. The plot of standardised residuals versus standardised predicted values indicated no apparent funneling signs, signifying homoscedasticity was maintained. (see Appendix 3)

Assumption 5: The values of the residuals were normally distributed. The P-P plot for the model supported the assumption was met (see Appendix 3)

Graphical analyses help evaluate the assumption the regression. The variable distribution graphed in histogram plots revealed a normal distribution for all IVs and DVs. ZRESID and ZPRED scatterplots did not identify any significant outliers. Normal probability plots in the form were appropriately linear. Residuals scanned for multivariate normality, linearity, and homoscedasticity. Diagnostics displayed no outliers greater than 3; thus, the sample met the 3.29 standard deviation threshold. Testing assumptions must be performed not only for each dependent and independent variable but for the variate as well. Testing for skewness, the skewness significance was conducted by dividing the skewness score by standard error of skewness, yielding a z score of one. Testing for kurtosis, the kurtosis significance was performed by dividing the kurtosis score by standard error of kurtosis, giving z score of one. The z score should preferably be less than 3.29 for normality ($p < .001$, two-tailed). The Pearson R was investigated to determine the variables displaying high correlations with many other variables.

After checking the assumptions of linear regression, all assumptions were satisfied.

4.6.1. Leadership Styles and Organisational Culture

Leadership Styles and Organisational adaptability

A multiple regression analysis was employed to test the first hypothesis, professing a relationship exists between leadership styles and OC dimensions (OCA, OCM, OCIn). Due to the three OC facets, the relationship between OC and leadership styles were divided into three sections.

Multiple Regression was employed to determine whether leadership style statistically significantly ($p < .05$) predicted OCA. No outliers were identified. The table showed the correlations between variables, the standardised coefficients (β), R^2, and adjusted R^2. The regression was statistically, significantly different from zero, $F (3, 1025) = 49.017$, $p<.005$, $R^2=.187$ (.182 adjusted), indicated a positive, significant relationship between OCA and TIC, IIB and TMBEA predicted 18.7% of the OCA variability. Based on the standardised regression and t scores, it would appear TIC depicts the strongest predictor of OCA. While regression does not prove causal relations of the predictors on DV, it does reveal causal relations intuitive likelihood.

After examining the regression model, a little further, multiple regression was used to forecast variable value based on two or more other variable value. The predicted is called the dependent, outcome, target, or criterion variable. Hence DV, OCA, represents the criterion variable while

the IVs, TIC, IIB, and TMBEA, signify the predictor variables. Multiple Regression performs best when each IV is strongly correlated with the DV but not with other IVs. The correlation matrix depicted TIC, IIB, and TMBEA correlation to OCA, but not too much with the other DVs.

Multiple Regression produces a linear equation model identifying the best-weighted IV combination to predict DV optimally, discovering the best fit. The best-fitting partial regression coefficients yield a prediction equation for which the squared differences between $\hat{Y}$ and Y remain at a minimum. Minimizing the sum of the squared errors, the vertical distance from the sum of squares finds the line best fitting the points. To maximize prediction accuracy, the specific weight assigned to each model IV remains relative to the other IVs in the analysis.

R denotes the correlation between predicted and observed job performance. The equation, R^2 = .187 (adjusted .182), illustrating TIC, IIB, and TMBEA explains 18.7% of the OCA variance. The R^2 and the R^2 adjusted closeness displayed a good model. Since R^2, also called the coefficient of determination, measures the overall relationship strength. This model portrays an appropriate measure of goodness of fit, for the high value indicated the straight best fit line works well. R^2 adjusted reduces the R^2, considering the sample size and the number of independent variables in the regression model.

The unstandardised coefficients (β) demonstrates the predictive correlation between variables; Thus, the variate best reflecting the best linear combination of the entire variable set best achieving the statistical objective is OCA'= .285 (TIC) + .112 (IIB) +. 130 (TMBEA) + 1.922 could be used to predict OCA. The intercept= 1.922 illustrates the constant OCA amount independent of IIB and TMBEA. The unstandardised b weight means when other variables are controlled, an increase of .285 in TIC is on average associated with a 1.00 increase in OCA. Similarly, an increase of .112 in IIB is on average associated with a 1.00 increase in OCA. An increase of .130 in TMBEA is on average associated with a 1.00 decrease in OCA. The Standard Error engenders the sampling distribution standard deviation depicting statistical variability of many samples. Hence, it could be compared to the actual OCA to yield a residual value.

The intercept, the standardised regression coefficients (β), displays the relative variable importance. Therefore, one can assume TIC held the strongest predictive value of .285 and TMBEA and IIB had a weaker predictive value of .130 and .112, respectively.

The Standard error of estimates (SEE) demonstrates the standard error of prediction errors, for it measures the prediction accuracy when it estimates the variation of the DV values around the

regression line. Thus, it reveals .139 observed OCA difference from the values on the regression line. Since the standard deviation of OCA of .795 is not significantly less the SEE, a good model is not present. However, the mean of OCA, 3.52, is greater than 1.96 times the SEE, .031; yielding .043; thus, this portrays a good model.

The Residual Error, which is desired to be low, equaled .012. The multiple correlation coefficient (R) equals .432 demonstrating the correlation between OCA and the best linear TIC, IIB and TMBEA combination. Given the value from one to zero, the researcher can observe a large amount of correlation exists between the IVs. Sum of Squared Errors (SSE), 437.030, expresses the variance in the DV for which the regression model does not account, equal to the residual. Remaining unchanged, Total Sum of Squares (SST), 499.729, exhibits the total amount of variation IVs explains. Sum of Squares Regression (SSR), 62.699, demonstrated the DV explanation improvement attributable to the IVs.

Thus, evidence buttressed the model validity. TIC comprised the first predictor of OCA, and significantly predict OCA (Beta =.285, $t(1028) = 8.275$, $p<0.05$). TMBEA depicted the second predictor OCA, significantly predicting OCA (Beta =.130, $t(1028) = 4.177$, $p<0.05$). IIB reflected the third predictor of OCA, and it did significantly predict OCA (Beta =.112, $t(1028) = 3.618$, $p<0.05$).

All Variance Inflation Factors (VIF), measuring how much multicollinearity problems inflate the regression coefficients variance, were less than 10 (TIC = 1.188, IIB = 2.062, TMBEA = 2.083). Since the VIF measures are greater than one, displaying some association between predictor variables exists, but the low values are insufficient to generate concerns. Moreover, tolerances, or the variance amount in an independent variable other IVs cannot explain, were all above .1 (TIC = .842, IIB = .485, TMBEA = .480). Since the other variables do not explain a significant amount of particular independent variable variance, no problem with multicollinearity seems to exist.

Regression was statistically significantly different from zero $F(3, 1025) = 49.017$, $p<.001$, $R^2=.187$ (.182 adjusted) indicates TIC, IIB, and TMBEA predicted 18.7% of the COA variability. Therefore, OCA's most significant leadership style impact entailed TIC, depending on the Beta value while the lowest was IIB.

When probing leadership-culture phenomenon, the researcher unmasked employees rating their direct superior adept in transformational leadership more likely perceived an involving institutional culture, integrating, adaptive and mission-oriented. Similarly, the author

demonstrated transformational leadership predicted supportive cultures best. In contrast, a mixture of transformational and transactional leadership best forecasted cultures with a focus on rewards. The research results were consistent with XENIKOU (2019).

Leadership Styles and Organisational Mission

Multiple Regression was employed to determine whether leadership style statistically significantly ($p < .05$) predicted OCM. No outliers were identified. The table showed the correlations between variables, the standardised coefficients (β), R^2, and adjusted R^2. The regression was statistically, significantly different from zero, $F (3, 1025) = 35.168$, $p<.05$, $R^2=.199$ (.195 adjusted), indicated a positive, significant relationship between OCM and TIC, IIB and TMBEA predicted .19.9% of the OCM variability. Based on the standardised regression and t scores, it would appear TIC depicts the strongest predictor of OCM. While regression does not prove causal relations of the predictors on DV, it does reveal causal relations intuitive likelihood.

After examining the regression model, a little further, multiple regression was employed to predict variable value based on two or more other variable value. The predicted is called the dependent, outcome, target, or criterion variable. Hence DV, OCM, represents the criterion variable while the IVs, TIC, IIB, and TMBEA, signify the predictor variables. Multiple Regression performs best when each IV is strongly correlated with the DV but not with other IVs. The correlation matrix depicted TIC, IIB, and TMBEA correlation to OCM, but not too much with the other DVs. Minimizing the sum of the squared errors, the vertical distance from the sum of squares finds the line best fitting the points. To maximize prediction accuracy, the specific weight assigned to each model IV remains relative to the other IVs in the analysis.

R denotes the correlation between predicted and observed OCM. The equation, $R^2 = .199$ (adjusted .195), illustrating TIC, IIB, and TMBEA explains 19.9% of the OCM variance. The R^2 and the R^2 adjusted closeness displayed a good model. Since R^2, also called the coefficient of determination, measures the overall relationship strength. This model portrays an appropriate measure of goodness of fit, for the high value indicated the straight best fit line works well. R^2 adjusted reduces the R^2, considering the sample size and the number of independent variables in the regression model.

The unstandardised coefficients (β) demonstrates the predictive correlation between variables; Thus, the variate best reflecting the best linear combination of the entire variable set best achieving the statistical objective is OCM ’= .281 (TIC) + .079 (IIB) + .113 (TMBEA) + 1.657

could be used to predict OCM. The intercept= 1.657 illustrates the constant OCM amount independent of IIB and TMBEA. The unstandardised b weight means when other variables are controlled, an increase of .281 in TIC is on average associated with a 1.00 increase in OCM. Similarly, an increase of .079 in IIB is on average associated with a 1.00 increase in OCM. An increase of .113 in TMBEA is on average associated with a 1.00 decrease in OCM. The Standard Error is the sampling distribution standard deviation depicting statistical variability of many samples. Hence, it could be compared to the actual OCM to yield a residual value.

The intercept, the standardised regression coefficients (β), displays the relative variable importance. Therefore, one can assume TIC held the strongest predictive value of .281 and TMBEA and IIB had a weaker predictive value of .113 and .079, respectively.

The Standard error of estimates (SEE) demonstrates the standard error of prediction errors, for it measures the prediction accuracy when it estimates the variation of the DV values around the regression line. Thus, it reveals .152 observed OCM difference from the values on the regression line. Since the standard deviation of OCM of .782 is not significantly less the SEE, a good model is not present. However, the mean of OCM, 3.71, is greater than 1.96 times the SEE, .037; yielding. 047; thus, this portrays a good model.

The Residual Error, which is desired to be low, equalled .022. The multiple correlation coefficient (R) equals .446 demonstrating the correlation between OCM and the best linear TIC, IIB and TMBEA combination. Given the value from one to zero, the researcher can observe a large amount of correlation exists between the IVs. Sum of Squared Errors (SSE), 524.121, expresses the variance in the DV for which the regression model does not account, equal to the residual. Remaining unchanged, Total Sum of Squares (SST), 578.070, exhibits the total amount of variation IVs explains. Sum of Squares Regression (SSR), 53.948, demonstrated the DV explanation improvement attributable to the IVs.

Thus, data bolstered model validity. TIC comprised the first predictor of OCM, and significantly predict OCM (Beta =.281, $t(1028) = 8.216$, $p<0.05$). TMBEA depicted the second predictor OCM, significantly predicting OCM (Beta =.113, $t(1028) = 3.639$, $p<0.05$). IIB reflected the third predictor of OCM, and it did significantly predict OCM (Beta =.079, $t(1028) = 2.554$, $p<0.05$).

All Variance Inflation Factors (VIF), measuring how much multicollinearity problems inflate the regression coefficients variance, were less than 10 (TIC = 1.188, IIB = 2.062, TMBEA = 2.083). Since the VIF measures are greater than one, displaying some association between

predictor variables exists, but the low values are insufficient to generate concerns. Moreover, tolerances, or the variance amount in an independent variable other IVs cannot explain, were all above .1 (TIC = .842, IIB = .485, TMBEA = .480). Since the other variables do not explain a significant amount of particular independent variable variance, no problem with multicollinearity seems to exist.

Overall, regression was statistically significantly different from zero F (3, 1025) = 35.168, $p<.05$, $R^2=.199$ (.195 adjusted) indicates TIC, IIB, and TMBEA predicted 19.9% of the OCM variability. Therefore, the most significant impact of leadership style on OCM was TIC, depending on the Beta value while the lowest was IIB. These findings remained consistent with XENIKOU (2019),

Leadership Styles and Organisational Involvement

Multiple Regression was employed to determine whether leadership style statistically significantly ($p < .05$) predicted OCIn. No outliers were identified. The table showed the correlations between variables, the standardised coefficients (β), R^2, and adjusted R^2. The regression was statistically, significantly different from zero, F (3, 1025) = 36.189, $p<.05$, $R^2=.805$ (.804 adjusted), indicated a positive, significant relationship between OCIn and TIC, IIB and TMBEA predicted 80.5% of the OCIn variability. Based on the standardised regression and t scores, it would appear TIC depicts the strongest predictor of OCIn. While regression does not prove causal relations of the predictors on DV, it does reveal causal relations intuitive likelihood.

After examining the regression model a little further, multiple regression was used to predict variable value based on two or more other variable value. The predicted is called the dependent, outcome, target, or criterion variable. Hence DV, OCIn, represents the criterion variable while the IVs, TIC, IIB, and TMBEA, signify the predictor variables. Multiple Regression performs best when each IV is strongly correlated with the DV but not with other IVs. The correlation matrix depicted TIC, IIB, and TMBEA correlation to OCIn, but not too much with the other DVs.

Multiple Regression produces a linear equation model identifying the best-weighted IV combination to predict DV optimally, discovering the best fit. The best-fitting partial regression coefficients produce a prediction equation for which the squared differences between $\hat{Y}$ and Y remain at a minimum. Minimizing the sum of the squared errors, the vertical distance from the

sum of squares finds the line best fitting the points. To maximize prediction accuracy, the specific weight assigned to each model IV remains relative to the other IVs in the analysis.

R denotes the correlation between predicted and observed OCIn. The equation, R^2 = .805 (adjusted .804), illustrating TIC, IIB, and TMBEA explains 80.5% of the OCIn variance. The R^2 and the R^2 adjusted closeness displayed a good model. Since R^2, also called the coefficient of determination, measures the overall relationship strength. This model portrays an appropriate measure of goodness of fit, for the high value indicated the straight best fit line works well. R^2 adjusted reduces the R^2, considering the sample size and the number of independent variables in the regression model.

