

# THE IMPACT OF TRANSFORMATION LEADERSHIP ON IMPROVING QUALITY HEALTH SERVICE IN A HEALTH CENTER LABAN IN RIYADH REGION

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## Abstract

*The quality of health services is one of the basic areas in all services provided by hospitals and health centers, and health institutions need distinguished leaders who can take responsibility to achieve their goals: efficiency and high quality. The presence of conscious administrative leadership that can make optimal use of its resources. This paper aimed to determine the impact of transformational leadership on healthcare quality in Laban Health Center in Riyadh.*

*The result found that among the participants, the most influential results from the Dimensional Transformation Leadership Survey (inspirational motivation) were that 91.6% of respondents believed that their immediate superior makes them feel important in the work they do, the most influential results from the dimension on the quality of healthcare are Survey (Empathy) No. (17), 97% of respondents believe that the nursing staff behaves kindly with accompanying patients. The study aimed to assess the impact of transformational leadership on healthcare quality in Laban Health Center in Riyadh. The study found that the average (dimension of transformational leadership) is (3.95), which is considered a "high level", and this means that the respondents agree that the dimensions of transformational leadership are very high. A mean (dimensions of healthcare) (4.60) is considered 'high', meaning that participants agree.*

**Keywords:** healthcare, health centers, Riyadh, nursing

## INTRODUCTION

The history of healthcare services in Saudi Arabia goes back nearly a century, such as the establishment of the first official medical center in Saudi Arabia dating back to 1925 in Makkah (Al-Harithi, 1999, as cited in Young et al., 2021). The Kingdom also seeks to continue improving the quality of its health services, as it constantly affirms its interest in this sector, in addition to developing other areas of service. According to the Saudi budget report explained by KPMG (2020); The priority in 2021 remains on public healthcare expenditures for 2021. This reflects the Kingdom's efforts at work, especially considering the 2030 vision for inclusion.

Quality of health services is one of the essential areas in all services provided by hospitals and health centers. We find many hospitals and health centers seeking to raise health services to reach service excellence. To achieve this, health organizations need distinguished leaders who can assume responsibility to achieve their goals: efficiency and high quality. The presence of conscious administrative leadership can optimize the use of its resources to raise the level of its performance effectively. This is done by using effective and efficient leadership styles that focus on providing an atmosphere suitable for working conditions and directing and encouraging the behavior of employees. The ability to deal with change effectively requires the impact of adopting a transformational leadership style in the improvement of the quality of health services, specifically in the local health center in Riyadh. Leadership is a communication process between superiors and followers in which leaders attempt to influence followers to achieve a common goal (Yukl, 2008). Transformational and transactional leadership styles predominate over others (Dionne, Yammarino, Atwater, & Spangler, 2004). Employees' personal growth and intrinsic drive are prioritized under transformational.

Employees' ambitions with those of the company. Transformational leadership is more successful when the leader is self-efficient and can lead with emotion and intelligence to achieve great results (Fitzgerald & S. Schutte, 2010). Leadership is transformational. Transformational leadership is defined by Bass (1985) as a relational leadership style in which followers have trust and respect for the leader and are driven to go above and beyond what is formally asked of them to achieve corporate goals. Managers have a critical role to play in matching the needs of the workplace with the resources available (Schaufeli, 2015). It has been shown that nurses' job happiness, work engagement, and psychosocial working environment are all improved by a transformational leadership style, which also lowers the risk of adverse clinical occurrences (MALLOY & PENPRASE, 2010; Salanova et al., 2011; Boamah et al., 2018).

Adopting a transformational leadership style may also help to lessen the variables that contribute to nursing burnout (Lavoie-Tremblay et al., 2015). Retaining existing employees and improving patient care are also possible outcomes. Levy's (2004) Transformational leadership is recommended by the American Institute of Medicine in the creation of ideal working circumstances for nurses, which is crucial to the prevention of accidents and improved patient safety. Therefore, we investigate whether work demands and job resources might explain differences in patient safety culture and overall patient safety views beyond the influence of transformational leadership. Literature review suggests a study for the existence of a research gap in service quality of health care centers and leadership in Saudi Arabia. To fill the research gap,

a health service quality study was undertaken in the effect of Transformational Leadership in Saudi Arabia. The researcher believes that the subject of the study of transformational leadership in terms of concept and dimensions is of a degree of importance to reach an explanation of the requirements for this type of change to serve the objectives of the health sector. This ultimately helps the future visions of improving the role of leadership in enhancing quality healthcare.

**Study Problem:**

Despite the importance of the topic of transformational leadership in achieving many of the visions of the Kingdom of Saudi Arabia 2030 and its impact on the effectiveness of the decision-making process, the Arab studies that dealt with this topic, especially in the health sector, are still few - according to the researcher knowledge - and it was noticed through my work in the sector in, In the health sector, the adoption of transformational leadership style by managers in the health sector remains weak. Through the researcher's work in Laban Health Center, the researcher noticed a request to improve the quality of services provided by the center's employees to patients, and from here came the idea of applying transformational leadership to workers to measure its impact in raising the quality of services provided. The researcher also indicated that there is no fixed measurement or specific criterion that proves that transformational leadership has a role in improving health service in Laban Health Center in Riyadh. The researcher conducted this study to find out the impact of transformational leadership on improving health quality from the point of view of employees.

