

Annexes (1) Tables

Table (1) Healthcare Leadership Domains (Attributes)

Domain

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|-----------------------------------------------------|------------------------------------------------|
| 1. General Parameters (Systems Perspective) | 18. Employee Support and Development |
| 2. Professional, Ethical, and Social Responsibility | 19. Compassionate Leadership |
| 3. Commitment to Advancing People-Centered Services | 20. Interpersonal Relationships |
| 4. Emotional Intelligence and Self-Awareness | 21. Problem-Solving and Negotiation |
| 5. Continuous Improvement | 22. Systems Thinking |
| 6. Translation and Implementation | 23. Engaging Culture and Environment |
| 7. Strategic Financial Management | 24. Population Health Assessment and Promotion |
| 8. Human Resource Management | 25. Networks and Alliances |
| 9. Information Management | 26. Advocacy |
| 10. Administration and Business Development | 27. Public Relations and Marketing |
| 11. Quality Improvement and Patient Safety | 28. Regulations and Health Systems |
| 12. Monitoring and Evaluation | 29. Strategic Planning |
| 13. Visionary Leadership | 30. Sustainability Leadership |
| 14. Governance | 31. Organizational Resilience |
| 15. Preparedness and Crisis Management | 32. Innovation and Entrepreneurship |
| 16. Digital Technologies in Healthcare | 33. Change Management |
| 17. Executive Communication | 34. Ongoing Learning and Sharing |

Table (2) Summary of the central leadership theories

Era	Period	Theory	Description
Trait	1840s	Great Man	Focus on natural-born leaders
	1930s–1940s	Trait	Focus on identifying traits and characteristics of effective leaders
Behavioral	1940s–1950s	Behavioral	Focus on the actions and skills of leaders
Situational	1960s	Contingent and Situational	Focus on leaders adapting their style, taking into account the environment
New Leadership	1990s	Transactional	Focus on Leadership as a cost-benefit exchange
	1990s	Transformational	Focus on an inspirational style, pushing followers to higher and higher levels of achievement.
	2000s	Shared	Focus on followers leading each other
	2000s	Collaborative	Focus on engaging followers. Person-centered style
	2000s	Collective	Focus on the whole system of an organization
		Servant	
		Inclusive	
		Complexity	

Table (3) Leadership styles and components on which leadership styles affect

(*Nanjundeswaraswamy et al., 2014*)

Author	Dimensions of leadership styles	Components	Type of the Industries	Outcomes
Berson Jonathan Linton	Transformational Leadership, Transactional And Non- Transactional, 3 Laissez-Faire Leadership	Employee Satisfaction	Telecommuni cation firms	The impact of transformational leadership styles is more significant to establishing a quality environment in the R and D part of Telecommunication firms.
Goh Yuan Sheng et al.	Transformational Leadership, Transactional Leadership,	Job Performance, Deontology Ethical Approach, 3 Teleology Ethical Approach.	All types of SMEs in Singapore	The result indicates that the ethical behavior of leaders has a crucial mediating effect between their leadership styles and (Jeff Astein, (2016). Leadership style and Performance of Small and medium size enterprises in Cameroon. https://core.ac.uk/download/214000349.pdf) the job performance of employees
Liliana pedraja- rejas,Emilion Rodriguez- Ponce,Y Juan Rodriguez-	Participative style Supportive style	Effectiveness	SMEs In Chile	Supportive and participative Leadership styles have a positive influence on effectiveness in SMEs. Instrumental Leadership has a negative influence on effectiveness in small.
Ponce	Instrumental style 1 Autocratic Leadership Style 2 Democratic Leadership Style	Job-Related Tension And	Manufacturin g organizations Lagos State, Nigeria	Organizations. Results show that workers under the democratic leadership style do not experience higher job-related tension than workers under the autocratic leadership style. (xxxOmolayo, B. O. (2007). Effect of Leadership Style on Job-Related Tension and Psychological Sense of Community in Work Organizations:

				<p>A Case Study of Four Organizations in Lagos State, Nigeria.</p> <p>http://bangladeshsociology.org/BEJS%204.2.%20Omolayo.pdf;xxxLwin, M. W. w., & ye, y. (2015). a comparative study of sisters' leadership styles and job satisfaction in Zetaman sisters of the Little Flower congregation at Taunggyi Archdiocese, Shan State, Myanmar.</p> <p>https://core.ac.uk/download/233619799.pdf) Also, workers under an autocratic style of Leadership do not experience a higher sense of community than workers under</p>
Bunmi Omolayo		Psychological Sense Of Community In Work Organizations		democratic style of Leadership
Jui-Kuei Chen	1 Active Participant	Big- Five Personal	Professors and	The results of the study show that
and I-Shuo Chen	Style	Traits	lecturers from	leadership style has a significant
			universities in Taiwan	relationship to innovative operation.
Lirong Long	Transformational	Organizational	Employees from	The findings indicate that both
and	Leadership	change	different types of private and public organizations	Transformational Leadership and Transactional Leadership have a positive impact on organizational
Minxin Mao	Transactional Leadership		China	change.(xxxJeff Astein, F. (2016). Leadership style and Performance of Small and medium-sized enterprises Cameroon.
				https://core.ac.uk/download/214000.pdf)

Hsien-Che Lee Yi-Wen Liu	Transactional Leadership	Organizational Innovation Performance,	Electronics Information Industry in Taiwan	The leadership style has a positive relationship with organizational innovation performance, and the leadership style moderates the relationship between organizational innovation capability and organizational innovation.
	Transformation Leadership	Organizational Innovation Capability		Performance. (Jeff, 2016). Leadership style and Performance of Small and medium-sized enterprises in Cameroon. https://core.ac.uk/download/214000349.pdf)
Chung-Hsiung Fang et al		Staff Work Satisfaction,	Hospitals Employees	Leadership has a significant, positive, and direct effect on work satisfaction and can indirectly affect organizational commitment and work performance.
	1 Leadership Style	Organizational Commitment 3 Work Performance		
Yafang Tsai, Shih-Wang Wu, and Hsien- Jui Chung	1 Charismatic Leadership	1 Organizational Culture	Hospitals employees in Taiwan	The results show us that organizational cultures influence leadership style. There is a positive correlation between ideological Culture and transformational Leadership.
	2 Transformational Leadership	2 Ideological Culture		There is a positive correlation between hierarchical Culture and charismatic Leadership. There is a positive correlation between coordinated culture and team leadership. There is a positive correlation between rational and transactional cultures.
	3 Transactional Leadership	3 Hierarchical Culture		Leadership.
	4 Team leadership	4 Coordinate Culture		
Cong Yang Yu Wei	1 Leader" s Charm,	Staff Psychological Empowerment.	Tourist hotel employees in China	A leader "'s charm has positive effects on employees."

		2 Staffs Satisfaction.		Satisfaction and service innovation.
Duanxu Wang et al. ¹⁴	1 Authoritarian Leadership	1 Team Innovations	Employees and supervisors in the PRC, China	The study suggested that knowledge sharing and team communication entirely mediated the negative relationship between authoritarian leadership and team innovation, and partially
	2 Transformational Leadership	Team Communications. Knowledge sharing		
	3 Transactional Leadership			mediated the contributions of transformational Leadership and benevolent Leadership to the team
	4 Benevolent Leadership			Innovation.
(xxx (2019). The Effect Of Leadership Styles On Workers' Productivity A Case Of Golden Tulip Hotel, Dar Es Salaam. https://core.ac.uk/download/479348091.pdf) Li-Ren Yang and Yen-Ting Chen	1 Transactional Leadership	1 Teamwork a.	Employees of	The analyses suggest that the project manager" leadership style, teamwork, and project performance are highly correlated. The findings also indicate that teamwork dimensions may partially or fully mediate the relationships between leadership style and project performance.
	2 Transformation Leadership	Communication, b. collaboration c. Cohesiveness 2 Performance	Taiwanese industry, Taipei, Taiwan	
Voon et al.(Jeff , 2016). Leadership style andl Performance of Small and medium-sized enterprises in Cameroon. https://core.ac.uk/download/214000349.pdf)	1 Transactional Leadership	Job Satisfaction.	Malaysian executives working in public sectors, Malaysia	The results showed that Transformational leadership style has a stronger relationship with job satisfaction and implies that transformational Leadership is suitable for managing government organizations
	2 Transformation Leadership			

Lu Ye et al.

1 Transactional
Leadership

1 Innovation
Climate,

Employees of high-tech corporations in Hebei
The empirical study shows that employees' perceptions about the transactional or transformational leadership style of the executive both have a highly positive correlation with perceptions about the executive encouragement factors of its innovation climate. Between them, the transformational leadership style has had a more decisive influence on the cognition of leaders' s

2 Transformation
Leadership

2 Job
Independency, 3
Job Challenging

motivation (xxxDavis, T. C. (2007). The relationship among organizational Culture, pastoral leadership style, and worship attendance growth in United Methodist churches in rapidly growing suburbs of Atlanta. <https://core.ac.uk/download/155805664.pdf>;xxx Wells, D. B. (2016). Toward a Sustainable Leadership Model for Pastoral Leaders. <https://core.ac.uk/download/153759890.pdf>)

Table (4) Sample Size Table (*Sekaran & Bougie, 2016*)

N	S	N	S	N	S
30	28	280	162	1500	306
40	36	290	165	1600	310
50	44	300	169	1700	313
60	52	320	175	1800	317
70	59	340	181	1900	320
80	66	360	186	2000	322
90	73	400	196	2200	327
95	76	420	201	2400	331
100	80	440	205	2600	335
110	86	460	210	2800	338
120	92	480	214	3000	341
130	97	500	217	3500	346
140	103	550	226	4500	354
150	108	600	234	5000	357
160	113	650	242	6000	361
170	118	700	248	7000	364
180	123	750	254	8000	367
190	127	800	260	9000	368
200	132	850	265	10000	370
210	136	900	269	15000	375
220	140	950	274	20000	377
230	144	1000	278	30000	379
240	148	1100	285	40000	380
250	152	1200	291	50000	381
260	155	1300	297	75000	382
270	159	1400	302	1000000	384

Table (5) Healthcare Leadership Domains & Number of Each Domain Questions

Domain		Number Of	strongly	Agree(4)	Neutral(3)	Disagree(2)	Strongly
		Questions	Agree (5)				Disagree(1)
1	General Parameters (Systems	18					
2	Professional, Ethical, and Social	10					
3	Commitment to Advancing	8					
4	Emotional Intelligence and Self-	4					
5	Continuous Improvement	4					
6	Translation and Implementation	3					
7	Strategic Financial Management	5					
8	Human Resource Management	7					
9	Information Management	4					
10	Administration and Business	7					
11	Quality Improvement and Patient	5					
12	Monitoring and Evaluation	3					
13	Visionary Leadership	7					
14	Governance	6					
15	Preparedness and Crisis	6					
16	Digital Technologies in Healthcare	2					
17	Executive Communication	3					
18	Employee Support and	2					
19	Compassionate Leadership	2					
20	Interpersonal Relationships	5					
21	Problem-Solving and Negotiation	2					
22	Systems Thinking	3					
23	Engaging Culture and	5					
24	Population Health Assessment and	3					
25	Networks and Alliances	3					
26	Advocacy	2					
27	Public Relations and Marketing	3					
28	Regulations and Health Systems	3					
29	Strategic Planning	7					
30	Sustainability Leadership	3					
31	Organizational Resilience	5					
32	Innovation and Entrepreneurship	3					
33	Change Management	3					
34	Ongoing Learning and Sharing	6					
Total		162					

Table (6) :Likert 5-point scale (*Joshi et al., 2015*)

Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
5	4	3	2	1

Table (7) Summary of (*Amirrudin et al., 2021*)

Reliability coefficient	below 0.60	0.7	0.8	0.90 and higher
Remarks	Poor reliability	Acceptable reliability	Good reliability	Excellent reliability

Table 8 :The reliability coefficients of the search tool by its domains

Domain	Cronbach's	N of	Remarks
General Parameters (Systems Perspective)	0.973	18	Excellent
Professional, Ethical, and Social Responsibility:	0.947	10	Excellent
Commitment to Advancing People-Centered Services	0.919	8	Excellent
Emotional Intelligence and Self-Awareness	0.887	4	Good
Continuous Improvement	0.913	4	Excellent
Translation and Implementation	0.923	3	Excellent
Strategic Financial Management	0.922	5	Excellent
Human Resource Management	0.934	7	Excellent
Information Management	0.894	4	Good
Administration and Business Development	0.927	7	Excellent
Quality Improvement and Patient Safety	0.869	5	Good
Monitoring and Evaluation	0.890	3	Good
Visionary Leadership	0.928	7	Excellent
Governance	0.926	6	Excellent
Preparedness and Crisis Management	0.945	6	Excellent
Digital Technologies in Healthcare	0.751	2	Acceptable
Executive Communication	0.808	3	Good
Employee Support and Development	0.810	2	Good
Compassionate Leadership	0.822	2	Good
Interpersonal Relationships	0.891	5	Good
Problem-Solving and Negotiation	0.797	2	Acceptable
Systems Thinking	0.862	3	Good
Engaging Culture and Environment	0.844	5	Good
Population Health Assessment and Promotion	0.834	3	Good
Networks and Alliances	0.880	3	Good
Advocacy	0.789	2	Acceptable
Public Relations and Marketing	0.816	3	Good
Regulations and Health Systems	0.731	3	Acceptable
Strategic Planning	0.891	7	Good
Sustainability Leadership	0.850	3	Good
Organizational Resilience	0.910	5	Excellent
Innovation and Entrepreneurship	0.865	3	Good
Change Management	0.918	3	Excellent
Ongoing Learning and Sharing	0.917	6	Excellent
Total	0.984	162	Excellent

Table (9) The Level of the Relative Importance Based on the Mean Value(*Olden et al., 2004*)

Level of relative importance	Mean
Less than 2.33	Low
*2.34 - 3.66	Medium
3.67 - 5.00	High