The unstandardised coefficients (β) demonstrates the predictive correlation between variables; Thus, the variate best reflecting the best linear combination of the entire variable set best achieving the statistical objective is OCIn*'* = .088 (TIC) + .480 (IIB) .372 (TMBEA) + 1.782 could be used to predict OCIn. The intercept= 1.195 illustrates the constant OCIn amount independent of IIB and TMBEA. The unstandardised b weight means when other variables are controlled, an increase of .162 in TIC is on average associated with a 1.00 increase in OCIn. Similarly, an increase of .171 in IIB is on average associated with a 1.00 increase in OCIn. An increase of .417 in TMBEA is on average associated with a 1.00 decrease in OCIn. The Standard Error is the sampling distribution standard deviation depicting the statistical variability of many samples. Hence, it could be compared to the actual OCIn to yield a residual value.

The intercept, the standardised regression coefficients (β), displays the relative variable importance. Therefore, one can assume IIB held the strongest predictive value of .480 and TMBEA and TIC had a weaker predictive value of .372 and .088, respectively.

The Standard error of estimates (SEE) demonstrates the standard error of prediction errors, for it measures the prediction accuracy when it estimates the variation of the DV values around the regression line. Thus, it reveals .110 observed OCIn difference from the values on the regression line. Since the standard deviation of OCIn of .530 is not significantly less the SEE, a good model is not present. However, the mean of OCIn, 2.98, is greater than 1.96 times the SEE, .034; yielding .027; thus, this portrays a good model.

The Residual Error, which is desired to be low, equaled .032. The multiple correlation coefficient (R) equals .897 demonstrating the correlation between OCIn and the best linear TIC, IIB and TMBEA combination. Given the value from one to zero, the researcher can observe a large amount of correlation exists between the IVs.

Sum of Squared Errors (SSE), 473.436, expresses the variance in the DV for which the regression model does not account, equal to the residual. Remaining unchanged, Total Sum of Squares (SST), 523.582, exhibits the total amount of variation IVs explains. Sum of Squares Regression (SSR), 50.146, demonstrated the DV explanation improvement attributable to the IVs.

Thus, a great deal of evidence supported the model validity. IIB comprised the first predictor of OCIn, and significantly predict OCIn (Beta =.480, t (1028) = 30.918, $p<0.05$). TMBEA depicted the second predictor OCIn, significantly predicting OCIn (Beta =.372, t (1028) = 24.330, $p<0.05$). TIC reflected the third predictor of OCIn, and it did significantly predict OCIn (Beta =.088, t (1028) = 5.236, $p<0.05$).

All Variance Inflation Factors (VIF), measuring how much multicollinearity problems inflate the regression coefficients variance, were less than 10 (TIC = 1.188, IIB = 2.062, TMBEA = 2.083). Since the VIF measures are greater than one, displaying some association between predictor variables exists, but the low values are insufficient to generate concerns. Moreover, tolerances, or the variance amount in an independent variable other IVs cannot explain, were all above .1 (TIC = .842, IIB = .960, TMBEA = .480). Since the other variables do not explain a significant amount of particular independent variable variance, no problem with multicollinearity seems to exist.

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 OCIn variability. Therefore, the most significant impact of leadership style on OCIn was IIB, depending on the Beta value while the lowest was TIC. These findings remained consistent with XENIKOU (2019).

Thus, Leadership styles (TIC, IIB, TMBEA) predicted OC dimensions (OCA, OCM, OCIn). Hence, it can be assumed leadership style can predict OC as OCA, OCM, and OCIn define it.

4.6.2. Leadership Styles and Organisational Commitment

Multiple regression was conducted in SPSS V23 to test the second hypothesis related to leadership styles and OCOM. Since the variables were measured on three OCOM dimensions, the relationship between OCOM and leadership styles were divided into three sections.

Leadership style and Affective commitment

Multiple Regression was performed to determine whether leadership style statistically significantly ($p < .05$) predicted AF. No outliers were identified. The table showed the standardised coefficients (β), the correlation, R^2, and adjusted R^2. The regression was statistically, significantly different from zero, $F (3, 1025) = 11.731$, $p<.005$, $R^2=.129$ (.124 adjusted), demonstrated a positive, significant relationship between AF and TIC and TMBEA predicted 12.9% of the AF variability. Based on the standardised regression and t scores, it would appear TIC depicts the strongest predictor of AF. While regression does not prove causal relations of the predictors on DV, it does reveal causal relations intuitive likelihood.

After examining the regression model, a little further, multiple regression was used to predict variable value based on two or more other variable value. The DV, AF, represents the criterion variable while the IVs, TIC, IIB, and TMBEA, signify the predictor variables. Multiple Regression performs best when each IV is strongly correlated with the DV but not with other IVs. The correlation matrix depicted TIC, IIB, and TMBEA correlation to AF, but not too much with the other DVs.

The unstandardised coefficients (β) demonstrates the predictive correlation between variables; Thus, the variate best reflecting the best linear combination of the entire variable set best achieving the statistical objective is AF'= .148(TIC) +.038 (IIB) +.192 (TMBEA) +1.811 could be used to predict AF. The intercept= 2.576 illustrates the constant AF amount independent of IIB and TMBEA. The unstandardised b weight means when other variables are controlled, an increase of .144 in TIC is on average associated with a 1.00 increase in AF. Similarly, an increase of .016 in IIB is on average associated with a 1.00 increase in AF. An increase of 2.576 in TMBEA is on average associated with a 1.00 decrease in AF. The Standard Error is the sampling distribution standard deviation depicting the statistical variability of many samples. Hence, it could be compared to the actual AF to yield a residual value.

The intercept, the standardised regression coefficients (β), displays the relative variable importance. Therefore, one can assume TIC held the strongest predictive value of .148 and TMBEA and IIB had a weaker predictive value of .092 and .038, respectively.

The Standard error of estimates (SEE) demonstrates the standard error of prediction errors, for it measures the prediction accuracy when it estimates the variation of the DV values around the regression line. Thus, it reveals a .214 observed AF difference from the values on the regression line. Since the standard deviation of AF of 1.43 is not significantly less the SEE, a good model

is not present. However, the mean of AF, 4.73, is greater than 1.96 times the SEE, .047; yielding .066; thus, this portrays a good model.

The Residual Error, which is desired to be low, equaled .013. The multiple correlation coefficient (R) equals .359 demonstrating the correlation between AF and the best linear TIC, IIB and TMBEA combination. Given the value from one to zero, the researcher can observe a large amount of correlation exists between the IVs.

Sum of Squared Errors (SSE), 1044.971, expresses the variance in the DV for which the regression model does not account, equal to the residual. Remaining unchanged, Total Sum of Squares (SST), 1080.848, exhibits the total amount of variation IVs explains. Sum of Squares Regression (SSR), 35.877, demonstrated the DV explanation improvement attributable to the IVs.

All Variance Inflation Factors (VIF), measuring how much multicollinearity problems inflate the regression coefficients variance, were less than 10 (TIC = 1.188, IIB = 2.062, TMBEA = 2.083). Since the VIF measures are greater than one, displaying some association between predictor variables exists, but the low values are insufficient to generate concerns. Moreover, tolerances, or the variance amount in an independent variable other IVs cannot explain, were all above .1 (TIC = .842, IIB = .485, TMBEA = .480). Since the other variables do not explain a significant amount of particular independent variable variance, no problem with multicollinearity seems to exist.

Therefore, the most significant impact of leadership style on AF was TIC, depending on the Beta value, while the lowest was IIB. These findings remained consistent with XENIKOU (2019). This finding remains consistent with recent empirical experts claiming transformational leadership influenced affective commitment more than transactional leadership. Also, AF is more robust amid personnel with leaders permitting them to partake in decisions and treating them with consideration and equality. These traits, like individual attention, coincide with transformational leadership. (CLINEBELL ET AL., 2013).

Leadership Styles and Normative Commitment

Multiple Regression was performed to determine whether leadership style statistically significantly ($p < .05$) predicted NC. No outliers were identified. The table showed the correlations between variables, the standardised coefficients (β), the correlation, R^2, and adjusted R^2. The regression was statistically, significantly different from zero, $F (3, 1025) = 8.321$, $p<.05$, $R^2=.082$ (.076 adjusted), demonstrated a positive, significant relationship between

NC and TIC and TMBEA predicted 8.2% of the NC variability. Based on the standardised regression and t scores, it would appear TIC depicts the strongest predictor of NC. While regression does not prove causal relations of the predictors on DV, it does reveal causal relations intuitive likelihood.

After examining the regression model, a little further, multiple regression was used to predict variable value based on two or more other variable value. The DV, NC, represents the criterion variable while the IVs, TIC, IIB, and TMBEA, signify the predictor variables. Multiple Regression performs best when each IV is strongly correlated with the DV but not with other IVs. The correlation matrix depicted TIC, IIB, and TMBEA correlation to NC, but not too much with the other DVs. Multiple Regression produces a linear equation model identifying the best weighted IV combination to predict DV optimally, discovering the best fit.

The unstandardised coefficients (β) demonstrates the predictive correlation between variables; Thus, the variate best reflecting the best linear combination of the entire variable set best achieving the statistical objective is NC'= .110(TIC) +.036 (IIB) +.058 (TMBEA) +1.645 could be used to predict NC. The intercept= 3.035 illustrates the constant NC amount independent of IIB and TMBEA. The unstandardised b weight means when other variables are controlled, an increase of .053 in TIC is on average associated with a 1.00 increase in NC. Similarly, an increase of .097 in IIB is on average associated with a 1.00 increase in NC. An increase of .193 in TMBEA is on average associated with a 1.00 decrease in NC. The Standard Error is the sampling distribution standard deviation depicting the statistical variability of many samples. Hence, it could be compared to the actual NC to yield a residual value.

The intercept, the standardised regression coefficients (β), displays the relative variable importance. Therefore, one can assume TIC held the strongest predictive value of .148 and TMBEA and IIB had a weaker predictive value of .058 and .036, respectively.

The Standard error of estimates (SEE) demonstrates the standard error of prediction errors, for it measures the prediction accuracy when it estimates the variation of the DV values around the regression line. Thus, it reveals .226 observed NC difference from the values on the regression line. Since the standard deviation of NC of 1.44 is not significantly less the SEE, a good model is not present. However, the mean of NC, 4.70, is greater than 1.96 times the SEE, .051; yielding .059; thus, this portrays a good model.

The Residual Error, which is desired to be low, equaled .356. The multiple correlation coefficient (R) equals .286 demonstrating the correlation between NC and the best linear TIC,

IIB and TMBEA combination. Given the value from one to zero, the researcher can observe a large amount of correlation exists between the IVs.

Sum of Squared Errors (SSE), 1976.866, expresses the variance in the DV for which the regression model does not account, equal to the residual. Remaining unchanged, Total Sum of Squares (SST), 2025.009, exhibits the total amount of variation IVs explains. Sum of Squares Regression (SSR), 48.143, demonstrated the DV explanation improvement attributable to the IVs.

All Variance Inflation Factors (VIF), measuring how much multicollinearity problems inflate the regression coefficients variance, were less than 10 (TIC = 1.188, IIB = 2.062, TMBEA = 2.083). Since the VIF measures are greater than one, displaying some association between predictor variables exists, but the low values are insufficient to generate concerns. Moreover, tolerances, or the variance amount in an independent variable other IVs cannot explain, were all above .1 (TIC = .842, IIB = .485, TMBEA = .480). Since the other variables do not explain a significant amount of particular independent variable variance, no problem with multicollinearity seems to exist.

Therefore, the most significant impact of leadership style on NC was TIC, depending on the Beta value, while the lowest was IIB. This finding remains consistent with recent empirical experts claiming transformational leadership has a higher effect on NC than transactional leadership. Also, NC is more robust among employees whose leaders allow them to participate in decision making and who treat them with consideration and fairness. These characteristics, like individual attention, coincide with transformational leadership. (CLINEBELL ET AL., 2013).

The significant ($p< 0.05$) model yielded a low R^2 (.082). Multicollinearity diagnostics were fell within the acceptable range (.48 to .84). See Table 4.30. The model displayed a significant relationship between normative commitment and TIC and an insignificant relationship with other independent factors. The coefficient of determination ($R^2 = 0.082$) portrayed the IVs explained 8.2% of the variation in NC. Transformational individual consideration was the only predictor of normative commitment, and it did significantly predict the value of normative commitment (Beta =.110, t (1028) = 2.996, P <.05).

Consequently, the more significant of leadership styles impact on normative commitment is (transformational individual consideration), with (11%), This demonstrates 11% of the positive impact of normative commitment comes from this leadership style.

According to RAMACHANDRAN, and KRISHNAN (2009), displaying follower admiration and self-assurance, transformational leaders can foster follower trust and loyalty, speaking followers to identify with the leader and the organisation. As a result, followers trust in and emotionally identify with the leader to the point they stay with the company even during challenging circumstances.

Leadership Styles and Continuous Commitment

Multiple Regression was performed to determine whether leadership style statistically significantly ($p < .05$) predicted CC. No outliers were identified. The table showed the correlations between variables, the standardised coefficients (β), the R^2, and adjusted R^2. The regression was statistically, significantly different from zero, $F (3, 1025) = 9.864$, $p<.05$, $R^2=.204$ (.199 adjusted), demonstrated a positive, significant relationship between AF and TIC and TMBEA predicted 12.9% of the CC variability. Based on the standardised regression and t scores, it would appear TIC depicts the strongest predictor of CC. While regression does not prove causal relations of the predictors on DV, it does reveal causal relations intuitive likelihood.

After examining the regression model, a little further, multiple regression was used to predict variable value based on two or more other variable value. The DV, CC, represents the criterion variable while the IVs, TIC, IIB, and TMBEA, signify the predictor variables. Multiple Regression performs best when each IV is strongly correlated with the DV but not with other IVs. The correlation matrix depicted TIC, IIB, and TMBEA correlation to CC, but not too much with the other DVs.

Multiple Regression produces a linear equation model identifying the best weighted IV combination to predict DV optimally, discovering the best fit.

The unstandardised coefficients (β) demonstrates the predictive correlation between variables; Thus, the variate best reflecting the best linear combination of the entire variable set best achieving the statistical objective is CC'=.398(TIC) +.066 (IIB) +.028 (TMBEA) +2.022 could be used to predict AF. The intercept= 2.022 illustrates the constant CC amount independent of IIB and TMBEA. The unstandardised b weight means when other variables are controlled, an increase of .398 in TIC is, on average, associated with a 1.00 increase in CC. Similarly, an increase of .066 in IIB is, on average, associated with a 1.00 increase in CC. An increase of .028 in TMBEA is, on average, associated with a 1.00 decrease in CC. The Standard Error is

the sampling distribution standard deviation depicting the statistical variability of many samples. Hence, it could be compared to the actual CC to yield a residual value.

The intercept, the standardised regression coefficients (β), displays the relative variable importance. Therefore, one can assume TIC held the strongest predictive value of .398 and TMBEA and IIB had a weaker predictive value of .066 and .028, respectively.