**Study Importance:**

The most important thing that distinguishes one scientific study from another is the degree of its importance and scientific value, as well as the addition that can be made in the field of Scientific research, and the importance of this study lies in the fact that it combines two very important variables at the present time, namely, transformational leadership that it has received and continues to receive great attention from scholars and researcher in the field of management, as well as the quality of health service, which is a means It is important to reach the competitiveness of institutions.

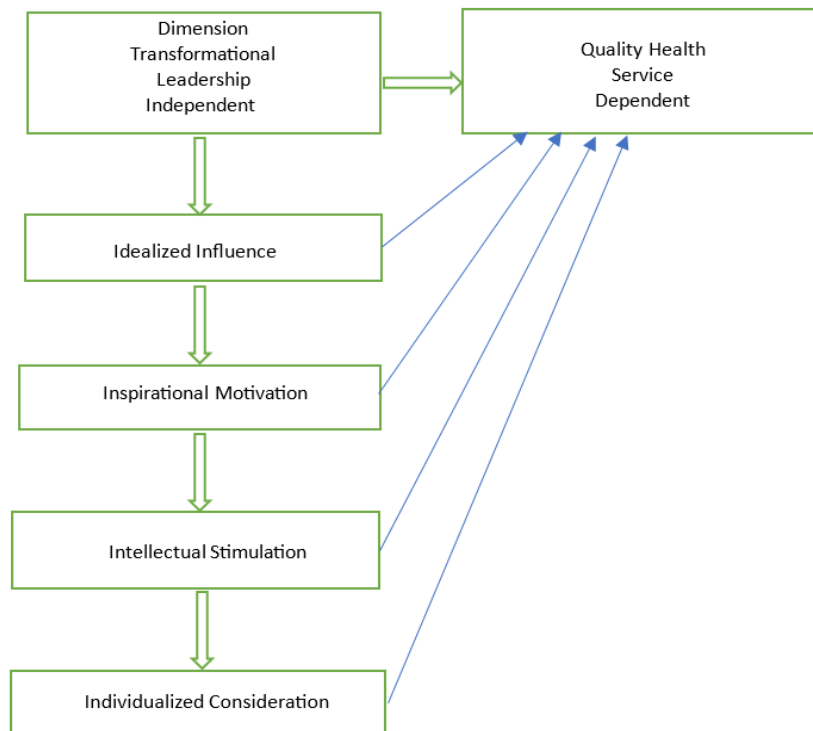
**Contribution:**

The expected from this study will contribute to informing leaders of the importance of practicing the transformational leadership style and what's next It has an impact on the quality of the health service of the institution under study, which would encourage it to adopt this style to achieve excellence for the institution.

**Objectivity border:** The research was limited to studying the impact of transformational leadership (as an independent variable) on health service quality (as a dependent variable), and the results of the research are based on the accuracy of the respondents' answers on the one hand, and on the other hand, the accuracy of building the study tool.

**Human limits:** It is represented by the employees Laban Health "a doctor, a paramedic, nurses and administrative".

**Theoretical Framework:**



Transformational leadership is distinguished by a mutually motivating interaction between the leader and the follower, which results in reciprocal stimulation and elevation, transforming followers into leaders and leaders into moral agents (Burns, 1978).

**Dimensions of Transformational Leadership:**

Transformational leadership theory is made up of four parts. Transformational leaders set high moral and ethical standards and articulate the organization's vision in order to gain followers' trust (idealized influence); clearly articulate a compelling vision through words, symbols, and imagery in order to inspire followers to act (inspirational motivation); solicit employees' perspectives on problems and considers a wide range of opinions in making decisions (intellectual stimulation); and pay attention to the individual distinctions in their workers' demands, as well as endeavor to teach or mentor them in order to help them attain their full potential (individualized consideration) (Bass & Avolio, 1994). One of the most common ways to analyze individual, group, and organizational performance is transformational leadership (Bass, 1985). A considerable amount of research has been conducted to investigate the impact of transformational leadership practices on follower outcomes.

Cummings et al. (2010), for example, discovered different correlations between relational-focused leadership styles (i.e., transformational leadership) and work outcomes such as job satisfaction and organizational commitment among Canadian nurses. Brewer et al. (2016) found comparable results in research conducted in the United States. Wong et al. (2013) discovered that transformational leadership behaviors of nurse managers were strongly related to lower medication error, patient falls, hospital-acquired infections, and patient mortality in a recent comprehensive analysis.

Several research studies (Cummings et al., 2010; Spence Laschinger, 2008; Wong et al., 2013) have demonstrated that good nursing leadership is the driving factor behind building an empowering work environment that promotes favorable nurse and patient outcomes. Because transformational leadership is a possible distal antecedent, the link between transformational leadership and service recovery performance has not been explored or examined. Indeed, research reveals that transformational leaders elicit emotion and appeal to people on an emotional level, influencing employee performance through emotions (Dasborough, 2006; Dasborough and Ashkanasy, 2002).

Service quality has been found to be a crucial factor in a consumer's choice of hospital (Lynch and Schuler, 2019). Quality in health care is defined as the sum of a product's or service's qualities and attributes that bear on its capacity to meet stated or implied demands (Korwar, 1997). Giving patients what they desire (patient quality) and what they need (professional quality) while utilizing the fewest resources, without error, delays, or waste, and while adhering to higher level rules is what health care service quality is all about (management quality; Overtreit, 1992). Hospital services, diagnostic services, physician consultancies, and several other growing industries are all part of health care. Takeuchi and Quelch (1983) evaluated the service quality of health care services along six dimensions: a) dependability, b) service quality, c) prestige, d) durability, e) timeliness, and f) ease of use.