Assessment of the Healthcare Leadership Effectiveness in Public Hospitals

Table (00) Demographic Variable

Variable	Category	Freq.	Percentage
Gender	Male	184	57.1
	Female	138	42.9
	Total	322	100.0
Age	A1:25 ≤ 30 years	92	28.6
	A2:31 ≤ 40 years	161	50.0
	A3:41 ≤ 50 years	46	14.3
	A4:More than 51 years	23	7.1
	Total	322	100.0
Academic Qualification	D: Diploma	43	13.4
	B: Bachelor's	247	76.7
	P: Postgraduate	32	9.9
	Total	322	100.0
Trade	D:Medical professions Doctors	119	37.0
	N: Medical professions Nurses	145	45.0
	T: Technical Affairs	38	11.8
	AA: Administrative Affairs	20	6.2
	Total	322	100.0
Years Of Experience	Y1:less than 5 years	46	14.3
	Y2:5 ≤ 10 years	92	28.6
	Y3:11 ≤ 20years	161	50.0
	Y4: More than 20 years	23	7.1
	Total	322	100.0

Table (11) Data Analysis of the Leadership Performance and Influence on Improving Healthcare Quality: A Case Study in Public Hospitals

Rank #Evaluation Statements (Assessment of Currant Senior Leadership)MeansStd. DeviLevel)

First Quartile				
1	Employee Support and Development	4.68	1.38	High
2	Organizational Resilience	4.25	0.81	High
3	Quality Improvement and Patient Safety	4.11	1.28	High
4	General Parameters (Systems Perspective)	4.06	1.34	High
5	Professional, Ethical, and Social Responsibility:	4.05	1.29	High
6	Preparedness and Crisis Management	4.05	0.84	High
7	Emotional Intelligence and Self-Awareness	4.03	1.3	High
Second Quartile				
8	Translation and Implementation	4.01	0.96	High
9	Information Management	4	0.86	High
10	Change Management	4	0.91	High
11	Problem-Solving and Negotiation	3.99	0.91	High
12	Population Health Assessment and Promotion	3.99	0.85	High
13	Executive Communication	3.96	1.43	High
14	Public Relations and Marketing	3.95	0.73	High
15	Governance	3.93	0.25	High
Third Quartile				
16	Visionary Leadership	3.92	1.41	High
17	Commitment to Advancing People-Centered Services	3.91	1.34	High
18	Ongoing Learning and Sharing	3.91	0.92	High
19	Innovation and Entrepreneurship	3.91	0.93	High
20	Systems Thinking	3.9	0.8	High
21	Advocacy	3.89	0.77	High
22	Sustainability Leadership	3.89	0.77	High
23	Compassionate Leadership	3.88	1.4	High
Fourth Quartile				
24	Networks and Alliances	3.87	0.89	High
25	Regulations and Health Systems	3.84	0.71	High
26	Digital Technologies in Healthcare	3.83	0.96	High
27	Administration and Business Development	3.83	1	High
28	Interpersonal Relationships	3.78	1.12	High
29	Continuous Improvement	3.77	0.89	High
30	Engaging Culture and Environment	3.74	0.99	High
31	Strategic Planning	3.73	0.81	High
32	Human Resource Management	3.66	1.25	Medium
33	Monitoring and Evaluation	3.64	1.34	Medium
34	Strategic Financial Management	3.51	1.55	Medium

Annex 2

Figures

WHO Health Systems Framework (2010).

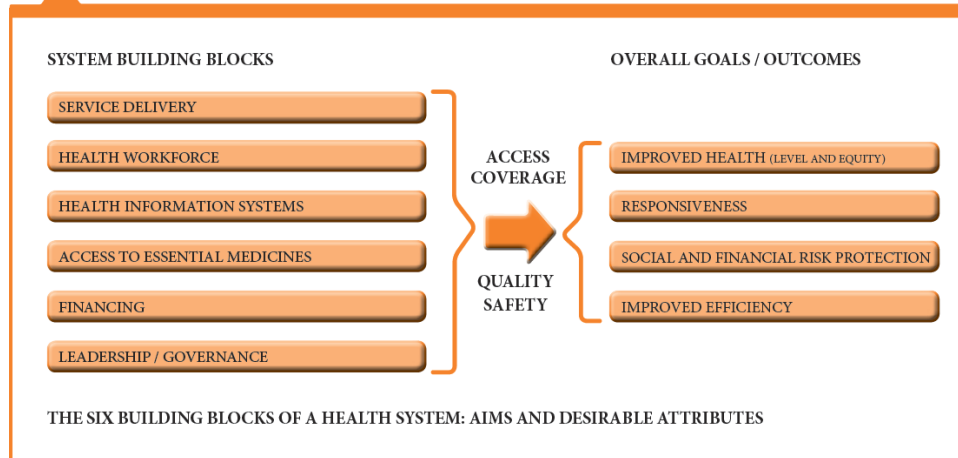


Figure (1) The WHO Health Systems Framework (2010).

Annex 3

Public Hospitals's Healthcare Leadership Performance Results narratives

Statement (attribute)	Findings
General Parameters (Systems Perspective)	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals <ul style="list-style-type: none"> ○ Approaches address the (Hospitals and health services needs), promoting quality and safety of patient care. ○ Have enough assets and resources ○ Have a competitive position in healthcare services in Jordan ○ Processes consistently effective ○ Senior leaders are role models of ethical behavior and transparency by applying the customer-focused excellence models.
Visionary Leadership	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leadership has and articulates good visionary Leadership; they also. <ul style="list-style-type: none"> ○ Develop and communicate a clear strategy for achieving the vision ○ Adheres to key strategic challenges and advantages ○ Align goals and objectives with the overall vision as much as possible.
Professional, Ethical, and Social Responsibility	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders have professional, ethical, and social responsibilities. They: <ul style="list-style-type: none"> ○ Make significant societal contributions ○ Demonstrates a commitment to excellence, ○ Uphold's equity and reinforcement culture engages ○ Ensured psychological safety for all ○ Deal with and resolve ethical issues, and apply the valuing people policy
Quality Improvement and Patient Safety	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders perform quality improvement and adhere to Patient Safety; they: <ul style="list-style-type: none"> ○ Improve and support work processes' core competencies and reduce variability. ○ Guides the development, implementation, and tracking of quality outcomes, operational efficiency, and patient satisfaction, ○ Promotes patient safety ○ .

Commitment to Advancing People-Centered Services	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders are committed to advancing people-centered services; they: <ul style="list-style-type: none"> • Stay abreast of emerging technologies and innovative solutions that can improve patient care • Perform through excellence in patient care, commitment to continuous improvement, • Respecting cultural differences • Prioritize patient-centered care • Manage customer complaints and enable them to seek information and support
Compassionate Leadership	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders are Compassionate Leaders; they: <ul style="list-style-type: none"> ○ Adopt Compassionate and collaborative leadership behaviors ○ Transparent, shared decision-making is valued and understood.
Emotional Intelligence and Self-Awareness	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders possess Emotional Intelligence and Self-Awareness; they: <ul style="list-style-type: none"> ○ Foster a culture of empathy and Compassion among healthcare professionals ○ Shows commitment to self-care, self-awareness, empathy, and understanding toward others
Executive Communication	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders do executive communication acceptably; they: <ul style="list-style-type: none"> ○ Communicate with and engage the entire workforce, key partners, and critical customers effectively ○ Articulates and communicates the mission, vision, values, and priorities consistently to stakeholders ○ Present information to decision-makers in a factual, credible, and understandable way.
Employee Support and Development	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders support employee development they : <ul style="list-style-type: none"> ○ Support and ensure the Development program's availability ○ Constructive feedback about performance is provided in a professional and respectful environment
Human Resource Management	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders have excellent management for human resources. They: <ul style="list-style-type: none"> ○ Assess Hospitals workforce capability, ○ Optimizes healthcare workforce performance and uses critical performance measures for human resources effectiveness ○ Ensure diversity and foster a culture of collaboration and teamwork ○ Prepare Hospitals workforce for changing capability and capacity needs.

Monitoring and Evaluation	<ul style="list-style-type: none"> • Overall Rating: Medium • Public Hospitals leaders make proper monitoring and evaluation; they: <ul style="list-style-type: none"> ○ Supervise the monitoring systems to ensure standards are met in clinical, corporate, and administrative functions. ○ Track data and information on daily operations and overall organizational performance
Strategic Planning	<ul style="list-style-type: none"> • Overall Rating: Medium • Public Hospitals leaders conduct strategic planning policy m they: <ul style="list-style-type: none"> ○ Balance strategic objectives to align with the Hospitals's mission. Update the organization's key strategic objectives and challenges to meet competing needs and goals. ○ Have short- and long-term master plans of action.
Interpersonal Relationships	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders have proper Interpersonal Relationships; they." <ul style="list-style-type: none"> ○ Develop and sustain stakeholder relationships. ○ Foster an open and Hospitals-transparent communication style to different audiences ○ Ensure clarity and a positive workforce
Information Management	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders improve information management; they: <ul style="list-style-type: none"> ○ Compliance with privacy and security requirements for information ○ Ensures availability of organizational data and analytics relevant data to use for Hospitals strategic planning to support data-driven decision-making
Ongoing Learning and Sharing	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders encourage and have plans for Ongoing Learning and Sharing; they: <ul style="list-style-type: none"> ○ Prompt information seeking from various sources to support organizational performance. ○ Value and benefit from lessons learned for continuous improvement. ○ Prioritize ongoing education contributes to advancing healthcare management. ○ Sharing evidence, knowledge, and experience. ○ Improve professional development to stay updated with healthcare advancements, leadership techniques, and industry best practices, ○ Provide comprehensive training and learning programs for all staff
Continuous Improvement	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders ensure the continuous improvement • For all departments, they:

	<ul style="list-style-type: none"> ○ Demonstrates commitment to self-development through measuring strengths and weaknesses ○ Identify areas for improvement ○ Consider the feedback from stake holders ○ Applying for the health services organizational LEARNING PROGRAM
Preparedness and Crisis Management	<ul style="list-style-type: none"> ● Overall Rating: High ● Public Hospitals leaders are well-prepared for crisis management they: <ul style="list-style-type: none"> ○ Have risk management principles and guide relevant programs ○ Actively anticipates, manages, and mitigates significant risks during emergencies. ○ Weight risks and benefits consider diverse perspectives and respond quickly when circumstances require a shift in action plans and rapid execution of new plans.
Organizational Resilience	<ul style="list-style-type: none"> ● Overall Rating: High ● Public Hospitals leaders have good organizational resilience; they <ul style="list-style-type: none"> ○ Understand resilience and maintain composure to adapt to changes ○ Embrace new approaches and positivity under pressure ○ Enhances strategies for sustainability.
Problem-Solving and Negotiation	<ul style="list-style-type: none"> ● Overall Rating: High ● Public Hospitals leaders have the needed skills for Problem-Solving and Negotiation; they: <ul style="list-style-type: none"> ○ Demonstrate the problem-solving skills ○ Discuss collaboratively the conflicting perspectives and are managed through mediation and negotiation to lead to mutually beneficial solutions.
Systems Thinking	<ul style="list-style-type: none"> ● Overall Rating: High ● Public Hospitals leaders adopt the system thinking approach; they: <ul style="list-style-type: none"> ○ Adopts a systemic approach, recognizes local implications of regional and global health events ○ Connects inter-relationships among access, quality, safety, and cost
Population Health Assessment and Promotion	<ul style="list-style-type: none"> ● Overall Rating: High ● Public Hospitals leaders enhance the population's health, they: <ul style="list-style-type: none"> ○ Incorporates an understanding of social and environmental determinants of health into strategies and decisions ○ Assesses healthcare cost and accessibility to meet patient population needs
Networks and Alliances	<ul style="list-style-type: none"> ● Overall Rating: High ● Public Hospitals leaders improve their networks and alliances; they:

	<ul style="list-style-type: none"> ○ Establish relevant partnerships and effective relationships with other providers and networks ○ Align services with corporate social responsibility and environmental sustainability practices
Advocacy	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals's leaders advocate for healthcare policy initiatives aligned with priorities and quality of care.
Engaging Culture and Environment	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders work on engaging Culture and Environment. They: <ul style="list-style-type: none"> ○ Develop an organizational culture that is built on mutual trust, inclusion, and transparency, ○ Encourage interdisciplinary collaboration, foster a culture and teamwork, ○ maintains awareness of factors impacting the community and organization's services. ○ Break down silos, and create opportunities for staff to work together to solve complex problems and deliver high-quality care.
Innovation and Entrepreneurship	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders encourage Innovation and Entrepreneurship; they: <ul style="list-style-type: none"> ○ Incorporate innovation ○ Improving enough to promote higher-order health services in the strategy development process ○ Encouraged to support healthcare improvement.to achieve excellent patient care
Change Management	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders adapt the change management they: <ul style="list-style-type: none"> ○ Adapt to changes for sustained impact ○ Embrace new approaches for patients' change processes ○ Try to minimize resistance to change and ensure successful implementation. ○ Ensure that the Hospitals's performance can respond to rapid or unexpected organizational or external changes
Strategic Financial Management	<ul style="list-style-type: none"> • Overall Rating: Medium • Public Hospitals leaders adhere to strategic financial management. They: <ul style="list-style-type: none"> ○ Effectively manage the financial performance \(\(planning, execution, and monitoring of resources) ○ Balances short-term and long-term effects and outcomes in resource management
Regulations and Health Systems	<ul style="list-style-type: none"> • Overall Rating: High • Public Hospitals leaders <ul style="list-style-type: none"> ○ Understands the local and national healthcare system structure, public policy, and legislative processes, interpreted into the Hospitals's strategic objectives.

	<ul style="list-style-type: none"> ○ Moreover, ensures compliance with applicable laws and regulations in the healthcare sector.
Public Relations and Marketing	<ul style="list-style-type: none"> ● Overall Rating: High ● Public Hospitals leaders determine Hospitals customer groups and market segments.
Sustainability Leadership	<ul style="list-style-type: none"> ● Overall Rating: High ● Public Hospitals leaders are sustainable leaders; they: <ul style="list-style-type: none"> ○ Identified and oversaw sustainability ○ Understand actions related to climate impact reduction and Climate impact measures
Digital Technologies in Healthcare	<ul style="list-style-type: none"> ● Overall Rating: High ● Public Hospitals leaders adapt to digital technologies in healthcare they: <ul style="list-style-type: none"> ○ Implement Digital technologies are implemented, and ○ Aligned with the organizational strategy ○ Recognizes the potential and limitations of health technologies and digital outreach
Administration and Business Development	<ul style="list-style-type: none"> ● Overall Rating: High ● Public Hospitals leaders encourage business development; they: <ul style="list-style-type: none"> ○ Demonstrates knowledge of essential business practices ○ Use findings from performance reviews to develop priorities for continuous improvement ○ Search for opportunities for growth and development
Translation and Implementation	<ul style="list-style-type: none"> ● Overall Rating: High ● Public Hospitals leaders effectively apply knowledge of organizational systems, demonstrate analytical thinking, are capable of agility and resilience, and delegate effective solutions.
Governance	<ul style="list-style-type: none"> ● Overall Rating: High ● Public Hospitals ensures that responsible governance structure, policies, and values are established and aligned with values, strategic direction, and vision.