The Standard error of estimates (SEE) demonstrates the standard error of prediction errors, for it measures the prediction accuracy when it estimates the variation of the DV values around the regression line. Thus, it reveals a .261 observed CC difference from the values on the regression line. Since the standard deviation of CC of .751 is not significantly less than the SEE, a good model is not present. However, the mean of CC, 3.74, is greater than 1.96 times the SEE, .063; yielding .068; thus, this portrays a good model.

The Residual Error, which is desired to be low, equaled .812. The multiple correlation coefficient (R) equals .452 demonstrating the correlation between CC and the best linear TIC, IIB and TMBEA combination. Given the value from one to zero, the researcher can observe a large amount of correlation exists between the IVs.

Sum of Squared Errors (SSE), 1477.239, expresses the variance in the DV for which the regression model does not account, equal to the residual. Remaining unchanged, Total Sum of Squares (SST), 1519.886, exhibits the total amount of variation IVs explains. Sum of Squares Regression (SSR), 42.647, demonstrated the DV explanation improvement attributable to the IVs.

All Variance Inflation Factors (VIF), measuring how much multicollinearity problems inflate the regression coefficients variance, were less than 10 (TIC = 1.188, IIB = 2.062, TMBEA = 2.083). Since the VIF measures are greater than one, displaying some association between predictor variables exists, but the low values are insufficient to generate concerns. Moreover, tolerances, or the variance amount in an independent variable other IVs cannot explain, were all above .1 (TIC = .842, IIB = .485, TMBEA = .480). Since the other variables do not explain a significant amount of particular independent variable variance, no problem with multicollinearity seems to exist.

The coefficient of determination R^2 = 0.204, portraying the IV (transformational individual consideration, idealised influence) explained 20.4% of the variation in continuous commitment. The F value of regression model equaled 9.864 ($p < 0.5$), indicating the model is valid.

Transformational individual consideration depicted the first predictor of continuous commitment, and it did significantly predict continuous commitment (Beta =.398, t (1028) = 11.670, p<0.5). Idealised influence reflected the second predictor of continuous commitment and it significantly predicted continuous commitment (Beta =.066, t (1028) = 2.138, P<0.05).

Therefore, the most significant impact of leadership style on CC was TIC, depending on the Beta value, while the lowest was IIB. These findings remained consistent with XENIKOU (2019). This finding remains consistent with recent empirical experts claiming transformational leadership has a higher effect on affective commitment than transactional leadership. Also, CC remains more robust amid workers whose leaders let them to join in decisions and treat them with reflection and equity. These features, like individual attention, coincide with transformational leadership.

Transformational leadership, especially individual consideration and idealised influence, deals with changing employee perceptions and beliefs. Moreover, it augments worker institutional commitment. Thus, it yields a significant direct relationship with OCOM, uncovering a relationship between transformational leadership and OCOM (continuous dedication, perceived sacrifice and few alternatives commitments) (NARULA, 2019).

The findings indicated the first research question revealing a relationship between leadership styles and OC in the Qatari PHCC, supporting Hypothesis 1.

Leadership styles (TIC, IIB, TMBEA) predicted OC dimensions (OCA, OCM, OCIn). Hence, it can be assumed leadership style can predict OC as OCA, OCM, and OCIn define it.

4.6.3. Leadership Styles and Employee Job Satisfaction

Multiple Regression was employed to test the third hypothesis trying to determine whether a leadership statistically and significantly ($p < .05$) can predict EJS. No outliers were identified. The table showed the correlations between variables, the standardised coefficients (β), R^2, and adjusted R^2. The regression was statistically, significantly different from zero, F (3,1025) = 14.530, p <. .05, with R^2= .201 (.196 adjusted), indicated leadership style predicted 20.1% of the EJS variability. Based on the standardised regression and t scores, it would appear TMBEA positively affected EJS, but TIC and IIB did not significantly influence EJS. While regression does not prove causal relations of the predictors on DV, it does reveal causal relations intuitive likelihood. Consequently, enhancing IV1, IV2, and IV3 can perhaps improve the DV.

Multicollinearity diagnostics were assessed and were within an acceptable range (.48 to .84). The collinearity suggested the variable possessed little uniqueness revealing an area for concern. TIC and IIB demonstrating a high correlation less than .001 and TIC and TMBEA yielded a moderate correlation less than .001. These values may illustrate an area of concern since good predictors are those that do overlaps the other variables too much.

The unstandardised coefficients (β) demonstrates the predictive correlation between variables; thus, the variate best reflecting the best linear combination of the entire variable set best achieving the statistical objective is EJS '==.016(TIC) +.043 (IIB) .152 (TMBEA) +2.041 could be used to predict job satisfaction. The intercept= 2.041 illustrates the constant EJS amount independent of leadership style. The unstandardised b weight means when other variables are controlled, an increase of .416 in leadership style is on average associated with a 1.00 increase in EJS. The Standard Error represents the sampling distribution standard deviation depicting the statistical variability of many samples. Hence, it could be compared to the actual EJS to yield a residual value.

The intercept, the standardised regression coefficients (β), displays the relative variable importance. Therefore, one can assume TMBEA held the strongest predictive value of .152 and IIB, and TIC had a weaker, insignificant predictive values of .043 and .016, respectively.

All Variance Inflation Factors (VIF), measuring how much multicollinearity problems inflate the regression coefficients variance, were less than 10. Since the VIF (2.083) measure was greater than one, displaying some association between predictor variables exists, but the low values are insufficient to generate concerns. Moreover, tolerance (.480) or the variance amount in an independent variable other IVs cannot explain, were all above .1. Since the other variables do not explain a significant amount of particular IV variance, no problem with multicollinearity seems to exist.

TMBEA was the only predictor of EJS based on the statistically significant ($p<0.05$) t and beta, 3.776 and 0.152, respectively. One element of leadership style, TMBEA, demonstrated a weak effect on EJS. 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 between TMBEA and EJS may imply either the leaders poorly practice TMBEA, or a moderating variable, like failure to achieve company goals, exists (LING ET AL., 2011). Leadership styles (TIC, IIB, TMBEA) predicted EJS.

4.7. Multiple Moderated Regression

To test the third hypothesis related to moderation, Moderated Multiple Regression Analysis (MMR) was conducted using SPSS 23. The MMR included the PROCESS Procedure HAYES (2018). For this purpose, the special add-on Macros was installed in the SPSS program, as this helped analyze the interaction effects.

4.7.1. Dependent variable: Organisational Commitment

The third hypothesis postulates "A moderating effect of organisational culture on the relationship between leadership styles and organisational commitment exists**."**

In this part of the study, the dimensions of OCOM will be examined separately

A. The First Dimension of Orgaisational Culture (Mission) OCOM

Moreover, the mission dimension of organization culture didn't moderate role in Transactional leadership (Management by exception Active) and Affective organizational commitment relationship.

Figure 4.1. *Interaction Effect between Transformational Individualised Consideration and Organisational Mission on Affective Commitment*

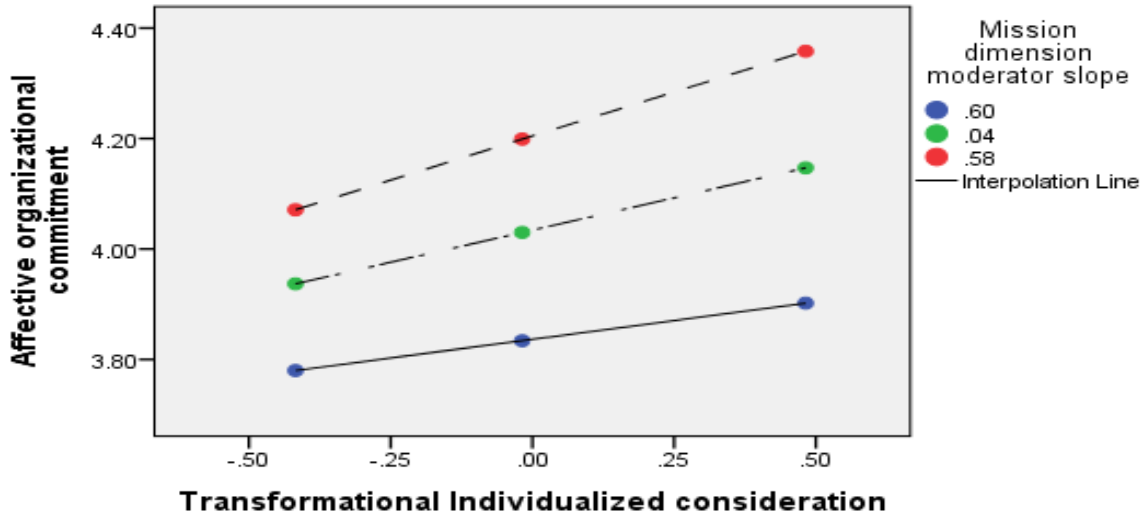


Table 4.24. shows the result of MMR of all moderator roles of OC dimensions on the relationship between leadership styles and OCOM.

Organisational Mission:

MMR will test each leadership styles (independent variable) separately with OC moderator variable) on AF (dependent variable).

- **Transformational Individualised Consideration**

The independent variable TIC and moderator variable OCM were entered have $R^2 = .063$, $F(3,1025) = 16.951$, $p < 0.05$ showing both TIC and OCM accounted for a significant amount of variance in AF. Next part of the regression model in the same table demonstrates the interaction term between TIC and OCM was added $\Delta R^2 = .005$, $\Delta F(1,1025) = 7.416$, $p = 0.007$, $b = .155$, $t(1025) = 2.723$, $p < 0.05$, denoting 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. To review the interaction effect further, the significant interactions were plotted. The interactions are plotted in fig. (Appendix 3) and it displays a positive relationship between TIC and AF was more robust when the OCM remained high. This result portrays in the context of OCM if the organisation has TIC, it will have a more substantial positive impact on the AF.

This result shows that in the context of the Mission dimension of organizational culture if the enterprise will offer Transformational Individualized consideration, it will more substantially and positively impact the Affective commitment.

Also, personnel participation in an institution's missions and visions, and the employee commitments towards a company depict the management strategy crux. Corporate leaders have striven to decipher employee psychology, emotions, and expectations. Hence, catering to workers must foster mutually beneficial results for both employer and employee. This situation enhances employee OCOM, and, in turn, helps the organization realise its goals.

- **Idealised influence**

The first part of MMR illustrates IIB and OCM were entered $R^2 = .068$, $F(3,1025) = 13.127$, $p < 0.05$, indicating both IIB and OCM accounted for a significant amount of variance in AF. The second part of the regression model the interaction term between IIB and OCM was added $\Delta R^2 = .009$, $\Delta F(1,1025) = 2.350$, $p = 0.\ 0.057$, $b = .160$, $t(1025) = 1.533$, $p \geq 0.05$, demonstrating the interaction term (IIB * OCM) did not accounted for a significant proportion of the variance in AF. The mission dimension of organizational culture didn't moderate a role in Transformational leadership (Idealized influence) and Affective organizational commitment relationship.

- **Transactional leadership (Management by exception Active)**

The first part of MMR of TMBEA reveals TMBEA and OCM were entered R^2 = .063, F (3,1025) = 14.851, p < 0.05, showing both TMBEA and OCM accounted for a significant amount of variance in AF. The second part of the regression model the interaction term between TMBEA and OCM was added ΔR^2 = .006, ΔF (1,1025) = 2.913, p = 0.088, b = .077, t (1025) = 1.707, p ≥ 0.05, depicting the interaction term TMBEA * OCM) did not accounted for a significant proportion of the variance in the AF. Moreover, the mission dimension of organization culture didn't moderate role in Transactional leadership (Management by exception Active) and Affective organizational commitment relationship.

Table 4.24. *Moderated Multiple Regression of Mission on Affective Commitment*

Predictor	**AF**			**Sig.**
	B	**R^2**	**ΔR^2**	
TIC	**.229**	**.063**	-------	**0.000***
OCM	**.312**			
TIC× OCM	**.155**	------	**.005**	**0.007***
IIB	**.225**	**.068**	-------	**0.000***
OCM	**.319**			
IIB × OCM	**.160**	------	**.009**	**0.057**
TMBEA	**.171**	**.065**	-------	**0.000***
OCM	**.301**			
TMBEA × OCM	**.077**	------	**.004**	**0.088**

Statistical significance: *p < .05

B. The Second Dimension of Organisational Culture (Involvement) OCIn

The Involvement Dimension of organization culture didn't moderate role in Transactional leadership (Management by exception Active) and Affective organizational commitment relationship.

Table 4.25. presents the results of the moderator role of OCIn on the relationship between leadership styles and AF.

- **Transformational Individualised consideration**

In the intitial regression step, independent variable TIC and moderator variable OCIn was entered R^2 = .080, F (3,1025) = 18.417, p < 0.05 showing both TIC and OCIn account for a

significant amount of variance in AF. The second part of the regression model is the interaction term between TIC and OCIn was added ΔR2 = .009, ΔF (1,1025) = 1.763, p = 0.203, b = .182, t (1025) = 1.053, p ≥ 0.05, signifying the interaction term (TIC * OCIn) did not accounted for a significant proportion of the variance in AF. The Involvement dimension of organization culture didn't moderate a role in Transformational leadership (Idealized influence) and Affective organizational commitment relationship.

- **Idealised influence**

The first part of MMR reveals IIB and OCIn were entered R^2 = .061, F (3,1025) = 14.150, p < 0.05, showing both IIBOCIn accounted for a significant amount of variance in FA. The second part of the regression model the interaction term between IIB and OCIn was added ΔR^2 = .001, ΔF (1,1025) = 0.506, p = 0.477, b = .049, t (1025) = .711, p ≥ 0.05, presenting the interaction term (IIB * OCIn) did not accounted for a significant proportion of the variance in AF. Additionally, OCIn didn not moderator a role in IIB and AF. The Involvement Dimension of organization culture didn't moderate a role in Transformational leadership (Idealized influence) and Affective organizational commitment relationship.

- **Transactional leadership (Management by exception Active)**

The first part of MMR of TMBEA demonstrates TMBES and OCIn were entered R^2 = .071, F (3,1025) = 18.834, p < 0.05, portraying both TMBEA and OCIn accounted for a significant amount of variance in AF. The second part of the regression model the interaction term between TMBEA and OCIn was added ΔR^2 = .001, ΔF (1,1025) = .490, p = 0.484, b = .040, t (1025) = .701, p ≥ 0.05, illustrating the interaction term (TMBEA * OCIn) did not accounted for a significant proportion of the variance in the AF. Hence, The Involvement Dimension of organization culture didn't moderate role in Transactional leadership (Management by exception Active) and Affective organizational commitment relationship.