Walters (2001) defined service quality in health care organizations as reliability, availability, credibility, security, competence of staffs, understanding of customer needs, responsiveness to customers, courtesy of staffs, comfort of surroundings, communication between participants, and associated goods provided with the service. Griffith and Alexander (2002) examined the service quality provided by private and state hospitals in the United Arab Emirates. Rohini and Mahadevappa (2006) classified hospitals as specialty or non-specialty, government or private, missionary, ISO-9000 certified or non-certified.

**Study Objective:**

- To identify the level of transformational leadership in Laban Health Center, Riyadh City.
- To determine the impact of transformational leadership on the quality of healthcare in Laban Health Center, Riyadh City.
- Studying the impact of transformational leadership dimensions on the quality of health service for employees of Laban Health Center, Riyadh City.

**Study Questions:**

- What is the level of transformational leadership in the Laban Health Center, Riyadh city?
- Is there any association between transformational leadership and the quality of the healthcare service provided in the Laban Health Center?
- Is there any association between demographic attributes and transformational leadership (gender, age, education level, occupation, work experience)?
- Is there any association between demographic attributes and the quality of healthcare in Laban Health Center?

**LITERATURE REVIEW**

The Chapter II presents the review of literature of the study on the impact of transformation leadership on improving quality health service in a health center. An all-inclusive literature review was accomplished in this study. This strategy is a blend of diverse methodologies to understand the perspectives on a phenomenon of concern related to transformation leadership and quality health service. The search of related research studies included the following online databases: Saudi Digital Library (SDL), PubMed Central, ScienceDirect, Medline (Ebsco), Cumulative Index of Nursing and Allied Health Literature (CINAHL), and Google Scholar from 2010 through 2022.

**The role of transformational leadership and importance in the national health transformation in the Kingdom of Saudi Arabia:**

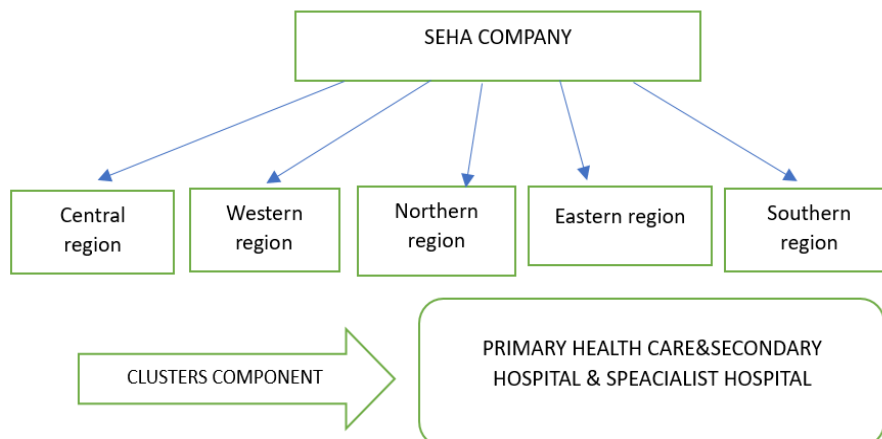
Transformational leadership in the health sector plays an essential role in the Kingdom of Saudi Arabia. The national health transformation of the health sector has been launched and includes structuring the health sector through the National Health Transformation Plan for the Kingdom of Saudi Arabia 2030. However, the impact of transformational leadership is necessary to prepare for the health transformation and its impact on service providers and beneficiaries through health services.

With Vision 2030 - and the Saudi National Transformation Plan, the Kingdom of Saudi Arabia is entering an era of transformations at the level of entire sectors - national systems. Among the programs taken by the Kingdom of Saudi Arabia is what is known as the "Saudi Health Sector Transformation" program. As per the official program and published delivery plan; The Health Sector Transformation Program was established recently in order to achieve Vision 2030, which will be launched in 2021. The program seeks to develop health care services in the Kingdom and ensure continuity of work to increase the quality and efficiency of the health system and protect against health risks and challenges for citizens - Health Sector Transformation Program.



**Figure 1:** The main objectives of the National Transformation Program in Healthcare

Since the launch of the vision of the national health transformation in the Kingdom of Saudi Arabia as an extension of the national vision and within the framework of the institutional transformation programs of the Ministry of Health, the Ministry of Health has relied on health in its plans. Clusters in the regions, and the health complex, according to the same ministry, is an independent entity that includes a number of health facilities at various levels: health centers, general hospitals, and specialized hospitals. The program aims to restructure the health sector in the Kingdom in order to provide integrated health care. Through transformational leadership, it constitutes a very important role in the national transformation process through capacity building of workers and teamwork.