Annex 4

Detailed Domains Statistical Analysis

General Parameters (Systems Perspective)

Table 4.5 comprehensively evaluates general parameters within a systems perspective applied to a healthcare institution, presumably Public Hospitals. The mean scores indicate high perceived effectiveness and alignment with specified criteria. Notably, the Hospitals's possession of adequate assets to deliver services effectively receives a high mean score of 4.34 with a standard deviation of 0.928, underscoring a robust consensus among stakeholders on the sufficiency of resources. Similarly, the Hospitals's adeptness in addressing regional healthcare needs is reflected in a mean score of 4.24 with a standard deviation of 0.989, highlighting a strong agreement on the institution's capacity to cater to the specified healthcare demands of its region. Additionally, the Hospitals's commitment to customer-focused excellence models, as denoted by a mean score of 4.18 with a standard deviation of 1.022, further substantiates a positive evaluation of its strategic approach to enhancing service quality.

Furthermore, the leadership's dedication to fostering a competitive position in Jordanian healthcare services is evidenced by a mean score of 4.17 with a standard deviation of 0.986, affirming a shared perception of the Hospitals's strategic positioning within the healthcare landscape. The overall mean of 4.06 with a standard deviation of 1.34 signifies a consistently high level of agreement across the evaluated parameters, emphasizing the institution's comprehensive excellence in health services. This nuanced analysis provides valuable insights into the multifaceted dimensions of Hospitals management and leadership, shedding light on key strengths and areas of emphasis within the specified healthcare setting.

Table (4.5) General Parameters (Systems Perspective)

Items	Mean	SD	Agreement Degree
Hospitals HAVE ENOUGH ASSETS enough resources to provide its services effectively and satisfactorily to customers	4.34	0.928	High
Hospitals approaches ADDRESS THE Hospitals AND HEALTH SERVICES need sat specified region	4.24	0.989	High

Hospitals apply the CUSTOMER-FOCUSED EXCELLENCE models.	4.18	1.022	High
Hospitals have a COMPETITIVE POSITION in healthcare services in Jordan	4.17	0.986	High
Hospitals' leaders ensure fair treatment for different CUSTOMERS, CUSTOMER groups, and market SEGMENTS.	4.00	1.037	High
Hospitals leaders INSPIRE AND MOTIVATE your team members LEADERS create an ENVIRONMENT FOR SUCCESS now and in the future.	4.00	0.989	High
Hospitals SENIOR LEADERS communicate with and engage the entire WORKFORCE, KEY PARTNERS, and KEY CUSTOMERS.effectivly	3.98	0.940	High
Hospitals capable of AGILITY AND RESILIENCE Health Services Results are excellent	3.94	0.965	High
Hospitals focus on success, INNOVATING, AND IMPROVING enough to promote higher-order health services.	3.94	1.027	High
Hospitals' leadership adheres to KEY STRATEGIC CHALLENGES and ADVANTAGES	3.93	1.071	High
Hospitals' SENIOR leader, set and deployed the Hospitals's VISION AND Articulates a vision for the future	3.93	1.021	High
Hospitals' leadership promotes patient safety and drives quality improvement initiatives.	3.92	1.043	High
Hospitals SENIOR LEADERS' actions demonstrate their commitment to legal and ETHICAL BEHAVIOR. And be role models of ETHICAL BEHAVIOR AND TRANSPARENCY	3.91	1.045	High
Hospitals leaders improve WORK PROCESSES and support PROCESSES to improve products and PROCESS PERFORMANCE, enhance your CORE COMPETENCIES, and reduce variability.	3.91	1.019	High
Hospitals leaders state the organization's KEY STRATEGIC OBJECTIVES and their most critical related GOALS.	3.87	1.036	High

Public Hospitals leaders in achieving excellent patient care and recognizing the importance of teamwork as part of the service experience?	3.87	1.086	High
Hospitals SENIOR LEADERS ensure responsible GOVERNANCE	3.87	1.067	High
Hospitals PROCESSES CONSISTENTLY EFFECTIVE and the results of health services in Public Hospitals are excellent.	3.86	0.985	High
Total	4.06	1.34	High

Visionary Leadership

Table 4.6 quantitatively assesses visionary leadership within healthcare delivery, emphasizing key dimensions such as transparency, ethical conduct, societal contributions, and workforce engagement. Notably, the mean scores reflect a high level of consensus on the upheld values and commitments. Transparency, respect, equity, and diversity in operations receive a mean score of 4.04 with a standard deviation of 1.013, indicating a strong agreement on adherence to these fundamental principles. Furthermore, the Hospitals's commitment to significant societal contributions, excellence, integrity, and altruism in healthcare delivery is underscored by a mean score of 4.00 with a standard deviation of 1.009, revealing a shared perception of the institution's dedication to societal well-being. Additionally, the mean score of 3.92 with a standard deviation of 1.41 for the overall assessment reinforces the robust consensus on visionary leadership within the healthcare setting. This nuanced analysis highlights the multifaceted dimensions of leadership excellence, providing insights into the institution's commitment to ethical, transparent, and socially responsible healthcare practices.

Table (4.6) Visionary Leadership

Items	Mean	SD	Agreement Degree
Transparency, respect, equity, and diversity are upheld in operations.	4.04	1.013	High
Hospitals make SIGNIFICANT SOCIETAL CONTRIBUTIONS and demonstrates a	4.00	1.009	High

commitment to excellence, integrity, and altruism in healthcare delivery.			
Established ethical structures are effectively used to resolve ethical issues.	3.99	1.038	High
A balance between personal and professional accountability is maintained, focusing on patient and community needs.	3.98	1.057	High
The Hospitals commits to high ethical conduct and decision-making. in all interactions and strengthen	3.97	1.024	High
The Hospitals promotes quality and safety of care for patients.	3.95	1.029	High
Psychological safety is ensured for employees in the workplace.	3.82	1.101	High
Hospitals apply the VALUING PEOPLE POLICY.	3.79	1.065	High
The Hospitals upholds equity, social and environmental commitment in its service delivery.	3.73	1.169	High
A positive reinforcement culture engages, educates, supports, mentors, and energizes the workforce.	3.70	1.241	High
Total	3.92	1.41	High

Professional, Ethical, and Social Responsibility

Table (4.7) systematically evaluates the healthcare context's professional, ethical, and social responsibility dimensions, specifically focusing on leadership practices and institutional commitments. The mean scores signify a robust consensus on the effectiveness of the Hospitals's leaders in enabling customers to seek information and support (mean = 4.34, SD = 0.928), emphasizing a high degree of agreement on the leaders' facilitation of customer engagement. Furthermore, the commitment to patient-centred care, as reflected in the mean score of 4.20 with a standard deviation of 1.045, underscores the prioritization of patients in decision-making processes, aligning with ethical principles. The table also highlights the institution's dedication to continuous improvement based on current research and good practices (mean = 3.84, SD = 1.079) and the inclusion of diverse perspectives in decision-making (mean = 3.84, SD = 1.047), both indicative of a commitment to professional and ethical standards. The overall mean of 4.05 with a

standard deviation of 1.29 underscores a pervasive high level of agreement, emphasizing the Hospitals's comprehensive commitment to professional, ethical, and socially responsible healthcare practices. This nuanced analysis provides valuable insights into the multifaceted dimensions of institutional responsibility and leadership in healthcare.

Table (4.7) Professional, Ethical, and Social Responsibility

Items	Mean	SD	Agreement Degree
Hospitals' leaders enable CUSTOMERS to seek information and support.	4.34	0.92 8	High
Hospitals' leaders listen to, interact with, and observe CUSTOMERS to obtain actionable information and manage CUSTOMER complaints	4.24	0.98 9	High
Hospitals' leaders prioritize patient-centered care by putting patients at the center of decision-making processes.	4.20	1.04 5	High
The Hospitals commits to continuous improvement based on current research and good practices.	3.84	1.07 9	High
Perspectives of patients, families, and the community are included in decision-making, respecting cultural differences.	3.84	1.04 7	High
Patient care excellence is prioritized while recognizing workforce contribution.	3.74	1.03 2	High
Total	4.05	1.29	High

Quality Improvement and Patient Safety

Table (4.8) assesses quality improvement and patient safety aspects within the healthcare context, focusing on leadership qualities and institutional commitments. The mean scores suggest a high level of consensus on critical dimensions. The Hospitals demonstrates a noteworthy understanding of its role and implications, continuously leading and inspiring others, as reflected in the mean score of 4.18 with a standard deviation of 1.023. Additionally, Hospitals leaders' cultivation of a culture of empathy and compassion among healthcare professionals receives a mean score of 4.17 with a standard deviation of 0.986, indicating a robust agreement on the importance of these attributes in enhancing patient care and safety. The commitment to self-care, wellbeing, and self-resilience, with a mean score of 3.94 and a standard deviation of 0.965,

underscores the institution's recognition of personal wellness's crucial role in maintaining high-quality healthcare practices. The overall mean of 4.11 with a standard deviation of 1.28 signifies a pervasive high level of agreement on the Hospitals's dedication to quality improvement and patient safety, emphasizing the significance of leadership qualities and institutional commitments in these critical healthcare domains.

Table (4.8) Quality Improvement and Patient Safety

Items	Mean	SD	Agreement Degree
The Hospitals demonstrates an understanding of its role and related implications, continuously leading and inspiring others.	4.18	1.023	High
Hospitals leaders foster a culture of empathy and compassion among healthcare professionals	4.17	0.986	High
Public Hospitals shows commitment to self-care, wellbeing, and self-resilience, utilizing support structures when needed.	3.94	0.965	High
Hospitals' leaders demonstrate SELF-AWARENESS and manage their emotions effectively and. show EMPATHY AND UNDERSTANDING toward others	3.86	0.985	High
Total	4.11	1.28	High

Commitment to Advancing People-Centered Services

Table 5 evaluates the Hospitals's commitment to advancing people-centred services, emphasizing self-development, continuous improvement, and organizational learning. The mean scores reflect a high level of consensus on critical dimensions. The Hospitals's commitment to self-development, including lifelong learning, networking, and personal improvement, is underscored by a mean score of 3.94 with a standard deviation of 1.027, indicative of a robust agreement on the institution's dedication to fostering individual growth among its workforce. Moreover, the Hospitals identifies areas for improvement and its proactive efforts to address them, serving as a role model for others. This is evident in the mean score of 3.93, with a standard deviation of 1.021. The commitment to the health services organizational learning program, as reflected in the mean score of 3.87 with a standard deviation of 1.036, further emphasizes the institution's dedication to collective learning and improvement. The overall mean of 3.91 with a standard deviation of 1.34 signifies a pervasive high level of agreement, emphasizing the Hospitals's comprehensive commitment to advancing people-centred services through individual and organizational

development. This nuanced analysis provides valuable insights into the multifaceted dimensions of the institution's commitment to continuous improvement and learning within the specified healthcare setting.

Table (4.9) Commitment to Advancing People-Centered Services

Items	Mean	SD	Agreement Degree
The Hospitals demonstrates commitment to self-development, including lifelong learning, networking, and personal improvement.	3.94	1.027	High
The Hospitals identifies areas for improvement and works on them, serving as a role model for others.	3.93	1.021	High
Hospitals applying for the health services organizational LEARNING PROGRAM	3.87	1.036	High
Reflective leadership is evident in measuring strengths and weaknesses using self-assessment and feedback from others.	3.87	1.086	High
Total	3.91	1.34	High

Compassionate Leadership

Table 6 shows the assessment of compassionate leadership dimensions within the healthcare context, focusing on analytical thinking, agility, organizational systems knowledge, and effective decision-making. The mean scores suggest a high level of consensus on key leadership attributes. The Hospitals's demonstration of analytical thinking and agility in problem-solving, with a mean score of 3.93 and a standard deviation of 1.071, highlights a pervasive agreement on the institution's adeptness in addressing challenges with a thoughtful and adaptable approach. Additionally, the practical application of organizational systems theories and behaviours, as reflected in a mean score of 3.92 with a standard deviation of 1.043, underscores a shared perception of the Hospitals's proficiency in understanding and navigating complex organizational dynamics. Promoting solutions, effective delegation, and encouragement of decision-making, with a mean score of 3.91 and a standard deviation of 1.019, further signifies a consensus on the Hospitals's commitment to fostering leadership qualities that promote a compassionate and empowering work environment. The overall mean of 3.83 with a standard deviation of 1.40 emphasizes a pervasive high level of agreement, highlighting the Hospitals's comprehensive approach to compassionate leadership, incorporating analytical acumen, organizational

understanding, and supportive decision-making. This nuanced analysis provides valuable insights into the multifaceted dimensions of leadership excellence within the specified healthcare setting.

Table (4.9) Compassionate Leadership

Items	Mean	SD	Agreement Degree
The Hospitals demonstrates analytical thinking and agility when facing problems and takes appropriate action.	3.93	1.071	High
Public Hospitals effectively applies knowledge of organizational systems theories and behaviours.	3.92	1.043	High
The Hospitals promotes solutions, delegates effectively, and encourages decision-making.	3.91	1.019	High
Total	3.83	1.40	High

Emotional Intelligence and Self-Awareness

Table (4.10) systematically evaluates the dimensions of emotional intelligence and self-awareness within the healthcare context, focusing on resource management, fiscal responsibility, and strategic planning. The mean scores indicate a high level of consensus on critical attributes. The Hospitals's ability to balance short-term and long-term effects and outcomes in resource management, with a mean score of 4.00 and a standard deviation of 1.037, reflects a robust agreement on the institution's capacity to navigate the complexities of resource allocation with a forward-looking perspective. Moreover, the commitment of Hospitals leaders to ensure the availability of financial and other resources to support action plans is underscored by a mean score of 4.00 with a standard deviation of 0.989, indicative of a shared perception of effective leadership in resource mobilization. The overall mean of 4.03 with a standard deviation of 1.30 signifies a pervasive high level of agreement, emphasizing the Hospitals's comprehensive approach to emotional intelligence and self-awareness in resource management, strategic planning, and fiscal responsibility. This nuanced analysis provides valuable insights into the multifaceted dimensions of the institution's leadership acumen within the specified healthcare setting.