Table 4.25. *Moderated Multiple Regression of Involvement on Affective Commitment*

Predictor	**AF**			**Sig.**
	B	**R^2**	**ΔR^2**	
TIC	**.222**	**.080**	-------	**0.000***
OCIn	**.339**			

TIC× OCIn	**.182**	------	**.009**	**0.243**
IIB	**.125**	**.061**	-------	**0.000***
OCIn	**.317**			
IIB × OCIn	**.049**	------	**.001**	**0.477**
TMBEA	**.169**	**.071**	-------	**0.000***
OCIn	**.298**			
TMBEA × OCIn	**.040**	------	**.001**	**0.484**

Statistical significance: *p < .05

C. The Third dimension of Orgaisational Culture (Adaptability) OCA

Table 4.26. summarises the results of the moderator role of OCA in the relationship between leadership styles and AF.

- **Transformational Individualised consideration**

In intial regression stage, independent variable TIC and moderator variable OCA were entered R^2 = .075, F (3,1025) = 17.852, p > 0.05, displaying both TIC and OCA accounted for a significant amount of variance in AF. The next step of the regression models the interaction term between TIC and OCA was added ΔR^2 = .001, ΔF (1,1025) = .142, p = 0.707, b = .055, t (1025) = 0.377, p ≥ 0.05, reflecting the interaction term (TIC OCA) did not account for a significant proportion of the variance in AF. Moreover, OCA culture did not play a moderation role in the TIC-AF relationship.

- **Idealised influence**

The first part of MMR shows IIB and OCA were entered R^2 = 0.063, F (3,1025) = 13.464, p < 0.05, demonstrating both these variables accounted for a significant amount of variance in AF. The second part of the regression model the interaction term between IIB and OCIn was added ΔR^2 = .016, ΔF (1,1025) = 1.293, p = 0.256, b = .067, t (1025) = 1.137, p ≥ 0.05, denoting the interaction term (IIB * OCA) did not accounted for a significant proportion of the variance in AF. Therefore, OCA did not moderate IIB and FA. The Adaptability Dimension of organization culture didn't moderate a role in Transformational leadership (Idealized influence) and Affective organizational commitment relationship.

- **Transactional leadership (Management by exception Active)**

Table 4.26 shows TMBEA and OCA were entered $R^2 = .074$, $F(3,1025) = 18.033$, $p < 0.05$, signifying both variables explained a significant amount of variance in AF. The second column of the regression model portrays the interaction term between IV and Moderator variables. Also, TMBEA and OCA was added after interaction between them $\Delta R^2 = .003$, $\Delta F(1,1025) = 1.754$, $p = 0.186$, $b = .063$, $t(1025) = 1.324$, $p > 0.05$, depicting the interaction term (TMBEA * OCA) accounted for an insignificant and small proportion of the variance in AF.

Table 4.26. *Moderated Multiple Regression of Adaptability on Affective Commitment*

Predictor	**AF**			**Sig.**
	B	**R^2**	**ΔR^2**	
TIC	**.245**	**.075**	**------**	**.000***
OCA	**.317**			
TIC× OCA	**.055**	**------**	**.001**	**.707**
IIB	**.123**	**.063**	**------**	**.000***
OCA	**.324**			
IIB× OCA	**.067**	**------**	**1.293**	**.256**
TMBEA	**.178**	**.074**	**-------**	**.000***
OCA	**.312**			
TMBEA × OCA	**.063**	**------**	**.003**	**.186**

Statistical significance: *p < .05

Normative Organisatioal Commitment OCOM

The second part of OCOM entails NC. This study section explored the effect of OC dimensions on the relationship between leadership styles and NC. Also, the MMR table tested each leadership styles (independent variable) separately with OC (moderator variable) on NC (dependent variable).

A. The First dimension of Organizational Culture (Mission) OCM

Table 4.26. outlines the results of the moderator role of OCM in the relationship between leadership styles and NC.

- **Transformational Individualised consideration**

The independent variable, TIC, and moderator variable OCM were entered have $R^2 = .026$, $F(3,1025) = 10.006$, $p < 0.05$. Uncovering both TIC and OCM explained a significant and small amount of variance in NC. Next part of the regression model outlined the interaction term between TIC and OCM was added $\Delta R^2 = .000$, $\Delta F(1,1025) = .219$, $p = .640$, $b = .018$, $t(1025) = .640$, $p > 0.05$, meaning the interaction term (TIC * OCM) equalled zero, and it did not explain a significant proportion of the variance in NC.

- **Idealised influence**

The first part of MMR shows IIB and OCM were entered $R^2 = .022$, $F(3,1025) = 10.268$, $p < 0.05$, displaying both IIB and OCM accounted for a significant amount of variance in NC with 2.2%. The interaction between IIB and OCM was added $\Delta R^2 = .001$, $\Delta F(1,1025) = .984$, $p = 0.$ 0.321, $b = .029$, $t(1025) = .992$, $p \geq 0.05$, portraying the interaction (IIB * OCM) did not account for a significant proportion of the variance in NC. Thus, OCM did not moderate IIB and NC. The mission dimension of organization culture didn't moderate role in Transformational leadership (Idealized influence) and Normative organizational commitment relationship.

- **Transactional leadership (Management by exception Active)**

The first part of MMR of TMBEA illustrates TMBEA and OCM were entered $R^2 = .025$, $F(3,1025) = 8.920$, $p < 0.05$, showing both variables explained small and a significant amount of variance in NC. The second part of the regression model the interaction term between TMBEA and OCM was added $\Delta R^2 = .000$, $\Delta F(1,1025) = 1.247$, $p = 0.264$, $b = .033$, $t(1025) = 1.117$, $p \geq 0.05$, reflecting the interaction (TMBEA * OCM) did not expound a significant proportion of the variance in NC.

Table 4.27. *Moderated Multiple Regression of Mission on Normative Commitment*

Predictor	**NC**			**Sig.**
	B	**R^2**	**ΔR^2**	
TIC	**.131**	**.026**	------	**.000***
OCM	**.158**			
TIC× OCM	**.018**	------	**.000**	**.640**
IIB	**.007**	**.022**	------	**.000***
OCM	**.182**			
IIB × OCM	**.029**	------	**.001**	**.321**
TMBEA	**.060**	**.025**	-------	**.000***
OCM	**.164**			
TMBEA × OCM	**.033**	------	**.000**	**.253**

Statistical significance: *p < .05

B. The Second domination of Organisational Culture (Involvement) OCIn

the Involvement dimension of organization culture didn't moderate role in Transactional leadership (Management by exception Active) and Normative organizational commitment relationship.

Table 4.28. shows the results of the moderator role of OCIn in the relationship between leadership styles and NC.

- **Transformational Individualised consideration**

In the first step of the regression analysis, independent variable TIC and moderator variable OCIn were entered R^2 = .067, F (3,1025) = 16.592, p < 0.05, denoting both TIC and OCIn account for a significant amount of variance in NC. The second part of the regression model is the interaction between TIC and OCIn was added ΔR2 = .003, ΔF (1,1025) = 1.610, p = 0.205, b = .111, t (1025) = 1.269, p ≥ 0.05, presenting the interaction term (TIC * OCIn dimension) did not accounted for a significant proportion of the variance in NC. In other words, the

Involvement dimension of organization culture didn't moderate a role in Transformational leadership (Idealized influence) and Normative organizational commitment relationship.

- **Idealised influence**

The first part of MMR shows IIB and OCIne were entered $R^2 = .071$, $F(3,1025) = 15.130$, $p < 0.05$, displaying both IIB and OCIn accounted for a significant amount of variance in NC. The second part of the regression model the interaction between IIB and OCIn was added $\Delta R^2 = .001$, $\Delta F(1,1025) = 0.459$, $p = .498$, $b = .052$, $t(1025) = .678$, $p \geq 0.05$, portraying the interaction (IIB * OCIn) did not accounted for a significant proportion of the variance in NC.

- **Transactional leadership (Management by exception Active)**

The first part of MMR of TMBEA signifies TMBEA) and OCIn were entered $R^2 = .059$, $F(3,1025) = 14.585$, $p < 0.05$, indicating both TMBEA and OCIn accounted for a significant amount of variance in NC. The second part of the regression model the interaction between TMBEA and OCIn was added $\Delta R^2 = .005$, $\Delta F(1,1025) = 2.993$, $p = 0.084$, $b = .104$, $t(1025) = 1.730$, $p \geq 0.05$, presenting the interaction (TMBEA * OCIn) did not explain a significant proportion of the variance in NC. In other words, the Involvement dimension of organization culture didn't moderate role in Transactional leadership (Management by exception Active) and Normative organizational commitment relationship.

Table 4.28. *Moderated Multiple Regression of Involvement on Normative Commitment*

Predictor	**NC**			**Sig.**
	B	**R^2**	**ΔR^2**	
TIC	**.145**	**.067**	-------	**.000***
OCIn	**.429**			
TIC× OCIn	**.111**	------	**.003**	**.205**
IIB	**.042**	**.071**	-------	**.000**
OCIn	**.432**			
IIB × OCIn	**.052**	------	**.001**	**.498**

TMBEA	**.089**	**.059**	-------	
OCIn	**.431**			
TMBEA × OCIn	**.104**	------	**.005**	**.084**

Statistical significance: *p < .05

C. The Third Dimension of Organisational Culture (Adaptability) OCA

Table 4.29. presents the results of the moderator role of OCA on the relationship between leadership styles and NC.

- **Transformational Individualised consideration**

In the first step of the regression analysis, independent variable TIC and moderator variable OCA was entered R^2 =. 062, F (3,1025) = 11.876, p > 0.05, delineating both variables accounted for a significant and small amount of variance in NC. The next step of the regression models the interaction term between TIC and OCA was added ΔR^2 = .002, ΔF (1,1025) = .805, p = 0.370, b = .086, t (1025) = 0.897, p ≥ 0.05, demonstrating the interaction (TIC * OCA) did not accounted for a significant proportion of the variance in the NC.

- **Idealised influence**

The first part of MMR shows IIB and OCA were entered R^2 = 0.057, F (3,1025) = 8.358, p < 0.05, outlining both variables explained a significant and small amount of variance in NC. The second part of the regression model the IIB and OCIn was added ΔR^2 = .002, ΔF (1,1025) = .519, p = 0.471, b = .068, t (1025) = .721, p ≥ 0.05, reflecting the interaction (IIB * OCA) did not explain a significant proportion of the variance in NC.

- **Transactional leadership (Management by exception Active)**

Table 4.29. portrays TMBEA and OCA were entered R^2 = .069, F (3,1025) = 13.523, p < 0.05, meaning both variables explained a significant but small amount of variance in NC. The regression model shows the interaction between IV and Moderator variables. Also, TMBEA and OCA was added after interaction between them ΔR^2 = .012, ΔF (1,1025) = 5.010, p = 0.025, b = .157, t (1025) = 2.238, p > 0.05, unveiling the interaction (TMBEA * OCA) accounted for a significant and small proportion of the variance in NC. To probe further the interaction effect, the significant interactions were plotted. The interactions were plotted in Figure 4.2. *Interaction Effects TMBEA and the Adaptability on* , and it shows the positive relationship between

TMBEA and NC was more robust when the OCA remained high. In other words, an OCA positively impacts employee loyalty and their affiliation with the company.

Figure 4.2. *Interaction Effects TMBEA and the Adaptability on NC*

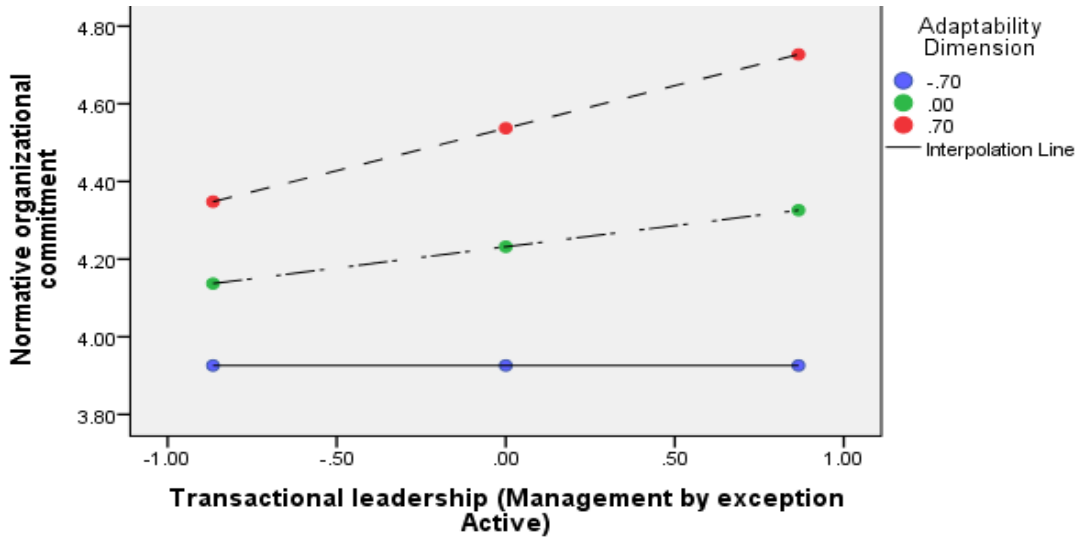


Table 4.29. *Moderated Multiple Regression of Adaptability on Normative Commitment*

Predictor	**NC**			**Sig.**
	B	**R^2**	**ΔR^2**	
TIC	**.162**	**.062**	------	**.000***
OCA	**.410**			
TIC× OCA	**.086**	------	**.002**	**0.897**
IIB	**.042**	**.057**	------	**.000***
OCA	**.417**			
IIB × OCA	**.067**	------	**.002**	**.471**
TMBEA	**.109**	**.069**	-------	**.000***
OCA	**.439**			
TMBEA × OCA	**.157**	------	**.012**	**.025***

Statistical significance: *p < .05

Continuance Commitment

The third part of OCOM engenders CC. This section of the study examined the effect of OC dimensions on the relationship between leadership styles and CC. Also, the MMR table tested each leadership styles (independent variable) separately with OC (moderator variable) on CC (dependent variable).

Table 4.30. presents the results of the moderator role of OCM on the relationship between leadership styles and CC.

A. The First Dimension of Organisational Culture (Mission) OCM

- **Transformational Individualised consideration**

The independent variable TIC and moderator variable OCM was entered have $R^2 = .019$, $F(3,1025) = 9.415$, $p < 0.05$, demonstrating both variables explained a significant and small amount of variance in CC. Next part of the regression model denoted the interaction between TIC and OCM was added $\Delta R^2 = .002$, $\Delta F(1,1025) = 2.689$, $p = .101$, $b = .080$, $t(1025) = 1.640$, $p > 0.05$, meaning that the interaction (TIC * OCM) was almost zero, and it did not explain a significant proportion of the variance in CC.

- **Idealised influence**

The first part of MMR illustrates IIB and OCM were entered $R^2 = .016$, $F(3,1025) = 6.091$, $p < 0.05$, displaying both IIB and OCM accounted for a significant amount of variance in CC (1.6%). The regression model delineating the interaction between IIB and OCM was added $\Delta R^2 = .000$, $\Delta F(1,1025) = .136$, $p = 0.713$, $b = .020$, $t(1025) = .369$, $p \geq 0.05$, unmasking the interaction (IIB * OCM) did not accounted for a significant proportion of the variance in CC. In other words, the mission dimension of organizational culture didn't moderate a role in Transformational leadership (Idealized influence) and Continuance organizational commitment relationship.