### Transforming leadership:

The term "transforming leadership" was first coined by James MacGregor Burns (1978) in his descriptive research on political leaders, but this word has since been adopted in organizational psychology. When leaders and their followers work together to improve morale and motivation, the approach is called "transformative leadership" by Burns (Seligman, 1980). Management and leadership can be difficult to distinguish, but the distinction lies in the qualities or behaviors of everyone (Chace, 2015). Transformational and transactional leadership are two of the principles that he came up with in his work. This technique, according to Burns, has a major impact on both individuals and organizations. The way workers think and feel about their work is transformed because of this re-engineering of values and perceptions. Transactional leadership is about giving and taking, whereas transformational leadership is about setting an example for others, articulating an exciting vision, and setting lofty objectives for the team to work towards together (Crews et al., 2019). A leader's role in a team, organization, or community is idealized when they serve as a moral example of what it means to strive for the common good.

### Development of concept:

Using the word "transformational" instead of "transforming," Bernard M. Bass (1985) added to the work of Burns (1978) by elucidating the psychological factors that underpin transformational and transactional leadership (Hamad, 2015). In order to better understand how transformational leadership may be assessed and how it affects follower motivation and performance, Bass built on Burns (1978)'s early thoughts. benefits of the group, organization, or community as a whole, the effect of a leader on his or her followers is used to assess the degree to which the leader is transformative. They have trust, adoration, loyalty, and respect for the leader as a result of the traits of the transformational leader, and they are prepared to work more than was initially anticipated as a result of the transformational leader's attributes. They serve as a result of the transformational leader providing followers with something more than just working for personal gain; they supply followers with an inspirational goal and vision, and they provide them with a sense of belonging (Kalra, 2020). The leader changes and encourages followers by his or her idealized influence (formerly referred to as charisma), intellectual stimulation, and individual concern, among other techniques. Additionally, this leader pushes followers to come up with fresh and innovative methods to question the status quo and to modify the environment in order to promote their own success and that of their organization (Lo et al., 2018). To conclude, Bass, in contrast to Burns, said that leadership may exhibit both transformative and transactional characteristics at the same time.

The full range of leadership introduces four elements of transformational leadership: According to Burns et al (1987) Transformational leadership consists of four components: (a) idealized influence, (b) inspirational motivation, (c) intellectual stimulation, and (d) individualized consideration.

- **Individualized Consideration:** The leader is attentive to the needs of his or her subordinates, works as a mentor or coach, and pays attention to what those subordinates have to say. Support and encouragement are provided by the leader while keeping lines of communication open and putting obstacles in the way of the followers' progress. It's also about valuing the uniqueness of each member of the group and recognizing the positive impact they may have on the group as a whole. Following is a way of life for those who have a strong desire and drive to better themselves (Muthia & Krishnan, 2015).
- **Intellectual Stimulation:** the extent to which the leader questions assumptions, takes risks and seeks the ideas of followers. Leaders with this personality type urge their subordinates to think creatively. Individualism is fostered and nurtured by them. Unexpected occurrences are seen as learning opportunities by such a leader. The followers ask questions, ponder about things, and come up with better methods to carry out their duties (Okanga & Drotskie, 2019).
- **Inspirational Motivation:** the degree to which a leader's vision is enticing and motivating to those who follow. High standards, hope about the future and purpose for the job at hand are all characteristics of inspiring leaders. In order to be inspired to action, followers need a clear sense of direction. A group's motivation is derived from its shared sense of direction and purpose. A leader's visionary qualities are bolstered by strong communication abilities that make the vision accessible, precise, compelling, and engaging. Because they feel confident in their talents and are motivated by their leader's example, the people who follow him or her are eager to put in more effort in their work (Campbell, 2017).
- **Idealized Influence:** Serves as a role model for ethical conduct, fostering a sense of self-worth and fostering mutual respect and trust. Transformational leadership is already being used in all areas of Western society, including government agencies. As an illustration, the Deep Lead Model is widely used by the Finnish Defense Forces as a foundational solution for its leadership training and development (Devi & Mahajans, 2019).

### Implications for managers:

Yukl (1994) draws some tips for transformational leadership:

- 1- Together with the staff, create a vision that is both hard and enticing.
2. Create a strategy for achieving the vision.
- 3- Develop the vision, specify it, and then transform it into actionable steps.
- 4- Be confident, resolute, and upbeat about the vision and how it will be put into practice.
- 5- In order to achieve the goal, it is necessary to take modest steps and achieve tiny victories along the way.

Using citizens' groups as a mediator, researchers feel that transformative leadership has a good effect on staff efficiency. The foundation of transformative leadership is a relationship built on trust, appreciation, and respect between leaders and those they lead. The term "transformational leadership" refers to leaders who promote teamwork, mutual respect,

cooperation, and reference in order to accomplish both personal and corporate objectives. This leadership style may be traced back to ethical and righteous ideals when it comes to inspiring and motivating followers (Khan, Anjam, Abu Faiz, Khan & Khan, 2020).

#### **The aim of a transformational leader:**

A transformational leader is expected (a) to show individualized consideration by diagnosing and elevating the needs of each follower, (b) to become a source of admiration (idealized influence), (c) to stimulate their followers to see the world from new perspectives (intellectual stimulation), and (d) to provide inspirational motivation and thus meaning and a sense of purpose about what needs to be done (Peng et al., 2020).

#### **The importance of transformational leadership is as follows:**

- 1- Transformational leadership seeks to empower workers by delegating authority, developing their skills, and enhancing their confidence (Boamah, 2017).
- 2- Transformational leadership qualities can be developed and improved through training, which has a significant impact on perceptions, commitments, and performance (Andersen et al., 2017).
- 3 - Transformational leadership adopts the idea of "moral responsibility," which in turn motivates workers to prioritize the public interest (Ahmed et al., 2021).
- 4- Transformational leadership is a leadership style that can be applied in all organizations and at various levels that need significant change. Even in successful organizations, they are generally valid to face all situations (Boamah, 2017).