Table (4.10) Emotional Intelligence and Self-Awareness

Items	Mean	SD	Agreement Degree
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The Hospitals balances short-term and long-term effects and outcomes in resource management.	4.00	1.037	High
Hospitals' leaders ensure that financial and other resources are available to support achieving Hospitals ACTION PLANS.	4.00	0.989	High
The Hospitals can justify and solicit resources from funders or authorities.	3.99	0.941	High
Public Hospitals effectively uses key accounting principles and fiscal management tools. project Hospitals organization's future financial PERFORMANCE	3.91	1.045	High
The Hospitals guides the planning, execution, and monitoring of resources for optimal health outcomes and quality-cost controls.	3.87	1.067	High
Total	4.03	1.30	High

Executive Communication

Table (4.11) presented executive communication within the healthcare context, specifically focusing on key performance measures, leadership roles, workforce engagement, diversity, and strategic workforce management. The mean scores indicate a high level of consensus on various dimensions. Hospitals leaders' utilization of key performance measures to track the effectiveness of action plans, with a mean score of 4.04 and a standard deviation of 1.013, underscores a robust agreement on the importance of data-driven evaluation in leadership decision-making. Additionally, the clarity of defined leadership roles and responsibilities, considering equity, inclusion, and diversity, is reflected in a mean score of 4.00 with a standard deviation of 1.009, indicating a shared perception of effective and inclusive leadership structures. The overall mean of 3.96 with a standard deviation of 1.43 signifies a pervasive high level of agreement, emphasizing the Hospitals's comprehensive approach to executive communication, workforce engagement, and strategic leadership within the specified healthcare setting. This nuanced analysis provides valuable insights into the multifaceted dimensions of effective organizational communication and leadership excellence.

Table (4.11) Executive Communication

Items	Mean	SD	Agreement Degree
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Hospitals leaders use KEY PERFORMANCE MEASURES or INDICATORS to track the achievement and EFFECTIVENESS of Hospitals ACTION PLANS.	4.04	1.01 3	High
Leadership roles, responsibilities, and accountabilities are clearly defined, considering equity, inclusion, and diversity.	4.00	1.00 9	High
Hospitals Leaders Assess WORKFORCE ENGAGEMENT RESULTS support WORKFORCE PERFORMANCE management system support HIGH PERFORMANCE.	3.97	1.02 4	High
The Hospitals optimizes healthcare workforce performance, even in evolving contexts and critical issues.	3.95	1.02 9	High
Hospitals' leaders Ensure diversity in leadership positions, including representation from various backgrounds, cultures, and perspectives.	3.82	1.10 1	High
Effective strategies for workforce engagement, wellbeing, resilience, and retention are integrated and guided by the Hospitals.	3.73	1.16 9	High
Hospitals leaders assess Hospitals WORKFORCE CAPABILITY and CAPACITY needs. prepare Hospitals WORKFORCE for changing CAPABILITY and CAPACITY needs.	3.70	1.24 1	High
Total	3.96	1.43	High

Employee Support and Development

Table (4.12) assesses the dimensions of employee support and development within the healthcare context, focusing on data-driven decision-making, strategic planning, and compliance with privacy and security requirements. The mean scores indicate a high level of consensus on critical attributes. Hospitals leaders' selection of comparative data to support fact-based decision-making, with a mean score of 4.24 and a standard deviation of 0.987, underscores a robust agreement on the importance of informed decision-making supported by relevant data. Additionally, the commitment of Hospitals leaders to collecting and analyzing data for strategic planning processes, as reflected in a mean score of 4.20 with a standard deviation of 1.045, signifies a shared perception

of effective leadership in utilizing data for informed strategic decision-making. The overall mean of 4.68 with a standard deviation of 1.38 signifies a pervasive high level of agreement, emphasizing the Hospitals's comprehensive approach to employee support and development, particularly in fostering data-driven decision-making and ensuring compliance with information privacy and security requirements within the specified healthcare setting. This nuanced analysis provides valuable insights into the multifaceted dimensions of effective leadership in employee support and development.

Table (4.12) Employee Support and Development

Items	Mean	SD	Agreement Degree
Hospitals' leaders select comparative data and information to support fact-based decision-making	4.24	0.987	High
Hospitals leaders collect and analyze relevant data and develop information for Hospitals strategic planning PROCESS. critically assesses, and analyses relevant data for data-driven decision-making	4.20	1.045	High
Hospitals leaders ensure the availability of organizational data and information and optimally and cost-effectively uses information and trend analysis.	3.84	1.046	High
Public Hospitals ensures compliance with privacy and security requirements for information.	3.84	1.079	High
Total	4.68	1.38	High

Human Resource Management

Table (4.13) shows human resource management within the healthcare context, focusing on learning and development, performance reviews, administrative decision-making, alignment with organizational values, and leadership skills. The mean scores indicate varying levels of consensus on different dimensions. Hospitals leaders' support for learning and development systems, with a mean score of 3.80 and a standard deviation of 1.030, suggests a high level of agreement on the importance of fostering personal and organizational growth. However, performance reviews for continuous improvement and innovation (mean = 3.74, SD = 1.072) and application of administrative matters based on facts (mean = 3.72, SD = 1.133) reflect a slightly lower, albeit still substantial, agreement. The overall mean of 3.66 with a standard deviation of 1.25 falls into the medium agreement category, indicating varying degrees of consensus across the

evaluated dimensions of human resource management within Public Hospitals. This nuanced analysis provides insights into the multifaceted nature of human resource practices, highlighting areas of more substantial alignment and others with potential for further enhancement within the specified healthcare setting.

Table (4.7) Human Resource Management

Items	Mean	SD	Agreement Degree
Hospitals leaders support learning and development systems to support the personal development of members of your workforce and the needs of your organization	3.80	1.030	High
Hospitals' leaders use findings from PERFORMANCE reviews to develop priorities for continuous improvement and opportunities for INNOVATION.	3.74	1.072	High
Public Hospitals leaders apply administrative matters based on facts	3.72	1.133	High
The Hospitals demonstrates knowledge of essential business practices and evaluates alignment with organizational values and plans.	3.70	1.065	High
Public Hospitals leaders develop transformational leadership skills	3.65	1.019	Medium
Public Hospitals leaders provide opportunities for growth and development	3.60	1.055	Medium
Public Hospitals leaders have performance expectations for planning prospects in the short and long term	3.57	1.101	Medium
Total	3.66	1.25	Medium

Monitoring and Evaluation

Table (4.14) assesses monitoring and evaluation practices within the healthcare context, focusing on quality outcomes, patient satisfaction, safety programs, and leaders' adaptability to changes and technological advancements. The mean scores suggest varying levels of consensus on different dimensions. The Hospitals's guidance in the development, implementation, and tracking of quality outcomes, satisfaction, and safety programs (mean = 3.80, SD = 0.967) and leaders' adaptability to changes and new approaches for patients (mean = 3.79, SD = 1.143) indicate a high level of agreement, highlighting a commitment to quality improvement and responsiveness to evolving healthcare dynamics. However, the mean score of 3.64 with a standard deviation of 1.34 for the overall assessment falls into the medium agreement category, suggesting varied levels of

consensus across the evaluated dimensions. Notably, the Hospitals's development and tracking of indicators using recognized frameworks (mean = 3.65, SD = 1.004) and leaders' determination of customer satisfaction, dissatisfaction, and engagement (mean = 3.39, SD = 1.283) exhibit lower levels of agreement. This nuanced analysis provides insights into the multifaceted nature of monitoring and evaluation practices within Public Hospitals, emphasizing areas of strength and potential for improvement within the specified healthcare setting.

Table (4.14) 1 Monitoring and Evaluation

Items	Mean	SD	Agreement Degree
The Hospitals guides the development, implementation, and tracking of quality outcomes, satisfaction, and safety programs.	3.80	0.967	High
Hospitals leaders ADAPT TO CHANGES and embrace new approaches for patients	3.79	1.143	High
Hospitals LEADERS stay abreast of EMERGING TECHNOLOGIES and innovative solutions that can improve patient care, operational efficiency, and overall outcomes	3.68	1.154	High
Public Hospitals develops and tracks indicators using recognized frameworks for quality outcomes, satisfaction, and safety.	3.65	1.004	Medium
Hospitals' leaders determine CUSTOMER satisfaction, dissatisfaction, and ENGAGEMENT	3.39	1.283	Medium
Total	3.64	1.34	Medium

Strategic Financial Management

Table (4.15) assesses strategic financial management within the healthcare context, focusing on leveraging data and analytics, producing relevant data sets, and informed decision-making by Hospitals leaders. The mean scores suggest a medium level of consensus on the evaluated dimensions. The encouragement of leaders to leverage data and analytics for informed decision-making (mean = 3.60, SD = 1.247) indicates a moderate level of agreement, emphasizing the importance of data-driven decision-making in strategic financial management. Similarly, the production of relevant data sets and monitoring systems to ensure standards in clinical, corporate, and administrative functions (mean = 3.43, SD = 1.201) and leaders' making informed decisions based on thorough analysis (mean = 3.33, SD = 1.286) exhibit comparable levels of agreement.

The overall mean of 3.51 with a standard deviation of 1.55 falls into the medium agreement category, suggesting a moderate consensus on the effectiveness of strategic financial management practices within Public Hospitals. This nuanced analysis provides insights into the complex landscape of financial management in healthcare, highlighting areas with moderate agreement and potential for improvement within the specified setting.

Table (4.15) Strategic Financial Management

Items	Mean	SD	Agreement Degree
Encourage leaders to LEVERAGE DATA AND ANALYTICS to make informed decisions.	3.60	1.247	Medium
Relevant data sets are produced, and monitoring systems ensure standards are met in clinical, corporate, and administrative functions.	3.43	1.201	Medium
Hospitals leaders MAKE INFORMED DECISIONS based on thorough analysis	3.33	1.286	Medium
Total	3.51	1.55	Medium

Interpersonal Relationships

Table (4.16) systematically evaluates interpersonal relationships within the healthcare context, focusing on leadership practices related to patient safety, quality improvement initiatives, strategic objectives, and vision communication. The mean scores indicate a high level of consensus on key dimensions. The promotion of patient safety and driving quality improvement initiatives by Hospitals leadership, with a mean score of 4.34 and a standard deviation of 0.928, underscores a robust agreement on the pivotal role of leadership in ensuring patient welfare and continuous quality enhancement. Additionally, leadership's development and communication of a clear strategy for achieving the vision (mean = 4.24, SD = 0.987) and balancing strategic objectives to achieve an appropriate organizational balance (mean = 4.20, SD = 1.045) reflect strong agreement on effective leadership practices. The overall mean of 3.78 with a standard deviation of 1.12 signifies a pervasive high level of agreement, emphasizing the Hospitals's comprehensive approach to interpersonal relationships, leadership communication, and strategic alignment within the specified healthcare setting. This nuanced analysis provides valuable insights into the multifaceted

Table (4.16) Interpersonal Relationships

Items	Mean	SD	Agreement Degree
Hospitals' leadership promotes patient safety and drives quality improvement initiatives.	4.34	0.928	High
Hospitals' leadership DEVELOP AND COMMUNICATE A CLEAR STRATEGY for achieving the vision.	4.24	0.987	High
Hospitals' leaders balance the STRATEGIC OBJECTIVES to achieve an appropriate balance among varying and potentially competing organizational needs	4.20	1.045	High
Hospitals' leadership DEVELOP AND COMMUNICATE A CLEAR STRATEGY for achieving the vision.	3.84	1.081	High
Hospitals' leadership ALIGN GOALS AND OBJECTIVES with the OVERALL VISION.	3.84	1.046	High
Hospitals Leadership Articulates a vision for the future	3.79	1.064	High
Hospitals' leadership adheres to KEY STRATEGIC CHALLENGES and ADVANTAGES.	3.75	1.033	High
Total	3.78	1.12	High

Information Management

Table (4.17) shows information management within the healthcare context, focusing on the engagement of governing bodies, executive decision-making, succession planning, data tracking, and evaluation of leadership and governance performance. The mean scores indicate a high level of consensus on key dimensions. The engagement and commitment of key governing bodies to the organizational strategy and vision, with a mean score of 4.19 and a standard deviation of 1.022, underscore a robust agreement on the importance of strategic alignment at the leadership level. Similarly, the making and implementation of executive decisions according to governance structure, policies, and values (mean = 4.17, SD = 0.988) and succession planning for continuity of oversight in alignment with values and strategic direction (mean = 3.95, SD = 0.964) reflect strong consensus on effective information management practices. The overall mean of 4.00 with a standard deviation of 0.86 signifies a pervasive high level of agreement, emphasizing the Hospitals's comprehensive approach to information management, strategic governance, and

performance evaluation within the specified healthcare setting. This nuanced analysis provides valuable insights into the multifaceted dimensions of effective information management and governance practices within Public Hospitals.

Table (4.17) Information Management

Items	Mean	SD	Agreement Degree
Key governing bodies are engaged and committed to the organizational strategy and vision.	4.19	1.02 2	High
Executive decisions are made and implemented according to governance structure, policies, and values.	4.17	0.98 8	High
Succession planning is built for continuity of oversight in alignment with values and strategic direction.	3.95	0.96 4	High
Hospitals leaders track data and information on daily operations and overall organizational PERFORMANCE.	3.94	1.02 7	High
Hospitals ADDRESS CURRENT AND ANTICIPATE FUTURE legal, regulatory, and community concerns with Hospitals HEALTH SERVICES and operations.	3.87	1.08 6	High
Hospitals evaluate the PERFORMANCE of SENIOR LEADERS and the GOVERNANCE board.	3.86	0.98 4	High
Total	4.00	0.86	High

Ongoing Learning and Sharing

Table (4.18) systematically evaluates the domain of Ongoing Learning and Sharing within the healthcare context, focusing on risk management, decision-making, diverse perspectives, and responsiveness to changing circumstances. The mean scores indicate a high level of consensus on key dimensions. Hospitals leaders' commitment to weighing risks and benefits before making decisions (mean = 3.93, SD = 1.070), understanding risk management principles and guiding relevant programs and strategies (mean = 3.93, SD = 1.023), and actively anticipating, managing, and mitigating significant risks during emergencies (mean = 3.93, SD = 1.042) all demonstrate strong agreement on the importance of risk-aware decision-making and crisis management. Furthermore, the consideration of diverse perspectives and seeking input from others (mean = 3.91, SD = 1.019), along with the ability to respond quickly to circumstances requiring a shift in action plans and rapid execution of new plans (mean = 3.90, SD = 1.050), highlights a shared recognition of the value of inclusivity and adaptability in leadership practices. Additionally, the Hospitals's planning for service continuity during potential health and other emergencies (mean = 3.87, SD = 1.036) further emphasizes a proactive approach to ensuring ongoing operations amidst challenging circumstances.