- **Transactional leadership (Management by exception Active)**

The first part of MMR of TMBEA signifies TMBEA and OCM were entered $R^2 = .021$, $F(3,1025) = 7.071$, $p < 0.05$, reflecting both variables explained small and a significant amount of variance in CC. The second part of the regression model, the interaction term between TMBEA and OCM was added $\Delta R^2 = .000$, $\Delta F(1,1025) = .052$, $p = .819$, $b = -.009$, $t(1025) = .228$, $p \geq 0.05$, demonstrating the interaction (TMBEA * OCM) did not expound a significant proportion of the variance in CC.

Table 4.30. *Moderated Multiple Regression of Mission on Continuance Commitment*

Predictor	CC			Sig.
	B	R^2	ΔR^2	
TIC	**.138**	**.019**	------	**.000***
OCM	**.128**			
TIC× OCM	**.080**	------	**.002**	**.101**
IIB	**.105**	**.016**	------	**.000***
OCM	**.129**			
IIB × OCM	**-.020**	------	**.000**	**.713**
TMBEA	**.155**	**.021**	-------	**.000***
OCM	**.108**			
TMBEA × OCM	**-.009**	------	**.000**	**.819**

Statistical significance: *p < .05

B. The Second Dimension of Organisational Culture (Involvement) OCIn

The Involvement Dimension of organization culture didn't moderate role in Transactional leadership (Management by exception Active) and Continuance organizational commitment relationship.

Table 4.31. shows the results of the moderator role of OCIn in the relationship between leadership styles and CC.

- **Transformational Individualised Consideration**

In the first step of the regression analysis, independent variable TIC and moderator variable OCIn were entered $R^2 = .043$, $F(3,1025) = 11.773$, $p < 0.05$, showing both variables account for a significant amount of variance in CC. The second part of the regression model represents the interaction between IIB and OCIn was added $\Delta R2 = .001$, $\Delta F(1,1025) = .261$, $p = .609$, $b = .089$, $t(1025) = .511$, $p \geq 0.05$, portraying the interaction (IIB * OCIn) did not accounted for a significant proportion of the variance in CC. In other words, the Involvement Dimension of organization culture didn't moderate role in Transformational leadership (Idealized influence) and Continuance organizational commitment relationship.

- **Idealised influence**

MMR table shows that Transformational leadership (Idealised influence) and the Involvement Dimension of organization culture were entered R^2 = .043, F (3,1025) = 9.991, p < 0.05, reflecting both IIB and OCIn accounted for a significant amount of variance CC. The second part of the regression model the interaction between IIB and OCIn was added ΔR^2 = .000, ΔF (1,1025) = 0.221, p =.638, b = .061, t (1025) = .471, p ≥ 0.05, unmasking the interaction between (IIB* OCIn) did not explain a significant proportion of the variance in CC.

- **Transactional leadership (Management by exception Active)**

The first part of MMR of TMBEA demonstrates TMBEA and OCIn were entered R^2 =.048, F (3,1025) = 12.333, p < 0.05, indicating both TMBEA and OCIn accounted for a significant amount of variance in CC. The second part of the regression model the interaction between TMBEA and OCIn was added ΔR^2 = .003, ΔF (1,1025) = 1.213, p = .271, b = .087, t (1025) = 1.101, p ≥ 0.05, delineating the interaction (TMBEA * OCIn) did not explain a significant proportion of the variance in CC. In other words, The Involvement Dimension of organization culture didn't moderate role in Transactional leadership (Management by exception Active) and Continuance organizational commitment relationship.

Table 4.31. *Moderated Multiple Regression of Involvement on Continuance Commitment*

Predictor	**CC**			**Sig.**
	B	**R^2**	**ΔR^2**	
TIC	**.152**	**.067**	-------	**.000***
OCIn	**.379**			
TIC× OCIn	**.089**	------	**.001**	**.609**
IIB	**.124**	**.043**	-------	**.000***
OCIn	**.373**			
IIB × OCIn	**.061**	------	**.000**	**.638**
TMBEA	**.166**	**.048**	-------	**.000***
OCIn	**.362**			
TMBEA × OCIn	**.087**	------	**.003**	**.271**

Statistical significance: *p < 0.05

C. The Third Dimension of Organisational Culture (Adaptability) OCA

Table 4.32. displays the results of the moderator role of OCA in the relationship between leadership styles and CC.

- **Transformational Individualised consideration**

In the first step of the regression analysis, independent variable "Transformational Individualised consideration" and moderator variable "Adaptability Dimension" of organization culture was entered R2 =. 044, F (3,1025) = 10.079, p > 0.05 showing both variables a significant and small amount of variance in Continuance OCOM. the next step of the regression model is the interaction term between Individualised consideration and adaptability dimension was added ΔR2 = .002, ΔF (1,1025) = .380 p = 0.538, b = .110, t (1025) = 0.616, p ≥ 0.05 which shows that the interaction between (TIC * OCA) didn't accounted for a significant proportion of the variance in the continuance OCOM.

- **Idealised influence**

The first part of MMR reflects IIB and OCA were entered R^2 = 0.043, F (3,1025) = 8.859, p < 0.05, denoting both variables explained a significant and small amount of variance in CC. The second part of the regression model the interaction between IIB and OCIn was added ΔR^2 = .000, ΔF (1,1025) = .616, p = 0.433, b = .090, t (1025) = .785, p ≥ 0.05, presenting the interaction (IIB * OCA) did not explain a significant proportion of the variance in CC.

- **Transactional leadership (Management by exception Active)**

Table 4.32. demonstrates TMBEA and the OCA were entered R^2 = .051, F (3,1025) = 12.740, p < 0.05, meaning both variables explained a significant but small amount of variance in CC. The regression model shows the interaction between IV and Moderator variables. Also, TMBEA and OCA were added after interaction between them ΔR^2 = .006, ΔF (1,1025) = 2.657, p = .103, b = .125, t (1025) = 1.630, p > 0.05, revealing the interaction (TMBEA OCA) did not explain a significant proportion of the variance in CC.

Table 4.32. *Moderated Multiple Regression of Adaptability on Continuance Commitment*

Predictor	**CC**			**Sig.**
	B	**R2**	**ΔR2**	
TIC	.168	.044	------	.000*
OCA	.382			
TIC× OCA	.110	------	.002	.538
IIB	.122	.043	------	.000*

OCA	.377			
IIB × OCA	.090	------	.000	.433
TMBEA	.180	.051	-------	.000*
OCA	.381			
TMBEA × OCA	.125	------	.006	.103

Statistical significance: *p < .05

From the above analysis, the following results should be highlighted.

The principal component analysis, study illuminated

a. Three components (factors) for leadership styles (Transformational Individual Consideration, Transformational Idealised influence, Transactional Management by Exception (active)

b. Three items (factors) for organisational culture (Mission Dimension, Involvement Dimension, Adaptability Dimension)

c. Four elements for organisational performance (EJS, AF, Normative Commitment and Continuous Commitment)

After conducting the multiple regression between dependents and independents variables, the results indicated variables with significant relationships, as displayed in Table 4.33.

Table 4.33. *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

Source: Author's Computation (2019)

Table 4.34. shows the main significant results of moderator multiple regression analysis (MMR).

Table 4.34. *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

Source: Author's Computation (2019)

4.7.2. Dependent variable Employee Job Satisfaction

According to Hypothesis 4, "*A moderating effect of organisational culture on the relationship between leadership styles and employee job satisfaction exists*."

Table 4.35. shows the results of MMR test of all OC dimensions on the relationship between leadership styles and EJS. Also, MMR tables will illustrate the moderate role of each OC dimensions (moderator variable) separately with leadership styles (independent variable) and EJS (dependent variable) as following:

A. The First Dimension of Organisational Culture (Mission) OCM

To study the moderator role of mission dimension in relationship between leadership styles and employee job satisfaction, this section illustrated that relation.

- **Transformational Individual Consideration**

In the first step of the regression, the Independent variable TIC and moderator variable OCM were entered $R^2 = .214$, $F(3,1025) = 39.009$, $p < 0.05$) indicating both TIC and OCM dimension accounted for a significant amount of variance in EJS. In the next step of the regression, the interaction term between TIC and OCM was added $\Delta R^2 = .004$, $\Delta F(1,1025) = 0.175$, $p = 0.676$, $b = .120$, $t(1025) = .418$, $p \geq 0.05$, demonstrating the interaction term between (TIC * OCM) did not account for a significant proportion of the variance in the OC's EJS, and OCM did not play a moderator role in TIC and EJS relationship.

- **Idealised influence**

The first part of MMR shows IIB and OCM were entered $R^2 = .221$, $F(3,1025) = 38.213$, $p < 0.05$ reflecting both IIB and OCM accounted for a significant amount of variance in EJS. The second part of the regression model, the interaction term between IIB and OCM, was added

ΔR^2 = .011, ΔF (1,1025) = 2.817, p = 0.094, b = .154, t (1025) = 1.678, p ≥ 0.05, revealing the interaction term between (IIB * OCOM) did not accounted for a significant proportion of the variance in the EJS. The mission dimension of organizational culture didn't moderate a role in Transformational leadership (Idealized influence) and Employee Job Satisfaction relationship.

- **Transactional leadership (Management by exception Active)**

The first part of MMR of TMBEA portrays TMBEA and OCM were entered R^2 = .222, F (3,1025) = 46.517, p < 0.05, displaying both TMBEA and OCM accounted for a significant amount of variance in EJS. The second part of the regression model, the interaction term between TMBEA and OCM was added ΔR^2 = .014, ΔF (1,1025) = 3.610, p = 0.061, b = .129, t (1025) = 1.708, p ≥ 0.05, revealing the interaction term between (TMBEA * OCM) did not accounted for a significant proportion of the variance in the EJS. OCM did not moderate the TMBEA and EJS relationship.

Table 4.35. *Moderated Multiple Regression of Mission on Employee Job Satisfaction*

Predictor	**EJS**			**Sig.**
	B	**R^2**	**ΔR^2**	
TIC	**.149**	**.214**	-------	**0.000***
OCM	**.570**			
TIC× OCM	**.120**	------	**.004**	**.676**
IIB	**.147**	**.221**	-------	**0.000***
Mission	**.582**			
IIB × OCM	**.154**	------	**.011**	**.094**
TMBEA	**.137**	**.223**	-------	**0.000***
Mission	**.578**			
TMBEA × OCM	**.129**	------	**.014**	**0.061**

Statistical significance: *p < .05

B. The Second Dimension of Organisational Culture (Involvement)

Table 4.36. presents the results of the moderator role of OCIn in the relationship between leadership style and EJS.

- **Transformational Individual Consideration**

In the first step of the regression analysis, independent variable TIC and moderator variable OCIn were entered R^2 = .239, F (3,1025) = 2.523, (p > 0.05), illustrating both TIC and OCIn did not account for a significant amount of variance in EJS. Therefore, the interaction term

between TIC * OCIn did not influence EJS because the TIC and OCIn did not account for a significant amount of variance in EJS.

- **Idealised influence**

The first part of MMR shows IIB and OCIn were entered $R^2 = .244$, $F(3,1025) = 62.003$, $p < 0.05$, showing both IIB and OCIn accounted for a significant amount of variance in EJS. the second part of the regression model the interaction term between IIB and OCIn was added $\Delta R^2 = .007$, $\Delta F(1,1025) = 1.363$, $p = 0.243$, $b = .121$, $t(1025) = 1.167$, $p \geq 0.05$, signifying the interaction term between IIB*OCIn did not account for a significant proportion of the variance in the EJS. OCIn did not moderate the IIB and EJS relationship.

- **Transactional leadership (Management by exception Active)**

The first part of MMR of TMBEA shows TMBEA and OCIn were entered $R^2 = .247$, $F(3,1025) = 75.314$, $p < 0.05$, displaying both TMBEA and OCIn accounted for a significant amount of variance in EJS. The second part of the regression model the interaction term between TMBEA and OCIn was added $\Delta R^2 = .010$, $\Delta F(1,1025) = 3.339$, $p = 0.068$, $b = .120$, $t(1025) = 1.827$, $p \geq 0.05$, revealing the interaction term between TMBEA did not accounted for a significant proportion of the variance in the EJS. OCIn did not moderate the TMBEA and EJS.

Table 4.36. *Moderated Multiple Regression of Involvement on Employee Job Satisfaction*

Predictor	**EJS**			**Sig.**
	B	**R^2**	**ΔR^2**	
TIC	**.083**	**.239**	-------	**0.723**
OCIn	**.662**			
TIC× OCIn	-----	------	---	----
IIB	**.074**	**.244**	-------	**0.000***
OCIn	**.679**			
IIB × OCIn	**.121**	------	**.007**	**0.243**
TMBEA	**.100**	**.247**	-------	**0.000***
OCIn	**.667**			
TMBEA × OCnI	**.120**	------	**.010**	**.061**

Statistical significance: *p < .05

C. The Third Dimension of Organisational Culture (Adaptability) OCA

Table 4.37. shows the results of the moderator role of OCA in the relationship between leadership styles and EJS.

- **Transformational Individual Consideration**

In the first step of the regression, the independent variable TIC and moderator variable OCA were entered $R^2 = .169$, $F(3,1025) = 27.288$, $p > 0.05$, showing both TIC and OCA accounted for a significant amount of variance in EJS. The next step of the regression models the interaction term between TIC and OCA was added $\Delta R^2 = .014$, $\Delta F(1,1025) = .2.221$, $p = 0.136$, $b = .155$, $t(1025) = 1.490$, $p \geq 0.05$, indicating the interaction term between TIC and OCA did not account for a significant proportion of the variance in the EJS. OCA did not play a moderation role in TIC and EJS relationship.

- **Idealised influence**

The first part of MMR shows IIB and OCA were entered $R^2 = .168$, $F(3,1025) = 19.649$, $p < 0.05$, portraying both IIB and OCA accounted for a significant amount of variance in EJS. the second part of the regression model the interaction term between IIB and OCI was added $\Delta R^2 = .016$, $\Delta F(1,1025) = 3.305$, $p = 0.069$, $b = .155$, $t(1025) = 1.818$, $p \geq 0.05$, signifying the interaction term between IIB*OCA did not account for a significant proportion of the variance in EJS. OCA did not moderate the IIB-EJS relationship.

- **Transactional leadership (Management by exception Active)**

The first part of MMR of TMBEA revealed TMBEA and OCA were entered $R^2 = .179$, $F(3,1025) = 26.512$, $p < 0.05$, showing both TMBEA and OCA accounted for a significant amount of variance in EJS. The second part of the regression model, the interaction term between TMBEA and OCA was added $\Delta R^2 = .023$, $\Delta F(1,1025) = 7.569$, $p = 0.006$, $b = .143$, $t(1025) = 2.751$, $p \leq 0.05$ which shows that 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.