#### **Quality of health services:**

Institutions employ quality as a competitive advantage to attract customers and achieve superiority in competition, and it has a significant impact on service design and marketing. The health of the person is a major issue for service organizations, and healthcare institutions in particular. In order to arrive at a holistic idea of health service quality, quality and service of health will be discussed later in this chapter.

Clinical effectiveness and patient experience (compassion, dignity and respect) are considered to be the three areas that make up a person's overall quality of treatment (Black, Varaganum, & Hutchings, 2014). The provision of evidence-based medical treatment to those who require it, person-centered (the provision of care that responds to individual preferences, needs, and values) and timely (the reduction of waiting times and sometimes harmful delays) are all hallmarks of good health care, according to the World Health Organization.

#### **The definition of health service quality:**

Quality, according to the Merriam-Webster Dictionary (2010, p73), is defined as "the degree of perfection; superiority of kind; and a distinctive characteristic." Because of the subjective nature of quality and the intangible features that it possesses, it is difficult to describe. There are several meanings and interpretations for this elusive and abstract term (Seawright et al., 1996), which is difficult to pin down. By "total composite product and service characteristics" (Feigenbaum, 1991, p. 7), he meant "the qualities of marketing, engineering, manufacturing & maintenance that enable the product or service in use to match consumer expectations. It is considerably more challenging to identify and quantify the quality of healthcare services. Intangibility, variability, and simultaneity make it challenging to quantify quality in healthcare (Ladhari, 2009; McLaughlin and Kaluzny, 2006). Various stakeholders have various viewpoints, interests, and definitions of what constitutes a successful project. Because of this, a comprehensive definition of healthcare quality is required, one that takes into account the diverse interests and perspectives of the numerous healthcare stakeholders.

As an intangible product, healthcare service is not tallied or quantified in the same way that manufactured commodities are. Real products may be checked for quality at any point in the manufacturing process, as well as when they are in use. Even though it's intangible, customer and service provider interactions have a significant role in determining quality in healthcare services (Naveh and Stern, 2005). Some healthcare service quality dimensions, such as consistency, completeness and effectiveness are hard to measure beyond the customer's subjective assessment. In order to provide constant healthcare services, producers, consumers, locations, and times all vary. There may be "heterogeneity" in the services provided by various healthcare professionals (e.g., medical doctors and nurses) to patients with various requirements. In service operations, it is more challenging to create quality standards. It is important to note that healthcare professionals give services in a variety of ways due of variables such as education/training, experience, individual abilities and personalities (Jun et al., 1998; McLaughlin and Kaluzny, 2006). Healthcare services cannot be kept for future use since they are generated and used concurrently. Thus, customers are unable to assess "quality" before purchasing or consumption, making quality control more difficult. There is less of a chance of a final quality check than there is with produced items. Consequently, the success of medical treatment cannot be assured.

Quality care is defined as the "Provision of treatment that surpasses patient expectations and delivers the greatest feasible clinical outcomes with the resources available" according to the Institute of Medicine. Using three elements of quality: professional, client, and management, he devised a strategy for increasing the overall level of healthcare quality. Consumers' perceptions of professional quality are based on their assessments of whether professionally evaluated consumer demands have been addressed using appropriate methodologies and processes. The degree to which direct beneficiaries believe they are getting what they desire from the services is referred to as client quality. Management quality

is the process of ensuring that services are delivered in the most resource-efficient manner possible (Mohammad Mosadeghrad, 2013).

According to Schuster et al. (2005) high healthcare quality implies "providing patients with suitable treatments in a technically competent way, with effective communication, shared decision making, and cultural sensitivity." Professionalism is required of these healthcare providers. To counter this, they believe that poor quality means either providing excessive care (such as tests and medications with associated risks and side effects) or insufficient care (such as failing to perform a diagnostic test or performing a life-saving surgical procedure). They also believe that poor quality means providing the wrong care (e.g., prescribing medicines that should not be given together).

There are two categories of service quality, according to Gronroos (1984). If you're talking about offering and receiving goods and services, you're talking about technical quality, but if you're talking about the process of providing healthcare services, you're talking about functional quality (i.e., how the service is offered and received).

In the literature, health care quality definitions may be divided into two categories:

- Healthcare services that fulfill established requirements and standards in terms of characteristics and features. This method defines quality as "conformance to specifications, regulations, or standards" and "meeting the provider's expectations." The emphasis is on the inside (i.e., supply-side quality). Qualities like precision, dependability, and efficacy are included in this group (Peng et al., 2020).
- Services that meet or surpass the expectations of their customers in every way. Customer expectations and wants are taken into account when defining quality in this manner. External quality (i.e., customer satisfaction) is therefore the primary emphasis of this study. Qualitative characteristics in this area include words like efficiency, empathy, safety, and affordability (Peng et al., 2020).

### **Dimensions of Healthcare Service Quality:**

In five distinct sectors, Parasuraman et al. (1985) identified ten different aspects of service quality. They then simplified these qualities to five, namely, responsiveness, assurance, tangibility, empathy, and reliability (RATER), which are extensively utilized across businesses in many service settings including healthcare (Jandavath & Byram, 2016). The dimensions of healthcare service quality can also be classified under medical and non-medical aspects of care.