Table (4.18) Ongoing Learning and Sharing

Items	Mean	SD	Agreement Degree
Hospitals leaders WEIGH RISKS AND BENEFITS before making decisions.	3.93	1.070	High
Public Hospitals understands risk management principles and guides relevant programs and strategies.	3.93	1.023	High
The Hospitals actively anticipates, manages, and mitigates major risks during emergencies.	3.93	1.042	High
Hospitals LEADERS CONSIDER DIVERSE PERSPECTIVES And seek input from others	3.91	1.019	High
Hospitals leaders respond quickly when circumstances require a shift in ACTION PLANS and rapid execution of new plans.	3.90	1.050	High

The Hospitals plans for service continuity during potential health and other emergencies.

3.87

1.036

High

Total	3.91	0.92	High
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Continuous Improvement

Table (4.19) shows the domain of Continuous Improvement within the healthcare context, focusing on recognising the potential and limitations of health technologies and the cost-effective implementation of digital technologies aligned with organizational strategy. The mean scores indicate a high level of consensus among respondents, with scores of 3.79 and 3.76 for the respective items and an overall mean of 3.77, along with a standard deviation of 0.89, signifying a high degree of agreement. The Hospitals's acknowledgement of the potential and limitations of health technologies underscores a nuanced understanding of the evolving landscape of healthcare, with a mean score of 3.79. Additionally, the cost-effective implementation of digital technologies aligned with organizational strategy, with a mean score of 3.76, highlights a commitment to strategic and efficient utilization of technological resources. The low standard deviation affirms the uniformity of responses, indicating a robust consensus on the Hospitals's continuous improvement practices in the specified dimensions. This nuanced analysis provides valuable insights into the healthcare institution's approach to leveraging technology for ongoing enhancement within Public Hospitals.

Table (4.19) Continuous Improvement

Items	Mean	SD	Agreement Degree
The Hospitals recognizes the potential and limitations of health technologies and digital outreach.	3.79	0.982	High
Digital technologies are implemented cost-effectively in alignment with the organizational strategy.	3.76	1.006	High
Total	3.77	0.89	High

Preparedness and Crisis Management

Table (4.20) presents the Preparedness and Crisis Management domain within the healthcare context, focusing on communication strategies and consistency in conveying organizational mission, vision, values, and priorities. The mean scores indicate a high level of consensus among respondents, with scores of 4.23, 4.11, and 3.81 for the respective items and an overall mean of 4.05. The low standard deviation of 0.84 further signifies a high degree of agreement. The Hospitals's commitment to customized messaging and communication methods tailored for different groups to optimize impact, as reflected in the mean score of 4.23, suggests a strategic and nuanced approach to crisis communication. Moreover, presenting information in a factual, credible, and understandable way to decision-makers, with a mean score of 4.11, highlights the importance of clarity and reliability in disseminating critical information during crises. While the articulation and consistent communication of the mission, vision, values, and priorities to stakeholders, with a mean score of 3.81, slightly deviate from the higher scores of the other items, it still falls within the high agreement category.

Table (4.20) Preparedness and Crisis Management

Items	Mean	SD	Agreement Degree
Messaging and means of communication are customized for separate groups to optimize impact.	4.23	0.967	High
Information is presented in a factual, credible, and understandable way to decision-makers.	4.11	0.991	High
The Hospitals articulates and communicates the mission, vision, values, and priorities consistently to stakeholders.	3.81	1.020	High
Total	4.05	0.84	High

Organizational Resilience

Table (4.21) presents the domain of Organizational Resilience within the healthcare context, focusing on leadership development through mentoring, coaching, and continuous development, as well as providing constructive feedback in a professional and respectful environment. The mean scores for both items, 4.33 and 4.17, respectively, and the overall mean of 4.25 indicate a high level of consensus among respondents. The low standard deviation of 0.81 further underscores a strong agreement among participants. Moreover, The Hospitals's commitment to developing others through mentoring, coaching, and continuous development, as reflected in the mean score of 4.33, signifies a proactive approach to leadership cultivation and constant improvement. Additionally, providing constructive feedback in a professional and respectful environment, with a mean score of 4.17, highlights a supportive and growth-oriented organizational culture.

Table (4.21) Organizational Resilience

Items	Mean	SD	Agreement Degree
The Hospitals develops others through mentoring, coaching, and promoting continuous development.	4.33	0.859	High
Constructive feedback about performance is provided in a professional and respectful environment.	4.17	0.899	High
Total	4.25	0.81	High

Problem-Solving and Negotiation

Table (4.22) presents the domain of Problem-Solving and Negotiation within the healthcare context, focusing on leadership behaviours characterized by compassion and collaboration and the value and understanding of transparent, shared decision-making. The mean scores for both items, 3.99 and 3.98, respectively, and the overall mean of 3.99, indicate a high level of consensus among respondents. The low standard deviation of 0.91 further underscores a strong agreement among participants. Also, Adopting compassionate and collaborative leadership behaviours, as reflected in the mean score of 3.99, suggests a commitment to fostering a positive and cooperative work environment, which is crucial for effective problem-solving and negotiation. Additionally, the value placed on transparent, shared decision-making, with a mean score of 3.98, highlights the importance of open communication and inclusive decision processes within Public Hospitals.

Table (4.22) Problem-Solving and Negotiation

Items	Mean	SD	Agreement Degree
Compassionate and collaborative leadership behaviours are adopted.	3.99	1.041	High
Transparent, shared decision-making is valued and understood.	3.98	0.942	High
Total	3.99	0.91	High

Systems Thinking

Table (4.23) shows the domain of Systems Thinking within the healthcare context, focusing on leadership behaviours related to transparent communication, listening skills, adaptation of communication style to different audiences, development and sustenance of positive workforce and stakeholder relationships, and ensuring clarity and understanding in Hospitals communication. The mean scores for all items range from 3.82 to 3.96, resulting in an overall mean of 3.90, indicating a high consensus level among respondents. The low standard deviation of 0.80 further emphasizes a strong agreement among participants. The Hospitals leaders' commitment to fostering an open and transparent communication culture (mean = 3.96) suggests a dedication to clarity and openness within the organizational communication framework. Demonstrating intense listening and communication skills, including non-verbal communication (mean = 3.93) and adapting communication style to different audiences (mean = 3.91), underscores the importance of effective communication tailored to diverse stakeholders.

The mean scores for developing and sustaining positive workforce and stakeholder relationships (mean = 3.89) and ensuring clarity and understanding in Hospitals communication (mean = 3.82) further highlight the Hospitals's commitment to fostering a supportive and communicative environment.

Table (4.23) Systems Thinking

Items	Mean	SD	Agreement Degree
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Hospitals Leaders Foster an open and transparent communication culture.	3.96	0.972	High
Strong listening and communication skills, including non-verbal communication, are demonstrated.	3.93	0.957	High
Hospitals leaders adapt Hospitals communication style to different audiences.	3.91	0.913	High
Positive workforce and stakeholder relationships are developed and sustained.	3.89	0.912	High
Hospitals leaders Ensure Clarity and understanding in Hospitals communication.	3.82	1.029	High
Total	3.90	0.80	High

Population Health Assessment and Promotion

Table (4.24) evaluates the domain of Population Health Assessment and Promotion within the healthcare context, focusing on collaborative discussion of conflicting perspectives and the demonstration of problem-solving skills, including conflict management through mediation and negotiation. The mean scores for both items, 4.03 and 3.95, respectively, result in an overall mean of 3.99, indicating a high level of consensus among respondents. The low standard deviation of 0.85 further underscores a strong agreement among participants. Also, The collaborative discussion of conflicting perspectives leading to mutually beneficial solutions (mean = 4.03) suggests a commitment to inclusive decision-making and resolution of differing viewpoints within Public Hospitals. Demonstrating problem-solving skills and managing conflicts through mediation and negotiation (mean = 3.95) highlights a proactive approach to addressing challenges and fostering positive outcomes.

Table (4.24) Population Health Assessment and Promotion

Items	Mean	SD	Agreement Degree
Conflicting perspectives are discussed collaboratively, leading to mutually beneficial solutions.	4.03	0.930	High

Problem-solving skills are demonstrated, and conflicts are managed through mediation and negotiation.	3.95	0.928	High
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Total	3.99	0.85	High
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Networks and Alliances

Table (4.25) assesses the domain of Networks and Alliances within the healthcare context, focusing on Public Hospitals's systemic approach considering other sectors' priorities in the community, recognition of local implications of regional and global health events, and the balancing and connecting of inter-relationships among access, quality, safety, cost, and more. The mean scores for all items range from 3.81 to 3.91, resulting in an overall mean of 3.87, indicating a high level of consensus among respondents. The low standard deviation of 0.89 further emphasizes a strong agreement among participants. Moreover, The Hospitals's adoption of a systemic approach considering other sectors' priorities in the community (mean = 3.91) suggests a comprehensive and collaborative approach to healthcare that considers broader community needs. The recognition of local implications of regional and global health events (mean = 3.88) reflects a proactive stance in understanding and addressing the potential impact of external factors on the community served by the Hospitals. So, The mean score for balancing and connecting inter-relationships among access, quality, safety, cost, and more (mean = 3.81) highlights the Hospitals's commitment to achieving a harmonious and integrated healthcare system that considers multiple factors.

Table (4.25) Networks and Alliances

Items	Mean	SD	Agreement Degree
Public Hospitals adopts a systemic approach considering other sectors' priorities in the community.	3.91	1.005	High
The Hospitals recognizes local implications of regional and global health events, understanding their impact on communities.	3.88	1.059	High
Public Hospitals balances and connects inter-relationships among access, quality, safety, cost, and more.	3.81	0.967	High
Total	3.87	0.89	High

Advocacy

Table (4.26) presented the domain of Advocacy within the healthcare context, focusing on leadership behaviours that encourage interdisciplinary collaboration, break down silos, create opportunities for staff collaboration, and foster a culture of collaboration and teamwork. The mean scores, ranging from 3.89 to 4.10, reflect a high level of consensus among respondents, with an overall mean of 3.98, indicating a strong agreement. Leadership's encouragement of interdisciplinary collaboration and the breakdown of silos scored exceptionally high at 4.10, suggesting a commitment to fostering a collaborative environment for addressing complex problems and delivering high-quality care. Facilitating an organizational culture built on mutual trust, inclusion, and transparency received a mean score of 4.02, emphasizing the Hospitals's dedication to creating a supportive and transparent work environment. The overall high agreement among respondents underscores the Hospitals's robust advocacy practices, particularly in promoting collaboration, creating a supportive culture, and maintaining awareness of community factors within Public Hospitals.

Table (4.26) Advocacy

Items	Mean	SD	Agreement Degree
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Hospitals leaders encourage INTERDISCIPLINARY COLLABORATION, BREAK down silos, and create opportunities for staff to work together to solve complex problems and deliver high-quality care	4.10	0.933	High
The Hospitals facilitates development of an organizational culture built on mutual trust, inclusion, and transparency.	4.02	0.939	High
Hospitals leaders FOSTER A CULTURE of collaboration and teamwork.	3.98	1.017	High
The Hospitals maintains awareness of factors impacting the community and organization's services.	3.90	1.030	High
Teamwork, multidisciplinary teams, and cross-boundary engagement are promoted at Public Hospitals.	3.89	0.961	High
Total	3.98	0.77	High

Engaging Culture and Environment

Table (4.27) evaluates the domain of Engaging Culture and Environment within the healthcare context, focusing on the Hospitals's utilization of vital statistics and health indicators to identify priorities, incorporation of an understanding of social and environmental determinants of health into strategies and decisions, and assessment of healthcare cost and accessibility to meet patient population needs. The mean scores for all items range from 3.73 to 3.75, resulting in an overall mean of 3.74, indicating a high level of consensus among respondents. The standard deviation of 0.99 emphasizes a strong agreement among participants. The Hospitals's use of vital statistics and health indicators (mean = 3.75) suggests a data-informed approach to prioritize areas for intervention and decision-making. Understanding social and environmental determinants of health (mean = 3.75) underscores a comprehensive strategy considering broader contextual factors. The assessment of healthcare cost and accessibility to meet patient population needs (mean = 3.73) further reflects the Hospitals's commitment to evaluating and addressing healthcare delivery's financial and logistical aspects. The table provides insights into the Hospitals's practices in engaging culture and environment, particularly in utilizing data, considering social determinants, and assessing healthcare cost and accessibility. The high agreement among respondents indicates a shared understanding of the significance of these practices within Public Hospitals.

Table (4.27) Engaging Culture and Environment

Items	Mean	SD	Agreement Degree
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The Hospitals uses vital statistics and health indicators to identify priorities and guide decision-making.	3.75	1.062	High
Public Hospitals incorporates an understanding of social and environmental determinants of health into strategies and decisions.	3.75	1.164	High
Public Hospitals assesses healthcare cost and accessibility to meet patient population needs.	3.73	1.209	High
Total	3.74	0.99	High

Innovation and Entrepreneurship

Table (4.28) 5 evaluates the domain of Innovation and Entrepreneurship within the healthcare context, focusing on the promotion of relevant partnerships and networks to advance efficient care delivery, the establishment of relationships for effective, coordinated, and integrated care with other providers, and the alignment of partnerships with corporate social responsibility and environmental sustainability practices. The mean scores for all items range from 3.88 to 3.94, resulting in an overall mean of 3.91, indicating a high level of consensus among respondents. The low standard deviation of 0.93 emphasizes a strong agreement among participants. Promoting relevant partnerships and networks (mean = 3.94) suggests a strategic approach to advancing efficient care delivery through collaborative efforts. Establishing relationships for effective, coordinated, and integrated care (mean = 3.91) reflects the Hospitals's commitment to building connections with other providers for seamless healthcare delivery. Furthermore, aligning partnerships with corporate social responsibility and environmental sustainability practices (mean = 3.88) underscores the Hospitals's emphasis on responsible and sustainable healthcare practices. In summary, the table provides insights into the Hospitals's robust practices in innovation and entrepreneurship, particularly in fostering partnerships, collaboration, and aligning efforts with social and environmental responsibility. The high agreement among respondents indicates a shared understanding of the significance of these practices within Public Hospitals.