To probe further the interaction effect, the significant interactions were plotted. The interactions are plotted in

Figure 4.3. and it shows that the positive relationship between TMBEA and EJS was more robust when the OCA remained high.

This result shows in the context of OCA if the organization has TMBEA, it will have a more substantial positive impact on the EJS. The organization must create adaption culture to increase employee satisfaction, but it will be more effective when an organization applied management by exception Active method in leadership.

Figure 4.3. *Interaction between management by exception Active and the adaptability on EJS*

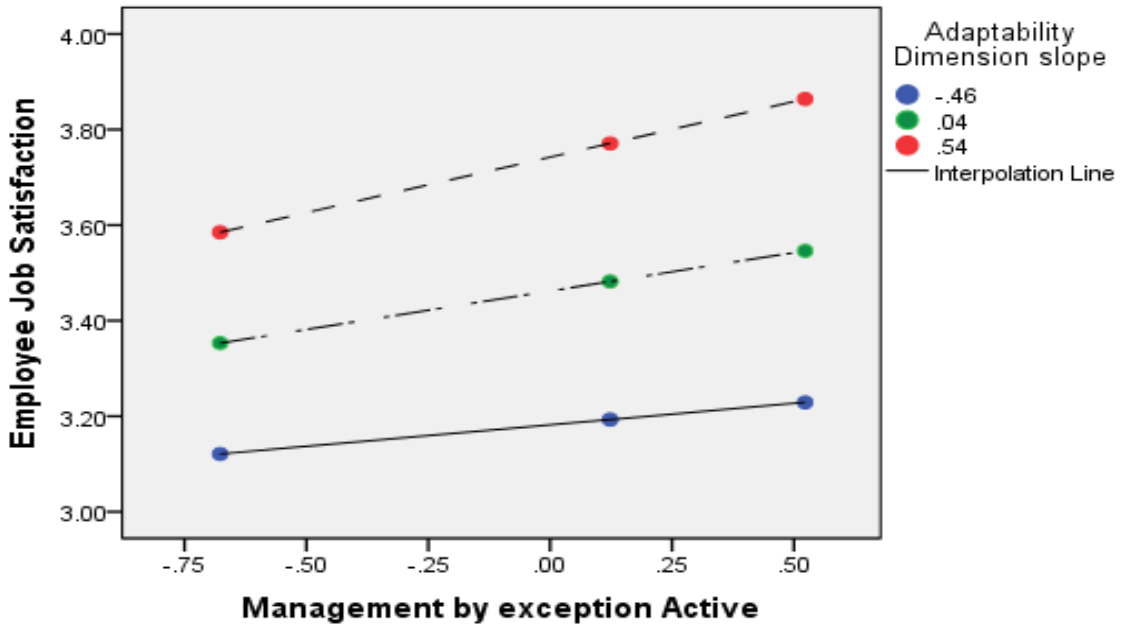


Table 4.37. *Moderated Multiple Regression of Adaptability on Employee Job Satisfaction*

Predictor	**EJS**			**Sig.**
	B	**R^2**	**ΔR^2**	
TIC	**.165**	**.169**	-------	**0.000***
OCA	**.546**			
TIC× OCA	**.155**	------	**.014**	**.136**
IIB	**.104**	**.168**	-------	**0.000***
OCA	**.555**			
IIB × OCA	**.155**	------	**.016**	**0.069**
TMBEA	**.155**	**.179**	-------	**.000***

OCA	**.560**			
TMBEA × OCA	**.143**	**------**	**.023**	**.006***

Statistical significance: *p < .05

5. CONCLUSIONS AND RECOMMENDATIONS

For this study to trace the moderating role of OC in leadership styles and organisational performance relationship upon the Qatari PHCC, 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 and organisational culture as measures through Denison's model (mission, involvement, adaptability) and the relationship between leadership styles and organisational performance (EJS and organisational commitment). Moreover, this research explored the moderating role of organisational culture on the relationship between leadership styles and organisational commitment and the moderating effect of organisational 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.

The findings identified that the strongest statistical relationship identified were between the transformational leadership and organizational culture. Particularly Idealized influence (behaviour) and Individualized Consideration were most significant impact of leadership style on adaptability, mission and involvement. the weakest statistical relationship identified were TEMBA.

Examining the relationship between leadership styles and organisational culture in the PHCC engenders a principal research aims. The findings indicated the three dimensions of organisational culture (adaptability, mission and involvement) have a significant positive impact on leadership style.

The results signified an existing relationship between leadership styles and organisational culture. Hence, the organisational 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 organisational 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 organisational performance (EJS and organisational 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.

One element of leadership style, transactional management by expectation (active), weakly affected employee 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. The relationship between leadership style and employee job satisfaction indicated transactional management by expectation (active) positively affected employee job satisfaction. While 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 TIC and organisational commitment (affective, normative and continuous) in the PHCC. Notably, PHCC managers and leaders demonstrated a high consideration for followers, positively affecting organisational 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 organisational performance in the PHCC in Qatar. Hence, Hypothesis 2: “A relationship exists between leadership styles and organisational performance (EJS and organisational commitment)” was supported.

Additionally, the purpose of this research was to investigate the moderating role of organisational culture on the relationship between leadership styles, employee job satisfaction,

and organisational commitment. Based on the findings, the researcher has concluded regarding Hypothesis 3 as the moderator (organisational culture) tends to increase so does the relationship between leadership styles and employee job satisfaction. A moderating effect of organisational culture on the relationship between leadership styles and organisational commitment exists**.** Organisational culture was introduced as a moderator in the relationship between leadership style and organisational performance in the theoretical framework. The results showed organisational culture significantly moderated leadership and its consequences for the followers. Thus, Hypothesis 3: "A moderating effect of organisational culture on the relationship between leadership styles and organisational commitment" was supported. More specifically, the adaptability dimension of OC moderated role in Transactional leadership (TEMBA) and EJS relationship.

Organisational culture encompassed a crucial variable in the relationship between organisational performance and leadership style. Specifically, the results indicated high organisational culture strengthens the relationship between organisational commitment and employee job satisfaction, for organisational 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 organisational culture and leadership styles, as they influence employee job satisfaction and organisational commitment, uncovering a moderating relationship of the former upon the latter. Scholars have professed organisational 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 organizations grow when institutions adapt to environmental changes, and this result remained consistent with RAMACHANDRAN ET AL., (2009). Additionally, organisational culture, particularly transformational individualised consideration and affective commitment, related to organisational commitment. The 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.

Based on sample opinions, PHCC medical leaders in Qatar have employed various leadership styles transformational (idealised influence behaviour and individual consideration) plus transactional management by expectation (active). The results of this research indicated transformational 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 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) was the least common approach among PHCC leaders.

The healthcare centres with effective organisational 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 OC in the PHCC and Leadership styles were answered. Hence, it can be assumed leadership style can predict organisational culture, for adaptability, mission, and involvement define it.

Consequently, this research unmasked a relationship between leadership styles and organisational culture as measures through Denison's model (mission, involvement, adaptability) and a relationship exists between leadership styles and organisational performance (EJS and organisational commitment). Furthermore, this study unveiled a moderating effect of organisational culture on the relationship between leadership styles and organisational commitment and a moderating role of organisational culture on the relationship between leadership styles and employee job satisfaction exists.

5.1. Recommendations

This research has various implications for healthcare policymakers, leaders and organisational behavior empirical literature. 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 behaviors. The healthcare regulators in Qatar should establish an effective culture where the followers can

communicate freely and actively with the leader. 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.

Additionally, 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.

Furthermore, 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 educations 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.

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.

5.2. Limitations and Future Research

The findings are subject to limitations beyond the researcher control. First, the research conducted within a single healthcare provider network in Qatar, government-managed PHCC. The PHCC depicts a well-established large organization, representing a significant population of Qatari caregivers. Second, the study was limited by sparse literature related to the healthcare leadership in Qatar, the case for most developing countries. Third, the study was also limited by its focus on leadership styles and organisational culture that may directly impact healthcare organisational performance. Fourth, the PHCC as a case study could be expanded to other healthcare providers from the private sector to the public sector. Fifth, the lack of reliable statistical data was challenging and stressful during the research journey. Limited data are available on the healthcare system and the entire population. However, accessing unpublished archival information was not easy to obtain. These constrictions limited the ability to generalize the research findings and recommendations.

6. 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

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 leadership styles of the healthcare system in Qatar, leadership style's impact on EJS 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 synthesized the empirical literature, summarizing 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 contextualized the gaps in previous inquiries, proposing the theoretical models utilized. 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 summarized 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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APPENDIX 1

QUESTIONNAIRE

QUESTIONNAIRE before factor analysis

Dear PHCC employee,

The questions in the survey relate to organizational culture, Leadership Style, Job Satisfaction and organizational performance in the Primary Health Care PHCC. Your responses are highly appreciated, as this questionnaire is a part of the doctoral research study titled "**THE EFFECT OF LEADERSHIP STYLES ON THE ORGANISATIONAL PERFORMANCE AND MODERATING ROLE OF ORGANISATIONAL CULTRE OF THE HEALTHCARE IN THE STATE OF QATAR**

The researcher appreciate your kind cooperation.

There is no right or wrong answer to any question. The researcher is only interested in your personal opinions. The "right" answer to any question is your frank and truthful response.

Best regards,
Shaher Alshamari
Ph.D. Student,

Email:shaherqtr1@gmail.com

Your Answers Will Be Treated with Absolute Confidentiality.

APPENDIX 2

Section A: Profile of Medical Staff

1. **Gender** ☐ Male ☐ Female
2. **Age** ☐ Less than 20 years
   ☐ More than 20 – 30
   ☐ More than 30-40
   ☐ More than 40-50
   ☐ More than 50
3. **Marital Status** ☐ Single ☐ Married ☐ Divorcee ☐ Widow/Widower
4. **Nationality** ☐ Qatari ☐ Non-Qatari (If Non-Qatari, please specify your nationality (_____)
5. **Designation** _____ (Please indicate your designation: e.g. medical doctor)
6. **Working Experience**
   ☐ Less than one year
   ☐ More than 1- 5 years
   ☐ More than 5-10 years
   ☐ More than 10-15 years
   ☐ More than 15-20 years
   ☐ More than 20-25 years
   ☐ More than 25 years
7. **Educational Level**
   ☐ Matric/FA/FSC
   ☐ Bachelors

- ☐ Masters
- ☐ PhD

8. **Monthly Income**

- ☐ QR 25000 or under
- ☐ QR 25,001 – 35,000
- ☐ QR35,001–40,000
- ☐ More than QR 40,000

Section B: Profile of Health Centre

Health Centre Location

- ☐ Northern Region
- ☐ Central Region
- ☐ Western Region

Section C: Leadership Style

Please answer all items by circling the appropriate response on the rating scale from 1 to 5 as given in the boxes below.

(1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree)

Leadership Style Leadership Style was measured using the MLQ. Reference: Bogler, Ronit & Caspi, Avner & Roccas, Sonia. (2013). Transformational and Passive Leadership an Initial Investigation of University Instructors as Leaders in a Virtual Learning Environment. Educational Management Administration & Leadership. 41. 372-392.		1= strongly disagree 2=disagree 3=undecided 4=agree 5= strongly agree				
Items		**SD**	**D**	**N**	**A**	**SA**
1.	I provide PHCC members with assistance in exchange for their efforts					
2.	I re-examine critical assumptions to questions whether they are appropriate					

3.	I fail to interfere until problems become serious					
4.	I focuse my full intention on dealing with mistakes of PHCC members					
5.	I avoid getting involved when important issues arise					
6.	I talk about your most important values and beliefs					
7.	I am absent whenever needed					
8.	I seek differing perspectives when solving issues					
9.	I talk optimistically about the future goals					
10.	I instil pride in followers for being associated with me					
11.	I discuss in specific terms which is responsible for achieving performance target					
12.	I wait for things to go wrong before taking action					
13.	I talk enthusiastically about what needs to be accomplished					
14.	I specify the importance of having a strong sense of purpose					
15.	I spend time to coach PHCC members					
16.	I make clear what PHCC members expect to receive when performance goals got achieved					
17.	I show that I am a firm believer in “if it isn’t broke, don’t fix it.”					
18.	I go beyond self-interest for the good of PHCC members					
19.	I treat PHCC members as individuals rather than just as a an employee					
20.	I demonstrate that issues must become chronic before I take action					
21.	I act in ways that build PHCC members’ respect for me					
22.	I concentrate my full intention on dealing with mistakes, compliments, and failures					
23.	I consider the moral and ethical consequences of decisions					
24.	I keep tracking of all mistakes of PHCC members					
25.	I display a sense of power and confidence					
26.	I explain a compelling version of the future					

27.	I direct my attention toward failures to meet standards					
28.	I avoid making decisions					
29.	I consider each PHCC members as having different needs and abilities					
30.	I get PHCC members to look at problems from different angles					
31.	I help PHCC members to develop their strengths					
32.	I propose diffrent methods of looking at how to complete tasks					
33.	I delay responding to urgent questions					
34.	I emphasise the importance of having a collective sense of mission					
35.	I express the importance of having a collective sense of mission					
36.	I express my satisfaction when an emplyee meet expectations					

Section D: Organisational Culture (Denison Model)

Please answer all items by circling the appropriate response on the rating scale from 1 to 5 **(1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree)**

Organisational Culture Organisational Culture was measured using the Denison model. Reference: Denison, Dan & Janovics, Jay & Young, Joana & Hee, Jae & Cho, (2006). Diagnosing OCs: Validating a model and method.	1= strongly disagree 2=disagree 3=undecided 4=agree 5= strongly agree

Items		**SD**	**D**	**N**	**A**	**SA**
1.	There are long-term purpose and direction.					
2.	The PHCC strategy leads other organizations to change the way they compete in the industry.					
3.	There is a clear mission that gives meaning and direction to our work.					
4.	There is a clear strategy for the future.					
5.	The PHCC strategic direction is unclear to me. (Reversed Scale)					
6.	There is widespread agreement about goals.					
7.	PHCC Leaders set goals that are ambitious and realistic.					
8.	The leadership has "gone on record" about the objectives we are trying to meet.					
9.	We continuously track our progress against our stated goals.					
10.	People understand what needs to be done for us to succeed in the long run					
11.	We have a shared vision of what the PHCC will be like in the future					
12.	PHCC Leaders have a long-term viewpoint.					