### **Medical Care:**

There are three components to medical care: technical, outcome-oriented, and interpersonal. Caregiver knowledge, skills, and judgment are included in the technical dimension of quality healthcare (Ladhari, 2008). The technical dimension of healthcare quality involves the knowledge, abilities, and judgment of the care giver, as well as the medical facilities that are made accessible to the patient. Piligrimiene & Buciueneine, 2008). The technical dimension of care includes attributes such as delivery personnel, instruments used, medicine availability (Arukutty, 2018). human performance and skills, knowledge, competence and professionalism, physician and nursing care (Ferraro, 2015). Effective, efficient, equitable, timely, safe, and patient-centered care are all characteristics of quality measured in terms of outcomes (Shabbat et al., 2015). The outcome dimension of care includes attributes apart from reliability include need, sanitation, fair and equitable (Arukutty, 2018) timely, prevention, promptness, personalization, pain management, safety and personalization (Pai & Chary, 2016). Interpersonal dimension of quality includes information exchange, friendliness, attentiveness and developing understanding and collaboration through information exchange (McKinsey, 2015). The interpersonal aspects of care apart from assurance include informed choice (Prakash & Mohanty, 2012), medical communication (Kondasani & Panda, 2015); and customization and attention (Teng et al., 2007).

### **Non-Medical Aspects of Care:**

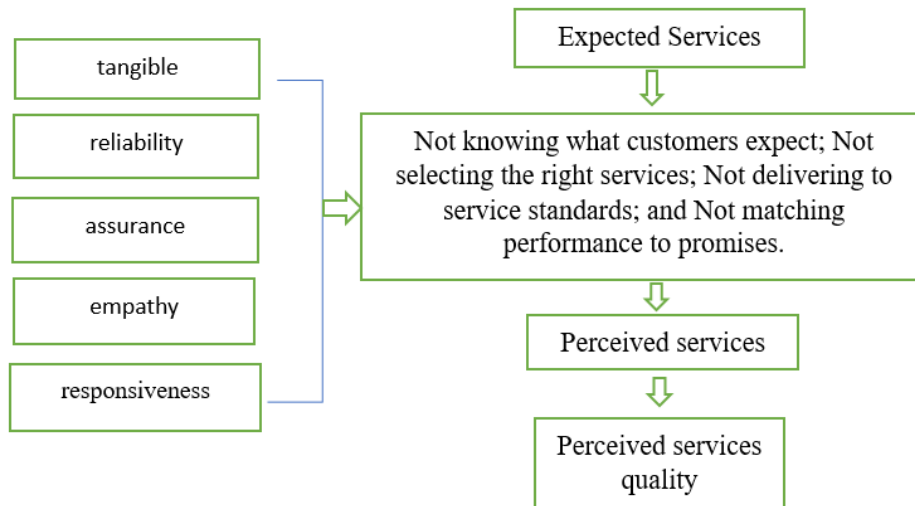
The non-medical aspects of care affect the health and wellness indirectly and include three dimensions, namely services capes, accessibility and responsiveness. Services capes include the basic amenities and the physical environment in which the service is delivered. This may include accommodation, appearance of building, landscaping, staff member's uniform, signage, cleanliness, and so on. According to WHO, Accessibility includes location of the facility, consumption of time reaches it and the financial affordability of care. The ease in admission, billing discharge and other non-health related processes are also included in this dimension. Responsiveness here relates to the expectations from care which is reasonable as a human being (De Silva & Valentine, 2000).

The services capes dimension of care includes attributes such as infrastructure, facility; cleanliness, food and room (Otani et al., 2010), physical environment; and cleanliness. The accessibility dimension deals with attributes such as financial and physical access, convenience, admission and discharge, and other administrative process, preference of place (Thiakarajan & Krishnaraj, 2015). Responsiveness dimension is on the most studied dimensions of care with attributes such as compassion, dignity, conduct, sincerity, confidentiality, courtesy (Ravichandran et al., 2010), social responsibility, trust and privacy (Mohamed & Azizan, 2015).

### **Measurement Techniques in Healthcare Service Quality:**

For the success of health-care organizations, accurate measurement of health-care service quality is as important as understanding the nature of the service delivery system. Without a valid measure, it would be difficult to establish and implement appropriate tactics or strategies for service quality management. There are two key elements in measuring service quality: customers' expectations (Brown and Swartz, 1989) and perceived quality that reflects customers' opinion about the excellence of service (Zeithaml, 1988). In the light of these factors, Parasuraman et al. developed the

SERVQUAL model in 1985 which identified ten dimensions for measurement of service quality. With further improvements of this process, the same authors developed a new model of dimensions in 1988 where the previous ten dimensions were reduced to five as follows tangibles - physical facilities, equipment, and appearance of employees; reliability - the ability to perform the promised services dependably and accurately; responsiveness - willingness to help customers and provide prompt service; assurance - the knowledge and courtesy of employees, as well as their ability to convey trust and confidence; empathy - the provision of caring and individualized attention to customers. the SERVQUAL scale consists items for assessing customer perceptions and expectations regarding the quality of service. A level of agreement or disagreement with a given item is rated on a seven-point Likert scale. the results are used to identify gaps that are determinants of customers' perception of service quality as shown in (Figure 3).