Table (4.28) Innovation and Entrepreneurship

Items	Mean	SD	Agreement Degree
Relevant partnerships and networks are promoted to advance efficient care delivery.	3.94	1.076	High
The Hospitals establishes relationships for effective, coordinated, and integrated care with other providers.	3.91	0.996	High
Partnerships align with corporate social responsibility and environmental sustainability practices.	3.88	1.037	High
Total	3.91	0.93	High

Change Management

Table (4.29) assesses the domain of Change Management within the healthcare context, focusing on advocating for patients' rights and their participation in designing health services and the Hospitals's advocacy for healthcare policy initiatives aligned with priorities and quality of care. Both items received a mean score of 4.00, resulting in an overall mean of 4.00, indicating a high level of consensus among respondents. The low standard deviation of 0.91 emphasizes a strong agreement among participants. The high mean scores suggest that Public Hospitals is effectively advocating for patients' rights and actively involving them in the design of health services. Furthermore, the Hospitals demonstrates a commitment to supporting healthcare policy initiatives that align with priorities and uphold the quality of care. The table provides insights into the Hospitals's effective change management practices, particularly in prioritizing patient rights, engaging them in healthcare service design, and advocating for policies aligned with quality care. The high agreement among respondents indicates a shared understanding of the importance of these practices within Public Hospitals.

Table (4.29) Change Management

Items	Mean	SD	Agreement Degree
Patients' rights are advocated for, and their participation in designing health services is assured.	4.00	1.006	High
Public Hospitals advocates for healthcare policy initiatives aligned with priorities and quality of care.	4.00	0.987	High
Total	4.00	0.91	High

Strategic Planning

Table (4.30) shows the domain of Strategic Planning within the healthcare context, specifically focusing on applying marketing and social marketing principles for community outreach and health literacy, as well as the Hospitals's proficiency in media, public relations, and effective communication. The mean scores for the items range from 3.67 to 3.82, resulting in an overall mean of 3.73, indicating a high level of consensus among respondents. The low standard deviation of 0.81 emphasizes a strong agreement among participants. Applying marketing and social marketing principles (mean = 3.82) suggests a strategic approach to community outreach and health literacy initiatives, demonstrating the Hospitals's commitment to effective communication. The proficiency in media, public relations, and effective communication (mean = 3.67) underscores the Hospitals's capability to manage its public image and maintain effective communication channels. The table provides insights into the Hospitals's strategic planning practices, particularly in utilizing marketing principles for community outreach and emphasizing proficiency in media and public relations. The high agreement among respondents indicates a shared understanding of the importance of these practices within Public Hospitals.

Table (4.30) Strategic Planning

Items	Mean	SD	Agreement Degree
Marketing and social marketing principles are applied for appropriate community outreach and health literacy.	3.82	0.857	High
c	3.72	0.895	High
The Hospitals demonstrates proficiency in media, public relations, and effective communication.	3.67	1.081	High
Total	3.73	0.81	High

Regulations and Health Systems

Table (4.31) provided evaluates the domain of Regulations and Health Systems within the healthcare context, focusing on the Hospitals's assurance of compliance with applicable laws and regulations in the healthcare sector, interpretation of public policy, legislative, and advocacy processes into strategic objectives, and understanding of the local and national healthcare system structure, funding mechanisms, and integrated care delivery networks. The mean scores for the items range from 3.74 to 3.94, resulting in an overall mean of 3.84, indicating a high level of consensus among respondents. The low standard deviation of 0.71 emphasizes a strong agreement among participants. The Hospitals's assurance of compliance with laws and regulations (mean = 3.94) suggests a commitment to legal and regulatory adherence in healthcare practices. The interpretation of public policy into strategic objectives (mean = 3.84) underscores the Hospitals's alignment with broader healthcare policy initiatives. Furthermore, understanding the local and national healthcare system structure (mean = 3.74) reflects the Hospitals's proficiency in navigating the complexities of healthcare networks. The table provides insights into Public Hospitals's strong adherence to regulations, strategic alignment with policy initiatives, and understanding of healthcare system structures. The high agreement among respondents indicates a shared understanding of the significance of these practices within the Hospitals.

Table (4.31) Regulations and Health Systems

Items	Mean	SD	Agreement Degree
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The Hospitals ensures compliance with applicable laws and regulations in the healthcare sector.	3.94	0.857	High
Public policy, legislative, and advocacy processes are interpreted into the Hospitals's strategic objectives.	3.84	0.846	High
Public Hospitals understands the local and national healthcare system structure, funding mechanisms, and integrated care delivery networks.	3.74	0.940	High
Total	3.84	0.71	High

Public Relations and Marketing

Table (4.32) presented evaluates the domain of Public Relations and Marketing within the healthcare context, focusing on leadership decisions regarding key processes to be accomplished by the Hospitals workforce and external partners, the Hospitals's leadership in developing key planning processes for strategic and clinical service plans, monitoring and alignment of operating-unit strategic objectives with the Hospitals's mission and strategy, understanding and organization of patient pathways and service design for effective delivery, and the conduct of Hospitals strategic planning stating the organization's key strategic objectives and their most critical related goals. All items received mean scores ranging from 3.91 to 3.99, resulting in an overall mean of 3.95, indicating a high level of consensus among respondents. The low standard deviation of 0.73 emphasizes a strong agreement among participants. The leadership decisions on key processes (mean = 3.99) highlight effective decision-making in resource allocation and collaboration with external partners. The Hospitals's leadership in key planning processes (mean = 3.96) underscores its proactive strategic and clinical service planning approach. Additionally, the understanding and organization of patient pathways (mean = 3.93) demonstrate a focus on optimizing healthcare delivery. So, the table provides insights into Public Hospitals's strong public relations and marketing practices, emphasizing effective decision-making, strategic planning, and organizational alignment. The high agreement among respondents indicates a shared understanding of the importance of these practices within the Hospitals.

Table (4.32) Public Relations and Marketing

Items	Mean	SD	Agreement Degree
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Hospitals' leaders decide which key processes will be accomplished by Hospitals workforce and external suppliers, partners, and collaborators.	3.99	0.903	High
Public Hospitals leads the development of key planning processes for strategic and clinical service plans.	3.96	0.853	High
Operating-unit strategic objectives are monitored and aligned with the Hospitals's mission and strategy.	3.95	0.869	High
Patient pathways and service design are understood and organized for effective delivery.	3.93	0.890	High
Hospitals leaders conduct Hospitals strategic planning state the organization's key strategic objectives and their most critical related goals	3.91	0.860	High
Total	3.95	0.73	High

Sustainability Leadership

Table (4.33) assesses the domain of Sustainability Leadership within the healthcare context, focusing on aspects such as short- and long-term master plans of action, the development and implementation of climate impact measures and quality standards as part of the Hospitals's strategy, understanding sustainability as a multi-dimensional concept in decision-making, balancing strategic objectives to address diverse and competing organizational needs, and the identification and oversight of priorities and actions related to climate impact reduction and sustainability. The mean scores for the items range from 3.79 to 3.98, resulting in an overall mean of 3.89, indicating a high level of consensus among respondents. The low standard deviation of 0.77 emphasizes a strong agreement among participants. The Hospitals leaders' possession of short- and long-term master plans (mean = 3.98) suggests a proactive approach to sustainability planning. The development and implementation of climate impact measures (mean = 3.97) highlight the Hospitals's commitment to environmental responsibility as part of its overall strategy. Furthermore, understanding sustainability as a multi-dimensional concept (mean = 3.86) indicates a comprehensive approach to decision-making. In summary, the table provides insights into Public Hospitals's strong practices in sustainability leadership, emphasizing strategic planning,

environmental responsibility, and a holistic understanding of sustainability. The high agreement among respondents indicates a shared understanding of the importance of these practices within the Hospitals.

Table (4.33) Sustainability Leadership

Items	Mean	SD	Agreement Degree
Public Hospitals leaders have short- and long-term master plans of action.	3.98	0.877	High
Climate impact measures and quality standards are developed and implemented as part of the Hospitals's strategy.	3.97	0.965	High
The Hospitals understands sustainability as a multi-dimensional concept in decision-making.	3.86	0.886	High
Public Hospitals leaders balance strategic objectives to strike the appropriate balance between diverse and competing organizational needs	3.84	1.067	High
Priorities and actions related to climate impact reduction and sustainability are identified and overseen.	3.79	1.038	High
Total	3.89	0.77	High

Digital Technologies in Healthcare

Table (4.34) presents the domain of Digital Technologies in Healthcare, focusing on Hospitals leaders' adaptation to changes and embracing new approaches, understanding resilience and enhancing strategies for sustainability, demonstrating resilience in difficult situations, and effectively managing the interdependency and logistics of supply chain services, including procurement and waste management. The mean scores for the items range from 3.69 to 3.97, resulting in an overall mean of 3.83, indicating a high level of consensus among respondents. The standard deviation of 0.96 suggests a relatively strong agreement among participants. The Hospitals leaders' adaptation to changes and embracing new approaches (mean = 3.97) reflects a proactive stance towards integrating digital technologies in healthcare. Understanding resilience and enhancing strategies for sustainability (mean = 3.95) underscores the Hospitals's commitment to long-term technological resilience. The effective management of supply chain services (mean = 3.73) indicates a focus on logistics and procurement, which is crucial for successful digital technology implementation. The table provides insights into Public Hospitals's practices in embracing digital technologies in healthcare, emphasizing adaptability, resilience, and effective

supply chain management. The high agreement among respondents indicates a shared understanding of the importance of these practices within the Hospitals.

Table (4.34) Digital Technologies in Healthcare

Items	Mean	SD	Agreement Degree
Hospitals leaders ADAPT TO CHANGES and embrace new approaches	3.97	1.024	High
Public Hospitals understands resilience and enhances strategies for sustainability.	3.95	1.029	High
Public Hospitals leaders show resilience in difficult situations	3.82	1.099	High
Interdependency and logistics of supply chain services are effectively managed, including procurement and waste management.	3.73	1.169	High
Hospitals LEADERS MAINTAIN COMPOSURE and positivity under pressure.	3.69	1.239	High
Total	3.83	0.96	High

Administration and Business Development

Table (4.35) shows the Administration and Business Development table assesses various aspects, including incorporating innovation in the strategy development process, encouraging diversity of perspectives to support innovation and improvement, and promoting innovative cultures and methods supporting experimentation and innovation. The mean scores for the items range from 3.69 to 3.98, resulting in an overall mean of 3.83, indicating a high level of consensus among respondents. The standard deviation of 1.00 suggests a moderate level of agreement among participants. The Hospitals leaders' incorporation of innovation in the strategy development process (mean = 3.98) reflects a proactive approach to integrating innovative practices into the Hospitals's overall business strategy. The encouragement of diversity of perspectives (mean = 3.82) signifies a commitment to fostering a workplace culture that values and incorporates diverse viewpoints to drive innovation. Promoting innovative cultures and methods (mean = 3.69) indicates a proactive stance in creating an environment that supports experimentation and

innovation. The table provides insights into the Hospitals's administration and business development practices, emphasizing a commitment to innovation and a culture that encourages diverse perspectives and experimentation. The high agreement among respondents indicates a shared understanding of the importance of these practices within the Hospitals.

Table (4.30) Administration and Business Development

Items	Mean	SD	Agreement Degree
Hospitals leaders incorporate INNOVATION in strategy development PROCESS.	3.98	1.026	High
Diversity of perspectives is encouraged to support innovation and improvement.	3.82	1.099	High
Innovative cultures and methods are promoted, supporting experimentation and innovation.	3.69	1.239	High
Total	3.83	1.00	High

Translation and Implementation

Table (4.36) shows The Translation and Implementation table evaluates aspects of change processes, leadership's ability to minimize resistance to change, and the Hospitals's performance measurement system's responsiveness to rapid or unexpected changes. The mean scores for the items range from 3.98 to 4.04, resulting in an overall mean of 4.01, indicating a high level of consensus among respondents. The standard deviation of 0.96 suggests a moderate level of agreement among participants. The championing and optimizing change processes (mean = 4.04) signify a commitment to driving and sustaining impactful changes within the Hospitals. Leadership's ability to minimize resistance to change (mean = 3.99) reflects a proactive approach to ensuring successful implementation by addressing potential challenges associated with organizational change. The assurance that the Hospitals's performance measurement system can respond to rapid or unexpected changes (mean = 3.98) underscores the Hospitals's commitment to adaptability and the timely availability of relevant data. Overall, the table provides insights into the Hospitals's capabilities in translating and implementing changes effectively, with a high agreement among respondents regarding the importance of these practices within the organization.

Table (4.36) Translation and Implementation

Items	Mean	SD	Agreement Degree
Change processes are championed and optimized for sustained impact.	4.04	1.013	High
Hospitals leaders can minimize resistance to change and ensure successful implementation.	3.99	1.038	High
Hospitals' leaders ensure that the Hospitals PERFORMANCE measurement system can respond to rapid or unexpected organizational or external changes and provide timely data.	3.98	1.057	High
Total	4.01	0.96	High

Governance

Table (4.38) shows Governance assesses the Hospitals's commitment to leadership development, ongoing education, organizational learning programs, and knowledge-sharing practices. The mean scores for the items range from 3.88 to 4.00, resulting in an overall mean of 3.93, indicating a high level of consensus among respondents. The low standard deviation of 0.25 suggests a strong agreement among participants. Providing comprehensive training programs and mentorship opportunities for healthcare professionals (mean = 4.00) reflects the Hospitals's commitment to nurturing leadership skills. The emphasis on ongoing education and professional development (mean = 3.95) underscores the recognition of the importance of staying updated with healthcare advancements and industry best practices. The Hospitals's active participation in organizational learning programs (mean = 3.94) highlights its dedication to continuous improvement and knowledge enhancement. Contributing to healthcare management and leadership advancement through knowledge-sharing (mean = 3.92) signifies a commitment to the broader healthcare community. Overall, the table indicates a robust governance framework that prioritizes leadership development, education, and organizational learning, with a high level of agreement among respondents on the significance of these initiatives.