13.	Short-term thinking often compromises our long-term vision. (Reversed Scale)					
14.	PHCC vision creates excitement and motivation for our followers.					
15.	We can meet short-term demands without compromising our long-term vision.					
16.	The way things are done is very flexible and easy to change.					
17.	We respond well to competitors and other changes in the business environment.					
18.	New and improved ways to do work are continually adopted.					
19.	Attempts to create change usually meet with resistance. (Reversed Scale)					
20.	Different parts of the organization often cooperate to create change.					
21.	Patients comments and recommendations often lead to changes.					
22.	Patients input directly influences our decisions.					
23.	All members have a deep understanding of customer wants and needs.					
24.	The interests of the Patients often get ignored in our decisions. (Reversed Scale)					
25.	We encourage direct contact with customers of our people.					
26.	We view failure as an opportunity for learning and improvement.					
27.	Innovation and risk-taking are encouraged and rewarded.					
28.	Lots of things "fall between the cracks". (Reversed Scale)					
29.	Learning is an important objective in our day-to-day work.					
30.	We make certain that the "right-hand knows what the left hand is doing".					
31.	Most followers are highly involved in their work.					
32.	Decisions are usually made at the level where the best information is available.			`		
33.	Information is widely shared so that everyone can get the information he or she needs when it's needed.					
34.	Everyone believes that he or she can have a positive impact.					
35.	Business planning is ongoing and involves everyone in the process to some degree.					
36.	Cooperation across different parts of the PHCC is actively encouraged.					
37.	Employees work like they are part of a team.					
38.	Teamwork is used to get work done, rather than hierarchy.					
39.	Teams are our primary building blocks.					
40.	Work is organised, so each person sees the relationship between one's job and organisational goals.					
41.	Authority is delegated so that people can act on their own.					
42.	The "bench strength" (capability of people) is constantly improving.					
43.	There is continuous investment in the skills of employees.					
44.	The capabilities of people are viewed as an important source of competitive advantage.					
45.	Problems often arise because we do not have the skills necessary to do the job. (Reversed Scale)					

Section E: EJS

Please indicate your satisfaction with the health centre/clinic / or PHCC staff by choosing the best response to the questions below.

EJS job satisfaction was measured using the Brief Index of Affective Job Satisfaction (Thompson & Phua, 2012). And BRAYFIELD, and ROTHE'S (1951) JSI	1= strongly disagree 2=disagree 3=undecided 4=agree 5= strongly agree

No	**Items**	**SD**	**D**	**N**	**A**	**SA**
1.	I find real enjoyment in my work					
2.	I like my work better than the average person					
3.	Most days I am enthusiastic about my job					
4.	I feel satisfied with my job					
5.	I consider my job to be rather unpleased [R]					
6.	Each day at workplace seem like it will never end [R]					
7.	I find my work meaningful.					
8.	My work contribution in the PHCC is appreciated.					

Section F: Employee OCOM

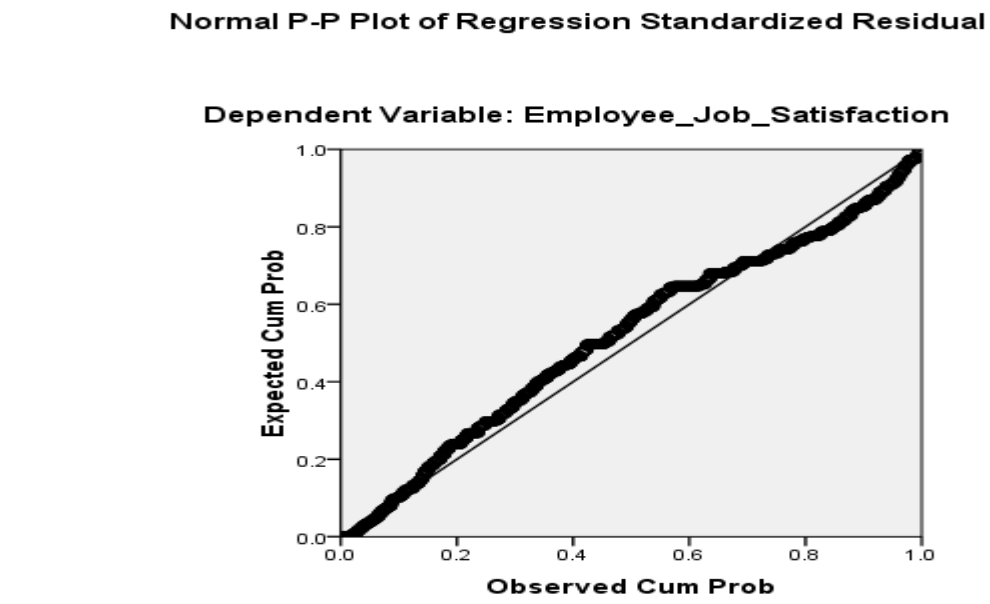
Please circle 1 = strongly disagree, 2= disagree, 3=slightly disagree, 4=undecided,5=slightly agree, 6=agree, 7=strongly agree

OCOM revised scale (Meyer, Allen, & Smith, 1997) The original scale was by Meyer and Allen (1990)	1= strongly disagree 2=disagree 3=slightly disagree 4=undecided 5=slightly agree 6=agree 7= strongly agree

1.	I would be very glad to spend the rest of my career with PHCC.	1	2	3	4	5	6	7
2.	I enjoy discussing my organisation with people outside it.							
3.	I really feel as if PHCC problems are my own.							
4.	I think that I could easily become as attached to another organisation as I am to this.							
5.	I do not feel like 'part of the family' at PHCC. ([R])							

6.	I do not feel 'emotionally attached' to PHCC. (^{R})							
7.	PHCC has a great deal of personal meaning for me.							
8.	I do not feel a strong sense of belonging to my organisation. (R)							
9.	Right now, staying with PHCC is a matter of necessity as much as desire.							
10.	It would be very hard for me to leave PHCC right now, even if I wanted to.							
11.	Too much of my life would be disrupted if I decided I wanted to leave PHCC now.							
12.	I feel that I have less options to consider leaving PHCC.							
13.	If I had not already put so much of myself into PHCC, I might consider working elsewhere.							
14.	One of the few negative consequences of leaving PHCC would be the scarcity of available alternatives.							
15.	I do not feel any obligation to remain with PHCC. (R)							
16.	Even if it were to my advantage, I do not feel it would be right to PHCC.							
17.	I would feel guilty if I left PHCC now.							
18.	PHCC anisation deserves my loyalty.							
19.	I would not leave PHCC right now because I have a sense of obligation to the people in it.							
20.	I owe a great deal to PHCC.							

Appendix 3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Observed Cum Prob
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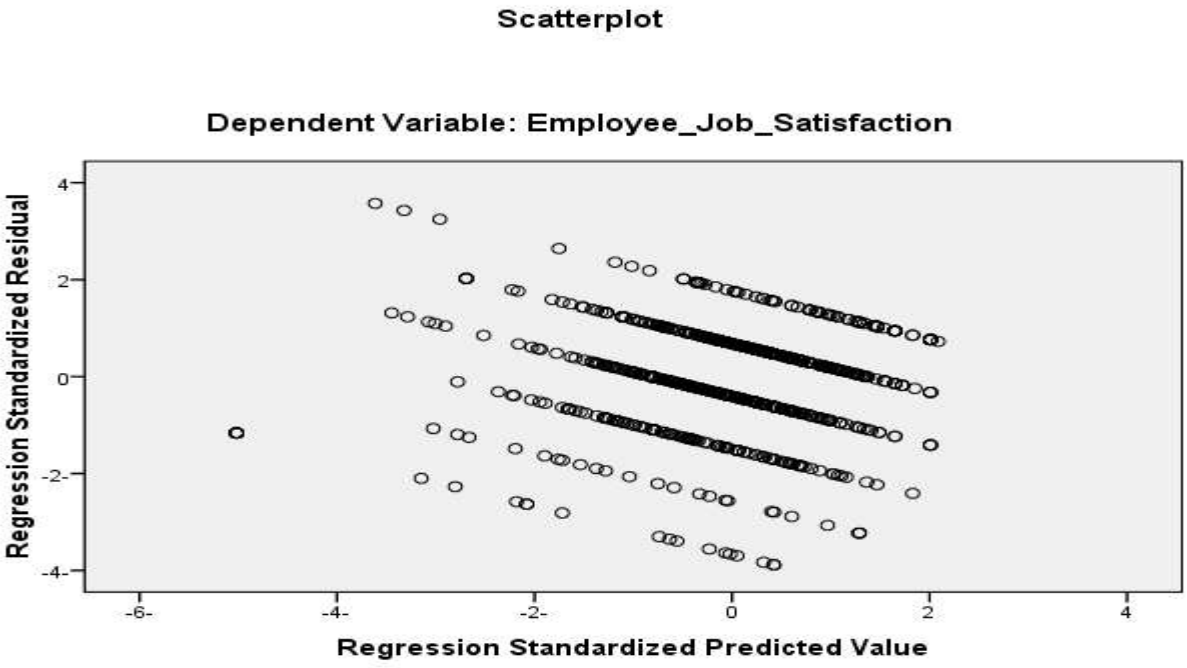
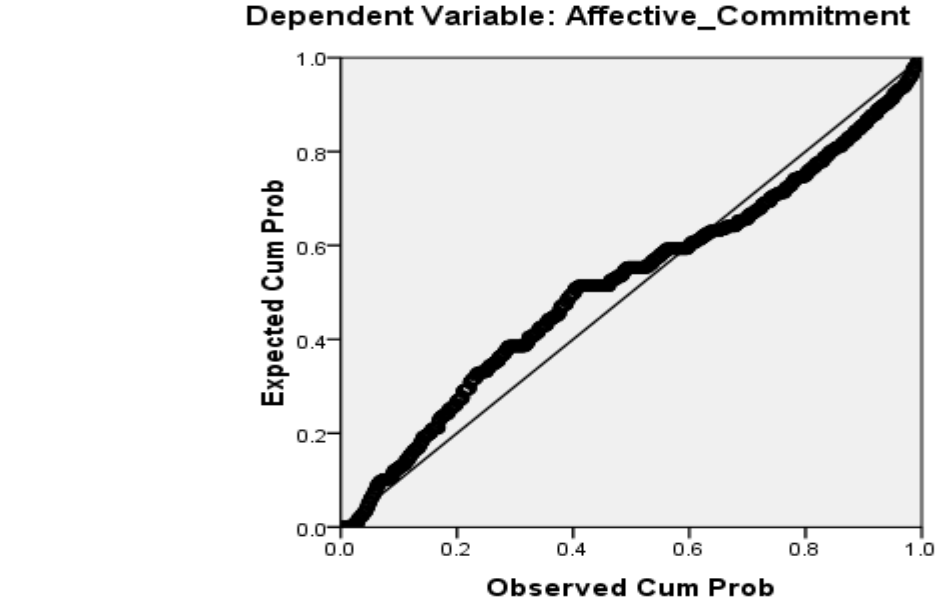
0.2
0.4
0.6
0.8
1.0


Scatterplot
Dependent Variable: Employee_Job_Satisfaction
Regression Standardized Residual
Regression Standardized Predicted Value
4
2
0
-2-
-4-
-6-

Normal P-P Plot of Regression Standardized Residual



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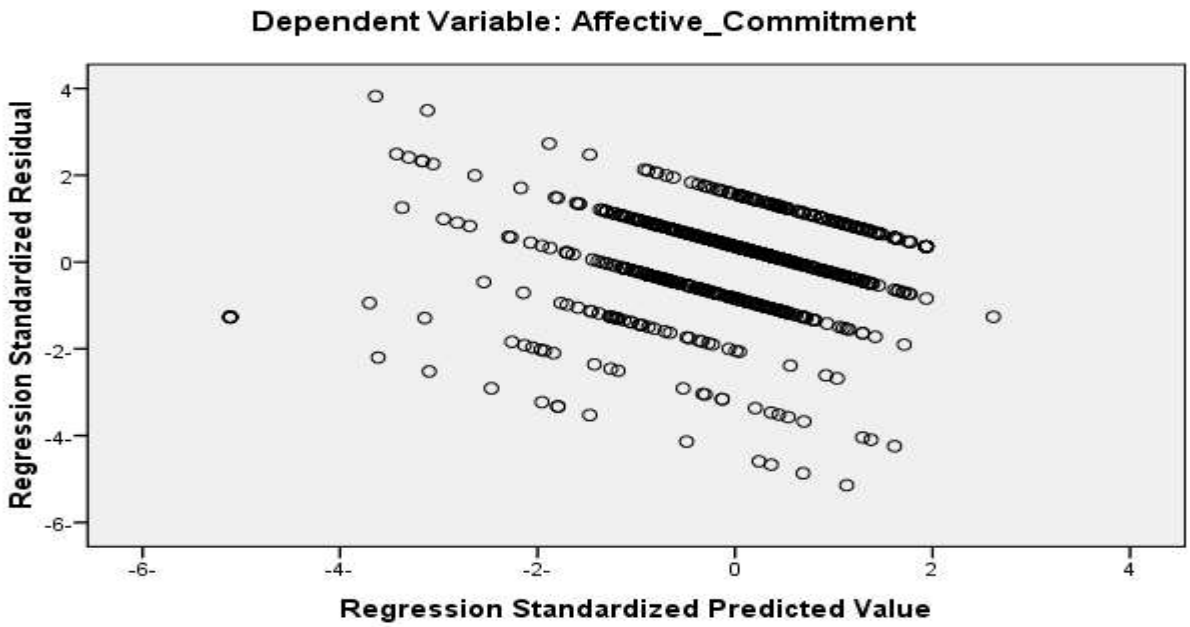

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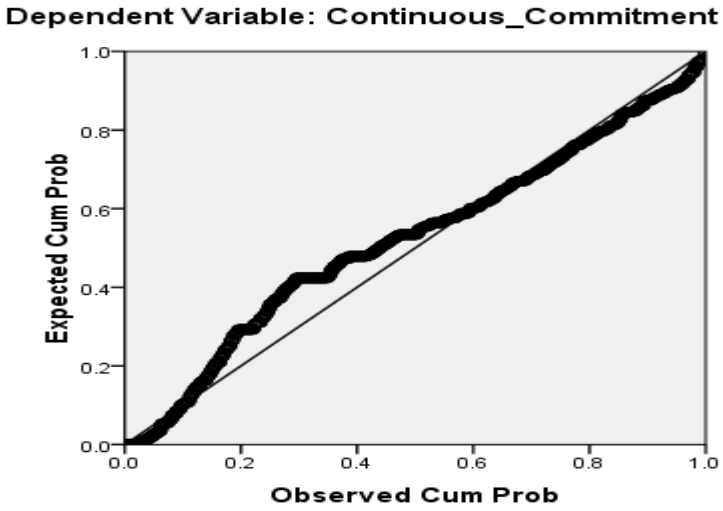