**Figure 3:** Customers' Perception of Service Quality

**Leadership and health service quality:**

This section presents the studies that dealt with this topic, with the objective of Knowing the instruments used in collecting and analyzing data, in addition to the outcomes and goals accomplished, which will be provided according to the degree of benefitting from them, then showing the similarities and differences between them, and ultimately the area of profit from these studies.

**1- transformational leadership:**

**a.** Study of Hafez Abdul Karim Al-Ghazali (2012) aimed to reveal the impact of transformational leadership on the effectiveness of decision-making in Jordanian insurance companies, and the study reached the following results:

- The level of availability of transformational leadership in its dimensions in the Jordanian insurance companies was high, in that level study by Bani Isaa (2006) which showed that the level of availability of transformational leadership in Jordanian public institutions was moderate.
- The level of availability of the effectiveness of the decision-making process in the Jordanian insurance companies was high, and thus the study agrees with the study of (Al-Moumani and Judges 2008), which showed that the level of effectiveness of decision-making among kindergarten principals in the northern Jordan region was high.
- The study recommended the following:
- Enhancing reliance on the transformational leadership style in managing Jordanian insurance companies to increase the effectiveness of the decision-making process in Jordanian insurance companies.
- Enhancing the adoption of the concept of ideal influence among leaders working in Jordanian insurance companies, by acting as models that workers seek its pregnancies.
- Reconsidering the incentive programs and methods used by leaders working in Jordanian insurance companies.
- Enhancing the ability of leaders in Jordanian insurance companies to convince workers, increase their enthusiasm for work, and raise the spirit of enthusiasm to work for them Workers under their leadership and reinforce their interests in the need to know what the workers under their leadership would like to achieve in their working life and functional.

**b.** Jabnoun and AL Rasasi (2015), they found that UAE patients were generally satisfied with the service quality rendered by their hospitals. It however found that hospital employees had a low rating of their leaders in terms of the transformational leadership and contingent reward. Finally, service quality was found to be positively related to all dimension of transformational leadership and the transactional leadership dimension of contingent reward. The two dimensions of active exception and passive avoidant leadership were negatively related to service quality.

**c.** Farahnak et al., (2019) there results provided support for positive relationships between transformational leadership and staff attitudes toward EBP, as well as staff attitudes toward EBP and implementation success. Moreover, results supported an indirect relationship between transformational leadership and implementation success through



employees' attitudes toward EBP. The results suggest that the leader's behaviors are likely more critical to innovation implementation than the leader's attitudes.

- d. Boamah et al, (2017) in their study the findings provide support for managers' use of transformational leadership behaviors as a useful strategy in creating workplace conditions that promote better safety outcomes for patients and nurses.

It's all about providing high-quality health care in a way that is tailored to the needs and preferences of the people who use it, while reducing damage and resource waste. The ultimate goal of high-quality health care is to increase the likelihood of achieving desired health outcomes. Health care quality improvement is not a one-time event; rather, it is a dynamic, on-going process.

While there is statistically significant differences between demographic attributes and the quality of healthcare due to occupation. To find out the source for the differences, the researcher use multiple comparative (Schefft).

**Table 1:** Shows Schefft Test

The Quality of Healthcare	Difference In Mean	P-Value	Significant
Technician - Nurse	0.3847	0.027	Significant

From Table (1): findings show that there are statistically significant differences between the occupation of a technician and a nurse in favor of a technician, which means the technicians are more perceptive that there is an association between transformational leadership and the quality of the healthcare service than Nurses.

**RESULTS**

- The average of the (Dimensions of Transformational Leadership) is (3.95) which is considered a "High level", which means respondents agree that Dimensions of Transformational Leadership is very high.
- The average of the (Dimensions of quality of healthcare) is (4.60) considered a "High level", which means respondents agree that the Dimensions of the quality of healthcare are very high.
- There is a highly positive association between transformational leadership and the quality of healthcare.
- There are no statistically significant differences between transformational Leadership due to gender.
- Therefore, there is no statistically significant differences between demographic attributes and transformational Leadership due to age, experience, Occupation, and qualification.
- There are no statistically significant differences between Dimensions of the quality of healthcare due to gender.
- There are no statistically significant differences between demographic attributes and Dimensions of the quality of healthcare due to age, experience, and qualification.
- There are statistically significant differences between the occupation of a technician and a nurse in favor of a technician, which means the technicians are more perceptive that there is an association between transformational leadership and the quality of the healthcare service than Nurses.
- The most impactful results from the dimension transformation leadership (inspirational motivation) survey number (7) were that 91.6%of respondents believe that the immediate boss makes them feel the importance of the work they do, 89.6% see that the direct manager works on developing the spirit of one team among the employees), 89% see that the direct manager's words are consistent with his actions and 88.6% believe that the line manager encourages employees to achieve more than they expect.
- The most impactful results from the dimension on quality of health care are (empathy) survey number (17), 97%of respondents believe that Nursing staff behaves courteously with those accompanying patients, (responsiveness) survey number (15) 95% see that the medical staff responds promptly to the needs of patients, (safety)survey number (24), 94.6% of respondents see that The medical and health team has the experience, skill, and desire to work.