Table (4.38) Governance

Items	Mean	SD	Agreement Degree
Hospitals Leaders Provide comprehensive training programs, workshops, and mentorship opportunities to develop the leadership skills of healthcare professionals.	4.00	0.502	High
Hospitals leaders should PRIORITIZE ONGOING EDUCATION and professional development to stay updated with healthcare advancements, leadership techniques, and industry best practices.	3.95	0.539	High
Hospitals applying for the health services organizational LEARNING PROGRAM	3.94	0.571	High
Public Hospitals contributes to advancing healthcare management and leadership through sharing evidence, knowledge, and experience.	3.92	0.483	High
Information-seeking from various sources is promoted to support organizational performance.	3.91	0.536	High
Organizational introspection and lessons learned are valued for continuous improvement.	3.88	0.524	High
Total	3.93	0.25	High

ANOVA analysis

Age Variables

First: One-way analysis of variance (ANOVA) to determine the significance of the differences in the answers of study individuals towards the study axes according to age

Table (4.39) ANOVA for Age

ANOVA						
domain	Contrast Source	Sum of Squares	df	Mean Square	F	Sig.
D1	Between Groups	4.5	2.0	2.3	1.27	0.283
	Within Groups	569.8	319.0	1.8		
	Total	574.3	321.0			
D2	Between Groups	0.9	2.0	0.4	0.22	0.799
	Within Groups	639.5	319.0	2.0		
	Total	640.4	321.0			
D3	Between Groups	0.0	2.0	0.0	0.01	0.991
	Within Groups	536.9	319.0	1.7		
	Total	536.9	321.0			
D4	Between Groups	1.4	2.0	0.7	0.41	0.662
	Within Groups	525.9	319.0	1.6		
	Total	527.2	321.0			
D5	Between Groups	0.2	2.0	0.1	0.05	0.950
	Within Groups	576.9	319.0	1.8		
	Total	577.1	321.0			
D6	Between Groups	1.8	2.0	0.9	0.46	0.634
	Within Groups	626.7	318.0	2.0		
	Total	628.5	320.0			
D7	Between Groups	0.2	2.0	0.1	0.06	0.942
	Within Groups	543.8	319.0	1.7		
	Total	544.0	321.0			
D8	Between Groups	0.8	2.0	0.4	0.20	0.817
	Within Groups	654.9	319.0	2.1		
	Total	655.7	321.0			
D9	Between Groups	5.6	2.0	2.8	1.46	0.233
	Within Groups	607.8	319.0	1.9		

	Total	613.4	321.0			
	Between Groups	4.5	2.0	2.3		
D10	Within Groups	499.9	319.0	1.6	1.45	0.236
	Total	504.4	321.0			
	Between Groups	3.8	2.0	1.9		
D11	Within Groups	569.0	319.0	1.8	1.08	0.342
	Total	572.8	321.0			
	Between Groups	7.7	2.0	3.9		
D12	Within Groups	765.3	319.0	2.4	1.61	0.201
	Total	773.0	321.0			
	Between Groups	0.6	2.0	0.3		
D13	Within Groups	399.6	319.0	1.3	0.23	0.797
	Total	400.2	321.0			
	Between Groups	0.1	2.0	0.1		
D14	Within Groups	239.7	319.0	0.8	0.10	0.907
	Total	239.8	321.0			
	Between Groups	0.3	2.0	0.1		
D15	Within Groups	272.0	319.0	0.9	0.15	0.857
	Total	272.2	321.0			
	Between Groups	3.5	2.0	1.7		
D16	Within Groups	250.5	319.0	0.8	2.20	0.113
	Total	253.9	321.0			
	Between Groups	0.2	2.0	0.1		
D17	Within Groups	228.6	319.0	0.7	0.14	0.866
	Total	228.8	321.0			
	Between Groups	0.6	2.0	0.3		
D18	Within Groups	208.0	319.0	0.7	0.46	0.634
	Total	208.6	321.0			
	Between Groups	2.1	2.0	1.1		
D19	Within Groups	266.6	319.0	0.8	1.27	0.282
	Total	268.7	321.0			
	Between Groups	0.8	2.0	0.4		
D20	Within Groups	204.4	319.0	0.6	0.61	0.544
	Total	205.2	321.0			
D21	Between Groups	1.5	2.0	0.7	1.01	0.364

	Within Groups	228.8	319.0	0.7		
	Total	230.2	321.0			
D22	Between Groups	1.3	2.0	0.6		
	Within Groups	255.8	319.0	0.8	0.81	0.447
	Total	257.1	321.0			
D23	Between Groups	0.8	2.0	0.4		
	Within Groups	187.8	319.0	0.6	0.66	0.515
	Total	188.6	321.0			
D24	Between Groups	1.8	2.0	0.9		
	Within Groups	314.8	319.0	1.0	0.91	0.404
	Total	316.6	321.0			
D25	Between Groups	0.2	2.0	0.1		
	Within Groups	278.2	319.0	0.9	0.13	0.879
	Total	278.4	321.0			
D26	Between Groups	4.0	2.0	2.0		
	Within Groups	259.5	319.0	0.8	2.49	0.085
	Total	263.5	321.0			
D27	Between Groups	0.6	2.0	0.3		
	Within Groups	211.0	319.0	0.7	0.44	0.645
	Total	211.6	321.0			
D28	Between Groups	0.1	2.0	0.1		
	Within Groups	162.1	319.0	0.5	0.13	0.882
	Total	162.3	321.0			
D29	Between Groups	0.8	2.0	0.4		
	Within Groups	170.3	319.0	0.5	0.78	0.461
	Total	171.1	321.0			
D30	Between Groups	2.2	2.0	1.1		
	Within Groups	186.6	319.0	0.6	1.87	0.156
	Total	188.8	321.0			
D31	Between Groups	0.2	2.0	0.1		
	Within Groups	293.1	319.0	0.9	0.11	0.893
	Total	293.3	321.0			
D32	Between Groups	0.2	2.0	0.1		
	Within Groups	319.4	319.0	1.0	0.10	0.901
	Total	319.6	321.0			

D33	Between Groups	0.2	2.0	0.1	0.10	0.901
	Within Groups	295.9	319.0	0.9		
	Total	296.1	321.0			
D34	Between Groups	0.0	2.0	0.0	0.06	0.939
	Within Groups	19.9	319.0	0.1		
	Total	19.9	321.0			

The one-way analysis of variance (ANOVA) results, presented in the table above, assesses the significance of variations in study individuals' responses towards study axes across different age groups, represented by domains D1 to D34. The table provides insights into partitioning variance into between-groups and within-groups components for each part. For instance, in domain D1, the between-groups sum of squares (SS) is 4.5, distributed across 2 degrees of freedom (df), resulting in a mean square (MS) of 2.3. The F-statistic of 1.27, however, yields a non-significant p-value of 0.283, suggesting that the differences in responses among age groups in this domain are not statistically significant. Similar patterns of non-significance are observed in several other domains (e.g., D2, D3), where F-statistics and associated p-values exceed conventional thresholds for significance, underscoring the absence of substantial age-related variations in responses.

Conversely, some domains exhibit F-statistics with p-values below the conventional threshold, indicating potential significance. For instance, in domain D26, the F-statistic is 2.49 with a p-value of 0.085, suggesting a marginal significance level. Further examination of such domains may be warranted to explore the nature of differences in individuals' responses across age groups. Overall, this ANOVA analysis contributes to our understanding of the nuanced relationship between age and study axes responses, shedding light on non-significant and potentially significant patterns within the studied domains.

Experience Variables

Secondly: one-way analysis of variance (ANOVA) was used to determine the significance of the differences in study participants' responses towards the study domains according to experience.

Table (4.40) ANOVA for Experience Variables

ANOVA						
domain	Contrast Source	Sum of Squares	df	Mean Square	F	Sig.
D1	Between Groups	10.9	3.0	3.6	2.04	0.108
	Within Groups	563.4	318.0	1.8		
	Total	574.3	321.0			
D2	Between Groups	8.1	3.0	2.7	1.36	0.255
	Within Groups	632.3	318.0	2.0		
	Total	640.4	321.0			
D3	Between Groups	3.1	3.0	1.0	0.61	0.609
	Within Groups	533.8	318.0	1.7		
	Total	536.9	321.0			
D4	Between Groups	4.5	3.0	1.5	0.92	0.432
	Within Groups	522.7	318.0	1.6		
	Total	527.2	321.0			
D5	Between Groups	4.1	3.0	1.4	0.75	0.523
	Within Groups	573.0	318.0	1.8		
	Total	577.1	321.0			
D6	Between Groups	5.7	3.0	1.9	0.96	0.410
	Within Groups	622.8	317.0	2.0		
	Total	628.5	320.0			
D7	Between Groups	5.6	3.0	1.9	1.11	0.346
	Within Groups	538.4	318.0	1.7		
	Total	544.0	321.0			

D8	Between Groups	20.4	3.0	6.8	3.40	0.018
	Within Groups	635.3	318.0	2.0		
	Total	655.7	321.0			
D9	Between Groups	6.0	3.0	2.0	1.04	0.374
	Within Groups	607.4	318.0	1.9		
	Total	613.4	321.0			
D10	Between Groups	9.9	3.0	3.3	2.13	0.096
	Within Groups	494.5	318.0	1.6		
	Total	504.4	321.0			
D11	Between Groups	10.1	3.0	3.4	1.91	0.128
	Within Groups	562.7	318.0	1.8		
	Total	572.8	321.0			
D12	Between Groups	6.1	3.0	2.0	0.84	0.473
	Within Groups	766.9	318.0	2.4		
	Total	773.0	321.0			
D13	Between Groups	0.3	3.0	0.1	0.07	0.974
	Within Groups	399.9	318.0	1.3		
	Total	400.2	321.0			
D14	Between Groups	3.7	3.0	1.2	1.65	0.177
	Within Groups	236.2	318.0	0.7		
	Total	239.8	321.0			
D15	Between Groups	3.8	3.0	1.3	1.51	0.212
	Within Groups	268.4	318.0	0.8		
	Total	272.2	321.0			
D16	Between Groups	3.5	3.0	1.2	1.47	0.223
	Within Groups	250.5	318.0	0.8		
	Total	253.9	321.0			

D17	Between Groups	2.2	3.0	0.7	1.01	0.391
	Within Groups	226.7	318.0	0.7		
	Total	228.8	321.0			
D18	Between Groups	0.5	3.0	0.2	0.23	0.873
	Within Groups	208.2	318.0	0.7		
	Total	208.6	321.0			
D19	Between Groups	6.1	3.0	2.0	2.45	0.063
	Within Groups	262.6	318.0	0.8		
	Total	268.7	321.0			
D20	Between Groups	0.9	3.0	0.3	0.49	0.690
	Within Groups	204.3	318.0	0.6		
	Total	205.2	321.0			
D21	Between Groups	2.2	3.0	0.7	1.01	0.390
	Within Groups	228.1	318.0	0.7		
	Total	230.2	321.0			
D22	Between Groups	0.9	3.0	0.3	0.39	0.764
	Within Groups	256.1	318.0	0.8		
	Total	257.1	321.0			
D23	Between Groups	1.4	3.0	0.5	0.80	0.493
	Within Groups	187.2	318.0	0.6		
	Total	188.6	321.0			
D24	Between Groups	1.2	3.0	0.4	0.39	0.758
	Within Groups	315.4	318.0	1.0		
	Total	316.6	321.0			
D25	Between Groups	1.0	3.0	0.3	0.38	0.769
	Within Groups	277.4	318.0	0.9		
	Total	278.4	321.0			

D26	Between Groups	2.0	3.0	0.7	0.79	0.498
	Within Groups	261.5	318.0	0.8		
	Total	263.5	321.0			
D27	Between Groups	7.0	3.0	2.3	3.65	0.013
	Within Groups	204.6	318.0	0.6		
	Total	211.6	321.0			
D28	Between Groups	3.9	3.0	1.3	2.60	0.053
	Within Groups	158.4	318.0	0.5		
	Total	162.3	321.0			
D29	Between Groups	4.9	3.0	1.6	3.09	0.027
	Within Groups	166.3	318.0	0.5		
	Total	171.1	321.0			
D30	Between Groups	2.8	3.0	0.9	1.58	0.193
	Within Groups	186.0	318.0	0.6		
	Total	188.8	321.0			
D31	Between Groups	5.6	3.0	1.9	2.06	0.106
	Within Groups	287.7	318.0	0.9		
	Total	293.3	321.0			
D32	Between Groups	7.7	3.0	2.6	2.61	0.051
	Within Groups	311.9	318.0	1.0		
	Total	319.6	321.0			
D33	Between Groups	8.1	3.0	2.7	2.97	0.032
	Within Groups	288.0	318.0	0.9		
	Total	296.1	321.0			
D34	Between Groups	0.0	3.0	0.0	0.02	0.997
	Within Groups	19.9	318.0	0.1		
	Total	19.9	321.0			

The presented table encapsulates the outcomes of a one-way analysis of variance (ANOVA) aimed at discerning the statistical significance of disparities in responses among study participants concerning study axes based on their experience level. Each row corresponds to a distinct domain (D1 to D34), representing different facets of the study. At the same time, columns elucidate essential components of the ANOVA, such as Between Groups and Within Groups, sum of squares, degrees of freedom, mean square, F-statistic, and associated significance levels (p-values). An examination of the F-statistic and corresponding p-values unveils noteworthy patterns. For instance, in domain D8, the Between Groups sum of squares is 20.4 with 3 degrees of freedom, yielding a substantial F-statistic of 3.40 and a significant p-value of 0.018, indicating a likely meaningful discrepancy in responses across experience levels. In contrast, domains like D3 and D18 exhibit non-significant p-values of 0.609 and 0.873, respectively, suggesting no discernible differences in responses among participants with varying experience levels in these domains.

Additionally, some domains elicit marginal significance, exemplified by D26 with a p-value of 0.085, emphasizing the need for nuanced exploration. The outcomes contribute nuanced insights into the interplay between participants' experience levels and their responses to the study domains, offering a comprehensive understanding of the potential impact of experience on the study variables.

Level of Education Variables

Thirdly, one-way analysis of variance (ANOVA) was used to determine whether there were significant differences in study participants' responses towards the study domains, depending on their educational level.