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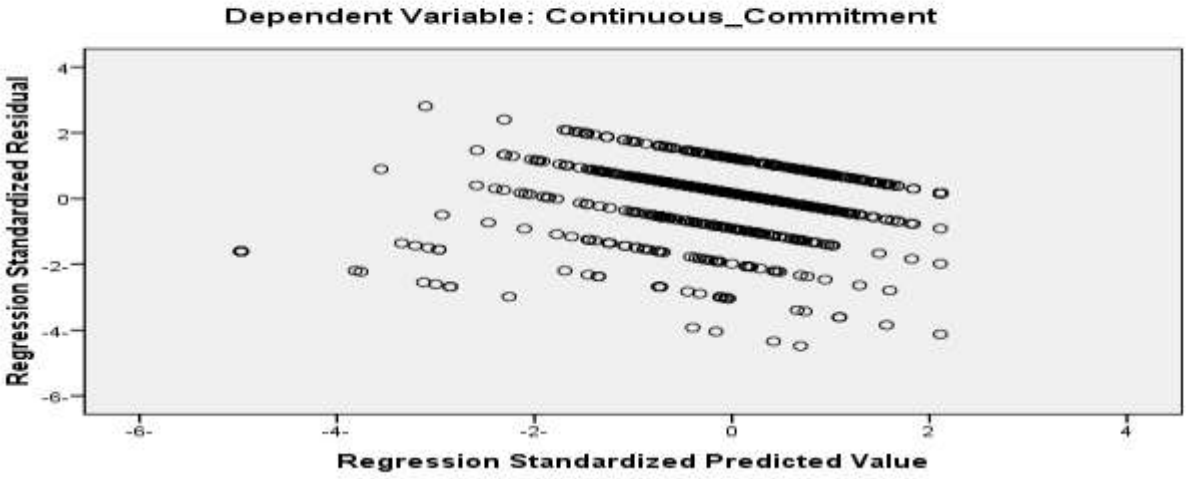

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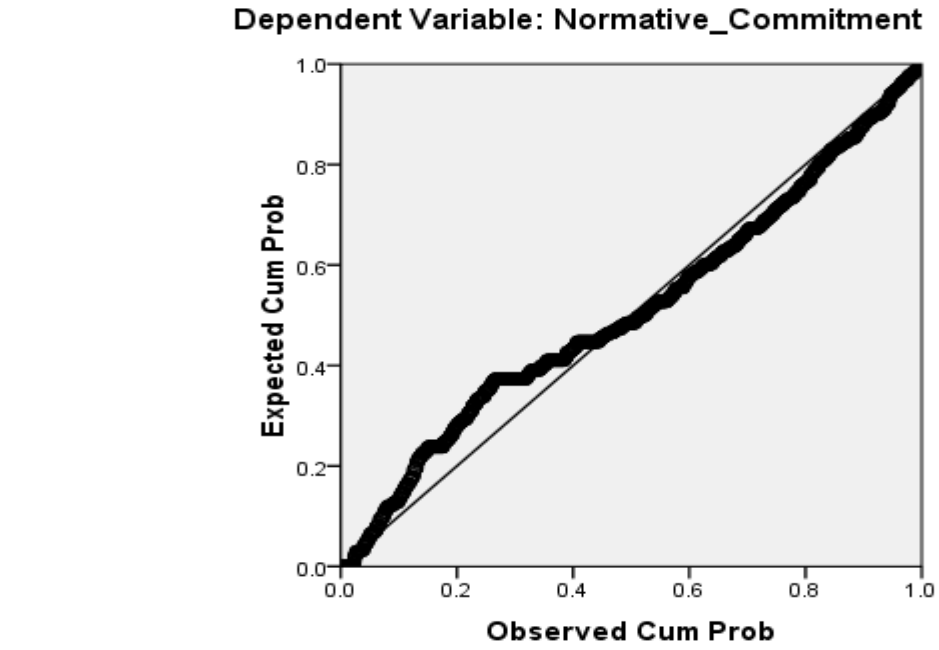

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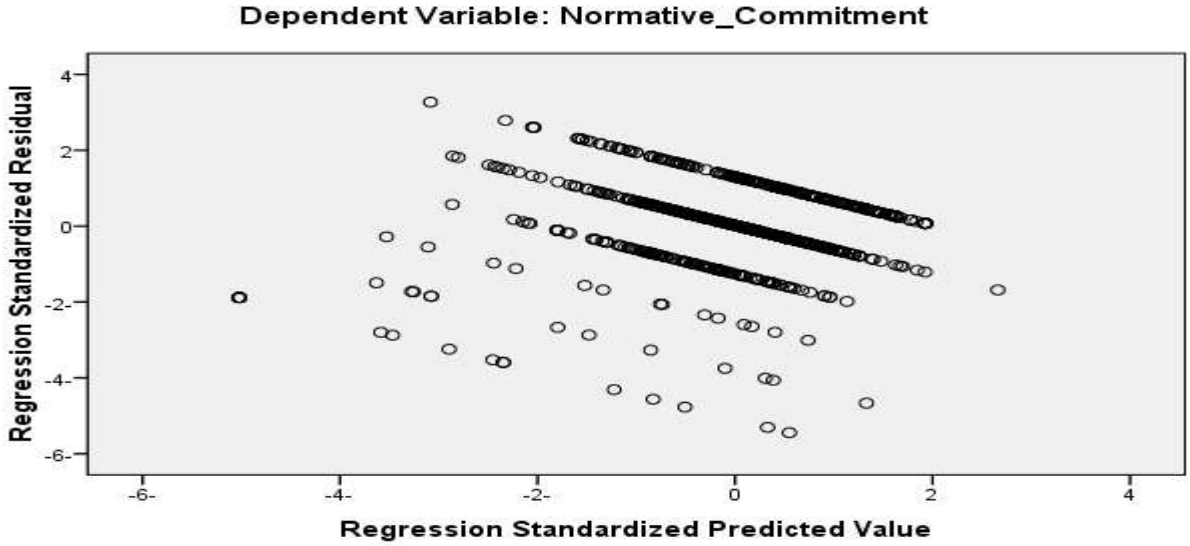

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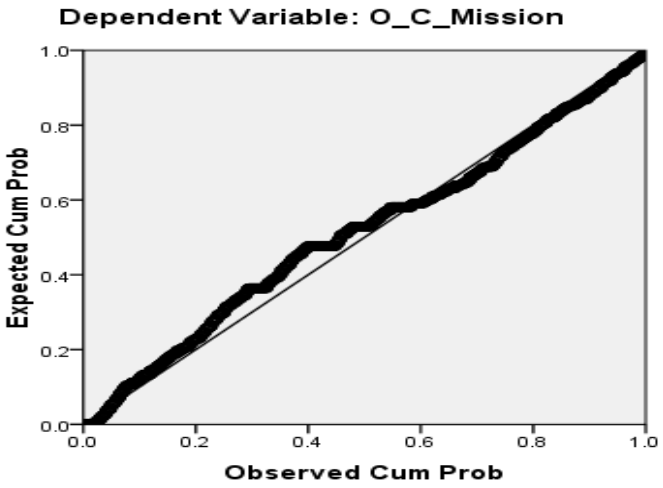

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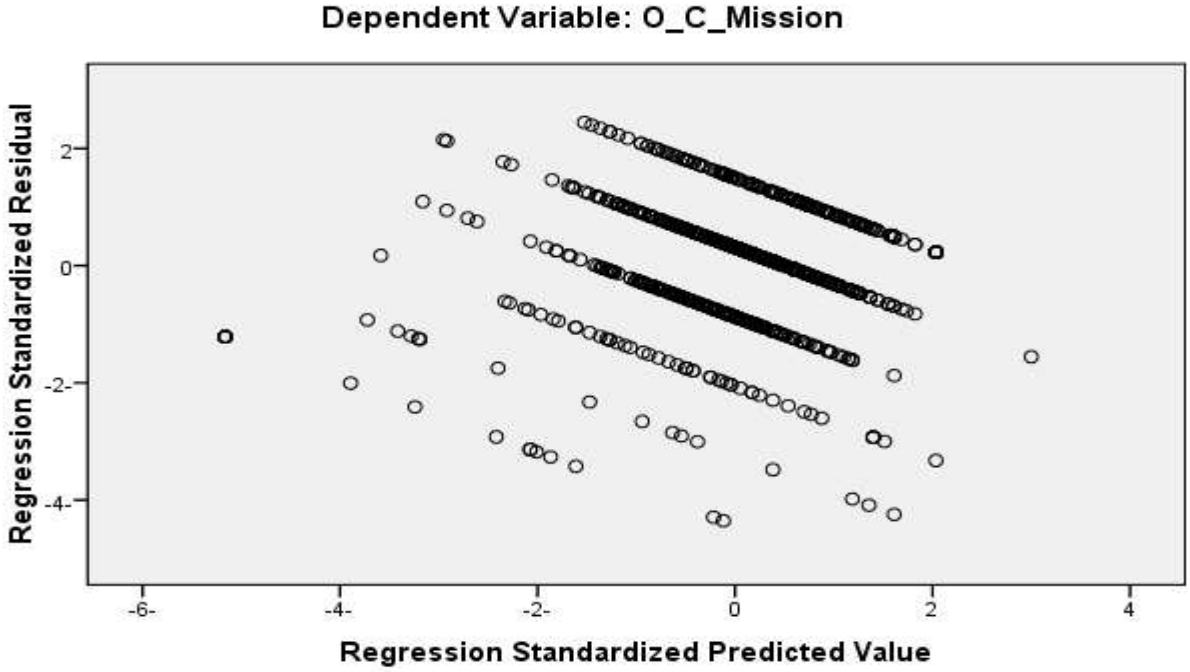

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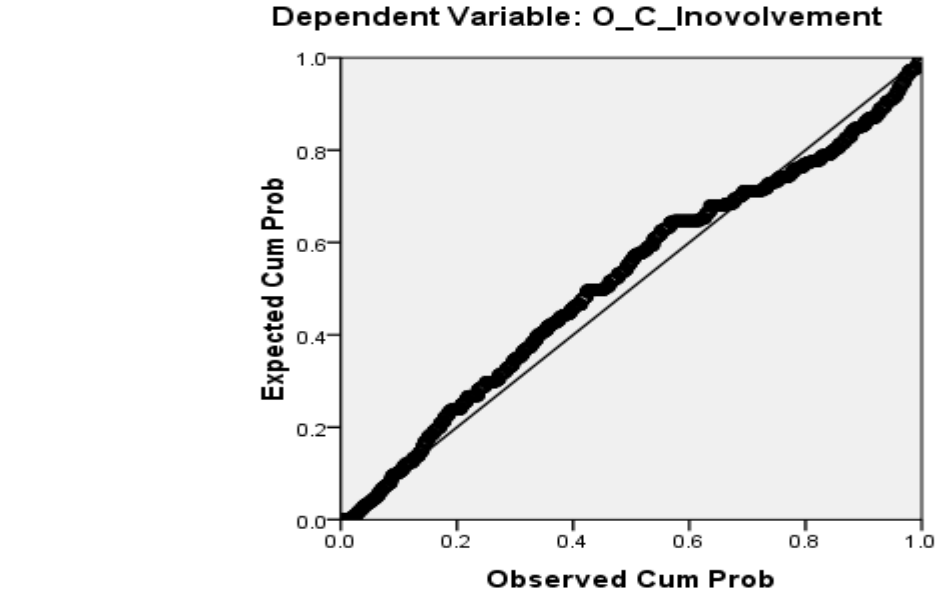

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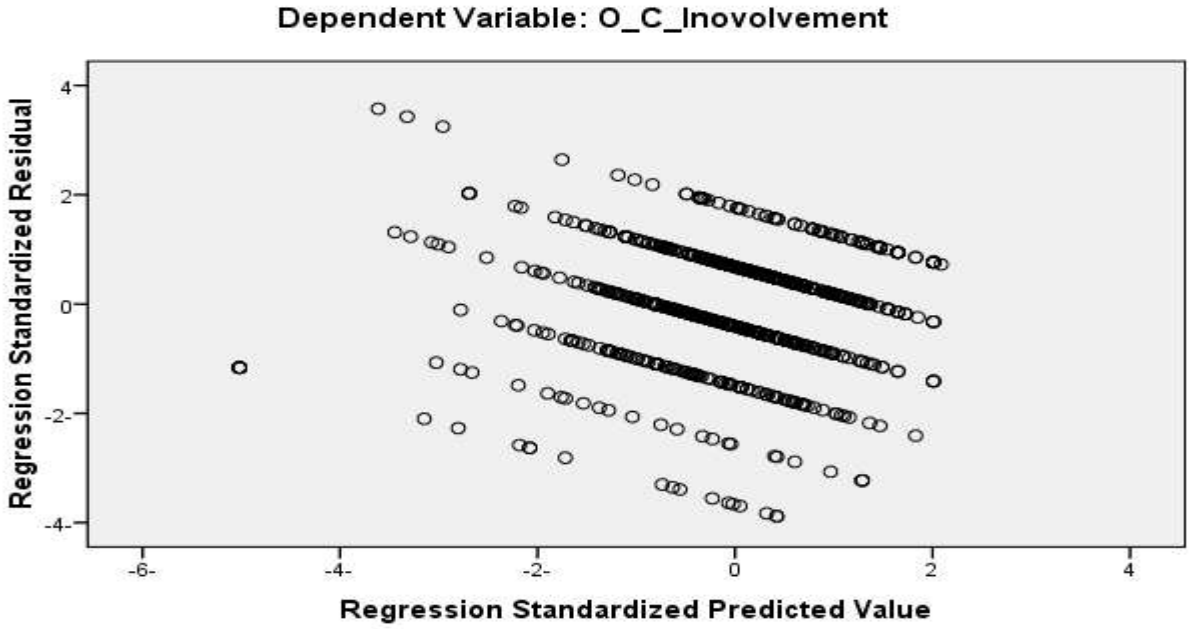

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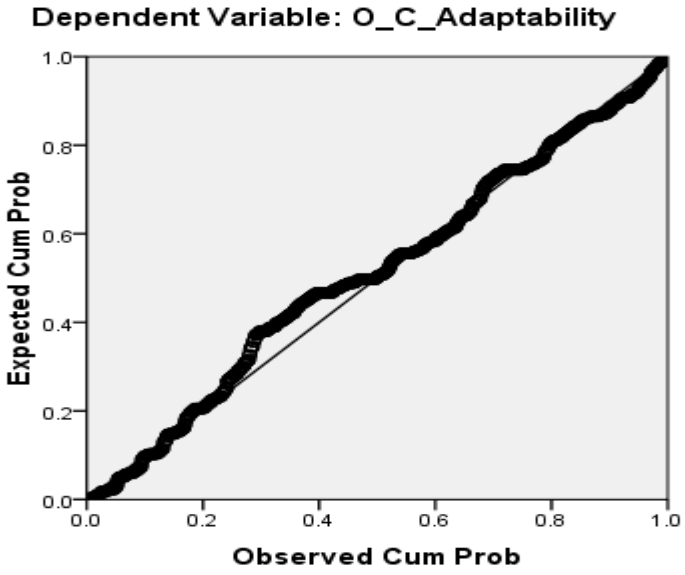

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