**DISCUSSION**

This chapter presents a discussion of the findings of the study. The study aimed to assess the dimensions of healthcare in Laban Health Center, Riyadh city. Specifically, the study will answer the following research questions related to: (1) the level of transformational leadership in the Laban Health Center, (2) the association between transformational leadership and the quality of the healthcare service, ( 3) the association between demographic attributes and transformational leadership (gender, age, education level, occupation, work experience), and (4) association between demographic attributes and the quality of healthcare in Laban health center.

To the best of our knowledge, this Cross- sectional study was the first study assess dimensions of healthcare in Laban Health Center, Riyadh city. In our result Out 40 participants in this study, 67.5% were males and 32.5% were females. Most of participants from the age group 41-50 years and 51 and more with percentage of (32.5%) and (27.5%) respectively, 37.5% of them have experience more than 15 years. 30.0% of total participant are administrative employee and 25.0% are Technician. 52.5% have a master qualification, and 20.0% have diploma.

His study found significant Dimensions of leadership transformation (Mean=3.95, STD 0.56) and quality of healthcare (Mean=4.60, STD 0.287), that means respondents agree on Dimensions of is very high. this surprising and paradoxical finding is in line with most similar studies, similarly, Warri (2021) study amid to assess the link between the type of leadership style and the quality of services among health workers, used a descriptive research design with a simple random size of 150 health workers. The study found the most common leadership style among the hospitals of the CBCHS is the

transformational leadership style followed by task-focused, person-focused, transactional, and passive-laissez-faire. Transformational leadership style was associated with higher scores for maintaining good public relations and customer care than other leadership styles. In particular, Alloubani (2014) systematic review conducted to Effects of Leadership Styles on Quality of Services in Healthcare, found that transformational leadership attributes and behaviors were positively related to organizational outcomes such as teamwork success, effectiveness, staff satisfaction, commitment and extra effort and more. Wawar (2017) The aim of this study is to study the moderating effect of organizational reward systems on the relationship between transformational leadership and performance firm. In this pilot study, the questionnaire approach was used, and the study sample was selected from 404 telecommunications companies, the study found there is significant impact of transformational leadership on quality of services.

Another significant result from this study was the most important factors of quality are: 97% of respondents believe that Nursing staff behave courteously with those accompanying patients, 95% see that The medical staff responds promptly to the needs of patients, 94.6% of respondents see that The medical and health team has the experience, skill and desire to work, 94% believe that Use the opinion of a more experienced employee to solve some problems, and 94% of respondents see that The best service is provided in the health care center throughout the day.

On the other hand, this study shows there is moderate positive association between transformational leadership and the quality of the healthcare. And There are statistically significant differences between the occupation of a technician and a nurse in favor of a technician, that mean the technicians are more perceptive that there is association between transformational leadership and the quality of the healthcare service than Nurses.

### CONCLUSIONS, RECOMMENDATION, AND FUTURE RESEARCH OF THE STUDY

The study aimed to assess impact transformation leadership on quality of healthcare in Laban Health Center, Riyadh city. The study found the average of the (Dimensions of Transformational leadership) is (3.95) which consider a "High level", that means respondents agree on Dimensions of Transformational leadership is very high. The average of the (Dimensions of quality of healthcare) is (4.60) consider a "High level", that means respondents agree on Dimensions of healthcare is very high. There is high positive association between transformational leadership and the quality of the healthcare findings shows that.

- The most important factors from the dimension transformation leadership (inspirational motivation) survey number(7) that the 91.6% of respondents believe that the immediate boss makes them feel the importance of the work they do, 89.6% see that the direct manager works on developing the spirit of one team among the employees), 89% see that the direct manager's words are consistent with his actions and 88.6% believe that the line manager encourages employees to achieve more than they expect.
- the most important factors for dimension quality of health care are: (empathy) dimension 97% of respondents believe that Nursing staff behave courteously with those accompanying patients, (responsiveness) dimension 95% see that The medical staff responds promptly to the needs of patients, 94.6% of respondents see that The medical and health team has the experience, skill and desire to work, (safety) dimension 94% believe that Use the opinion of a more experienced employee to solve some problems, and 94% of respondents see that The best service is provided in the health care center throughout the day.

### Recommendations and future research:

Based on the results obtained, a set of recommendations can be made to the institution under study:

- The need for the organization to recognize the concept of transformational leadership because of its clear impact on raising performance and thus improving the quality of the health service;
- Taking into consideration the improvement of the physical work environment, represented in tangible physical elements such as buildings, devices, equipment, and facilities Health...because it is the most and the first thing that is affected by the patient, and it also helps to provide a high quality health service;
- Increased attention to the dimensions of service quality related to safety and responsiveness .Increased attention to the dimensions of transformation leadership related to individual consideration.
- Strengthening the capabilities of employees by conducting training courses for them to acquire skills that enable them to provide quality services especially those who do not have sufficient experience;
- Although this study contributed to future research and public health management practice, some limitations needed to be noticed. First, the sample source was a limitation of this study, which collected data from Laban Health Center, Riyadh city. The current research was a single-country study, and the impact of transformational leadership on quality services should be examined based on randomized control trill surveys in the future. Second, since the study is cross-sectional, we cannot draw real dynamic modeling and conclude that the associations between factors are truly causative. Moreover, given the self-report instruments, there might be response bias. Improvement of assessment instruments is necessary for future studies.

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