Table (4.42) ANOVA for Experience Variables

domain	Contrast Source	Sum of Squares	df	Mean Square	F	Sig.
D1	Between Groups	6.6	2.0	3.3	1.86	0.157
	Within Groups	567.7	319.0	1.8		
	Total	574.3	321.0			
D2	Between Groups	5.9	2.0	3.0	1.49	0.227
	Within Groups	634.5	319.0	2.0		
	Total	640.4	321.0			
D3	Between Groups	6.5	2.0	3.3	1.96	0.142
	Within Groups	530.4	319.0	1.7		
	Total	536.9	321.0			
D4	Between Groups	5.0	2.0	2.5	1.54	0.217
	Within Groups	522.2	319.0	1.6		
	Total	527.2	321.0			
D5	Between Groups	3.8	2.0	1.9	1.06	0.348
	Within Groups	573.2	319.0	1.8		
	Total	577.1	321.0			
D6	Between Groups	10.6	2.0	5.3	2.73	0.066
	Within Groups	617.8	318.0	1.9		
	Total	628.5	320.0			
D7	Between Groups	1.5	2.0	0.8	0.46	0.635
	Within Groups	542.4	319.0	1.7		
	Total	544.0	321.0			

D8	Between Groups	6.4	2.0	3.2		
	Within Groups	649.3	319.0	2.0	1.56	0.211
	Total	655.7	321.0			
D9	Between Groups	4.8	2.0	2.4		
	Within Groups	608.6	319.0	1.9	1.25	0.288
	Total	613.4	321.0			
D10	Between Groups	11.2	2.0	5.6		
	Within Groups	493.2	319.0	1.5	3.62	0.028
	Total	504.4	321.0			
D11	Between Groups	5.4	2.0	2.7		
	Within Groups	567.4	319.0	1.8	1.52	0.220
	Total	572.8	321.0			
D12	Between Groups	2.1	2.0	1.1		
	Within Groups	770.9	319.0	2.4	0.44	0.645
	Total	773.0	321.0			
D13	Between Groups	0.4	2.0	0.2		
	Within Groups	399.8	319.0	1.3	0.15	0.859
	Total	400.2	321.0			
D14	Between Groups	5.7	2.0	2.8		
	Within Groups	234.2	319.0	0.7	3.85	0.022
	Total	239.8	321.0			
D15	Between Groups	5.3	2.0	2.6		
	Within Groups	267.0	319.0	0.8	3.14	0.044
	Total	272.2	321.0			
D16	Between Groups	2.7	2.0	1.3		
	Within Groups	251.3	319.0	0.8	1.70	0.185
	Total	253.9	321.0			

D17	Between Groups	1.3	2.0	0.7		
	Within Groups	227.5	319.0	0.7	0.94	0.394
	Total	228.8	321.0			
D18	Between Groups	0.3	2.0	0.1		
	Within Groups	208.4	319.0	0.7	0.20	0.820
	Total	208.6	321.0			
D19	Between Groups	2.8	2.0	1.4		
	Within Groups	265.9	319.0	0.8	1.67	0.190
	Total	268.7	321.0			
D20	Between Groups	0.7	2.0	0.4		
	Within Groups	204.5	319.0	0.6	0.56	0.572
	Total	205.2	321.0			
D21	Between Groups	1.1	2.0	0.5		
	Within Groups	229.2	319.0	0.7	0.74	0.478
	Total	230.2	321.0			
D22	Between Groups	0.7	2.0	0.4		
	Within Groups	256.3	319.0	0.8	0.45	0.636
	Total	257.1	321.0			
D23	Between Groups	0.9	2.0	0.5		
	Within Groups	187.7	319.0	0.6	0.78	0.459
	Total	188.6	321.0			
D24	Between Groups	1.6	2.0	0.8		
	Within Groups	315.0	319.0	1.0	0.81	0.444
	Total	316.6	321.0			
D25	Between Groups	0.3	2.0	0.1		
	Within Groups	278.2	319.0	0.9	0.16	0.853
	Total	278.4	321.0			

D26	Between Groups	0.1	2.0	0.0		
	Within Groups	263.4	319.0	0.8	0.05	0.953
	Total	263.5	321.0			
D27	Between Groups	0.4	2.0	0.2		
	Within Groups	211.2	319.0	0.7	0.29	0.750
	Total	211.6	321.0			
D28	Between Groups	0.5	2.0	0.2		
	Within Groups	161.8	319.0	0.5	0.49	0.614
	Total	162.3	321.0			
D29	Between Groups	3.2	2.0	1.6		
	Within Groups	167.9	319.0	0.5	3.06	0.048
	Total	171.1	321.0			
D30	Between Groups	1.5	2.0	0.8		
	Within Groups	187.3	319.0	0.6	1.28	0.280
	Total	188.8	321.0			
D31	Between Groups	3.9	2.0	1.9		
	Within Groups	289.4	319.0	0.9	2.13	0.121
	Total	293.3	321.0			
D32	Between Groups	3.8	2.0	1.9		
	Within Groups	315.8	319.0	1.0	1.94	0.145
	Total	319.6	321.0			
D33	Between Groups	3.9	2.0	1.9		
	Within Groups	292.2	319.0	0.9	2.11	0.123
	Total	296.1	321.0			
D34	Between Groups	0.0	2.0	0.0		
	Within Groups	19.9	319.0	0.1	0.11	0.898

Total	19.9	321.0
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The provided table encapsulates the outcomes of a one-way analysis of variance (ANOVA), assessing the statistical significance of differences in responses among study participants regarding study axes within distinct domains. Each row represents a specific domain (D1 to D34), and the table delineates critical ANOVA components, including Between Groups and Within Groups, the sum of squares, degrees of freedom, mean square, F-statistic, and corresponding significance levels (p-values). Notably, in domain D10, the Between Groups sum of squares is 11.2, associated with 2 degrees of freedom, yielding a substantial F-statistic of 3.62 and a significant p-value of 0.028, implying a likely meaningful variation in responses. Conversely, domains like D3 and D18 display non-significant p-values of 0.142 and 0.820, respectively, indicating no discernible differences in responses among participants in these domains. Furthermore, domains such as D14 and D29 exhibit marginal significance with p-values of 0.022 and 0.048, respectively, warranting further exploration to unravel nuanced patterns within these domains. This ANOVA analysis contributes valuable insights into the interplay between participants' responses to study axes across different domains, elucidating instances of both significant and non-significant variations.

Notably, the F-statistics and associated p-values across various domains provide a nuanced understanding of the impact of domain-specific factors on participants' responses. For instance, in domain D8, the Between Groups sum of squares is 6.4 with 2 degrees of freedom, resulting in an F-statistic of 1.56 and a p-value of 0.211, indicating a non-significant trend. Additionally, domain D30 displays a non-significant p-value of 0.280, implying that differences in responses across the experience levels represented by this domain are not statistically significant. The ANOVA outcomes thus offer a comprehensive examination of the potential response variations among study participants within the specified domains, providing researchers with valuable insights for further investigation and interpretation.

Trade Variables

Fourthly, one-way analysis of variance (ANOVA) was used to determine whether there were significant differences in the responses of study participants towards the study axes, depending on their trade.

Table (4.43) ANOVA for Trade

ANOVA						
domain	Contrast Source	Sum of Squares	df	Mean Square	F	Sig.
D1	Between Groups	0.7	3.0	0.2	0.13	0.941
	Within Groups	573.6	318.0	1.8		
	Total	574.3	321.0			
D2	Between Groups	1.5	3.0	0.5	0.25	0.858
	Within Groups	638.9	318.0	2.0		
	Total	640.4	321.0			
D3	Between Groups	2.7	3.0	0.9	0.55	0.652
	Within Groups	534.1	318.0	1.7		
	Total	536.9	321.0			
D4	Between Groups	2.0	3.0	0.7	0.41	0.749
	Within Groups	525.2	318.0	1.7		
	Total	527.2	321.0			
D5	Between Groups	3.1	3.0	1.0	0.57	0.634
	Within Groups	574.0	318.0	1.8		
	Total	577.1	321.0			
D6	Between Groups	5.8	3.0	1.9	0.98	0.404
	Within Groups	622.7	317.0	2.0		
	Total	628.5	320.0			
D7	Between Groups	3.8	3.0	1.3	0.75	0.524
	Within Groups	540.2	318.0	1.7		

	Total	544.0	321.0			
D8	Between Groups	2.4	3.0	0.8		
	Within Groups	653.3	318.0	2.1	0.39	0.761
	Total	655.7	321.0			
D9	Between Groups	4.1	3.0	1.4		
	Within Groups	609.2	318.0	1.9	0.72	0.541
	Total	613.4	321.0			
D10	Between Groups	10.4	3.0	3.5		
	Within Groups	494.0	318.0	1.6	2.24	0.084
	Total	504.4	321.0			
D11	Between Groups	12.8	3.0	4.3		
	Within Groups	560.0	318.0	1.8	2.43	0.065
	Total	572.8	321.0			
D12	Between Groups	10.2	3.0	3.4		
	Within Groups	762.7	318.0	2.4	1.42	0.236
	Total	773.0	321.0			
D13	Between Groups	0.4	3.0	0.1		
	Within Groups	399.8	318.0	1.3	0.10	0.961
	Total	400.2	321.0			
D14	Between Groups	0.4	3.0	0.1		
	Within Groups	239.5	318.0	0.8	0.17	0.918
	Total	239.8	321.0			
D15	Between Groups	1.4	3.0	0.5		
	Within Groups	270.9	318.0	0.9	0.53	0.659
	Total	272.2	321.0			
D16	Between Groups	1.2	3.0	0.4		
	Within Groups	252.7	318.0	0.8	0.52	0.670

	Total	253.9	321.0			
D17	Between Groups	3.0	3.0	1.0		
	Within Groups	225.8	318.0	0.7	1.41	0.239
	Total	228.8	321.0			
D18	Between Groups	3.4	3.0	1.1		
	Within Groups	205.2	318.0	0.6	1.75	0.156
	Total	208.6	321.0			
D19	Between Groups	0.3	3.0	0.1		
	Within Groups	268.5	318.0	0.8	0.10	0.960
	Total	268.7	321.0			
D20	Between Groups	1.5	3.0	0.5		
	Within Groups	203.7	318.0	0.6	0.78	0.503
	Total	205.2	321.0			
D21	Between Groups	3.3	3.0	1.1		
	Within Groups	226.9	318.0	0.7	1.55	0.201
	Total	230.2	321.0			
D22	Between Groups	4.7	3.0	1.6		
	Within Groups	252.4	318.0	0.8	1.97	0.118
	Total	257.1	321.0			
D23	Between Groups	0.9	3.0	0.3		
	Within Groups	187.7	318.0	0.6	0.51	0.677
	Total	188.6	321.0			
D24	Between Groups	1.0	3.0	0.3		
	Within Groups	315.6	318.0	1.0	0.34	0.797
	Total	316.6	321.0			
D25	Between Groups	5.3	3.0	1.8		
	Within Groups	273.1	318.0	0.9	2.06	0.105

	Total	278.4	321.0			
D26	Between Groups	3.4	3.0	1.1		
	Within Groups	260.1	318.0	0.8	1.40	0.242
	Total	263.5	321.0			
D27	Between Groups	0.6	3.0	0.2		
	Within Groups	211.0	318.0	0.7	0.30	0.823
	Total	211.6	321.0			
D28	Between Groups	1.3	3.0	0.4		
	Within Groups	160.9	318.0	0.5	0.87	0.458
	Total	162.3	321.0			
D29	Between Groups	2.2	3.0	0.7		
	Within Groups	169.0	318.0	0.5	1.35	0.257
	Total	171.1	321.0			
D30	Between Groups	1.6	3.0	0.5		
	Within Groups	187.2	318.0	0.6	0.90	0.440
	Total	188.8	321.0			
D31	Between Groups	1.4	3.0	0.5		
	Within Groups	291.9	318.0	0.9	0.51	0.672
	Total	293.3	321.0			
D32	Between Groups	2.5	3.0	0.8		
	Within Groups	317.1	318.0	1.0	0.82	0.482
	Total	319.6	321.0			
D33	Between Groups	0.4	3.0	0.1		
	Within Groups	295.7	318.0	0.9	0.14	0.937
	Total	296.1	321.0			
D34	Between Groups	0.6	3.0	0.2		
	Within Groups	19.3	318.0	0.1	3.09	0.027

Total	19.9	321.0
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The presented table outlines the results of a one-way analysis of variance (ANOVA), examining potential differences in responses across various domains (D1 to D34) concerning specified study axes. Each domain's statistical analysis is characterized by components such as Between Groups and Within Groups, sum of squares, degrees of freedom, mean square, F-statistic, and the associated significance level (Sig.). A notable finding is observed in domain D34, where the Between Groups sum of squares is 0.6, accompanied by 3 degrees of freedom, resulting in a substantial F-statistic of 3.09 and a significant p-value of 0.027. This implies a statistically significant difference in responses within this domain, warranting further investigation into the underlying factors contributing to this variation. Conversely, several domains, such as D1, D2, D3, and D19, exhibit non-significant p-values, suggesting no discernible differences in responses among participants in these domains. Moreover, domains like D10 and D11 display marginally significant p-values of 0.084 and 0.065, respectively, indicating potential trends that warrant additional scrutiny.

Notably, the F-statistics and associated p-values in the table provide insights into the variability of responses across different domains. For example, in domain D8, the F-statistic is 0.39 with a non-significant p-value of 0.761, indicating that the observed response variation is not statistically significant. Similarly, domain D33 exhibits a non-significant p-value of 0.937, suggesting that differences in responses within this domain are not statistically meaningful. Overall, the ANOVA outcomes furnish a comprehensive overview of the significance of domain-specific factors on participants' responses, allowing researchers to identify domains with substantial variations that may warrant further exploration and interpretation.

Annex 5
Public Hospitals

Healthcare Leadership Personal Action Plan Table (4) Public Hospitals's
Healthcare Leadership Performance Results

Table 5 **Public Hospitals** healthcare leadership Personal Action Plan

Key Strengths

Public Hospitals leadership in healthcare demonstrates a multitude of noteworthy attributes, including:

Dedication to Enhancing Patient-Centered Services, Continuous Commitment to Improvement, Rigorous Focus on Quality Enhancement and Patient Safety, Proficient Executive Communication Skills, Compassionate Leadership Style, Skillful Problem-solving and Negotiation Techniques, Adherence to Regulatory Standards and Health Systems Knowledge and Ongoing Commitment to Learning and Knowledge Sharing. These strengths collectively exemplify Public Hospitals' commendable leadership in the healthcare sector.

Key Development Needs

The primary essential development keys include enhancing the following through training, updating regulations, and better financial support:

Proficiency in Managing Change, Effective Information Management, Encouragement of Innovation and Entrepreneurship, Profound Emphasis on Professionalism, Efficient Administration and Business Development, Utilization of Digital Technologies in Healthcare, Application of Systems Thinking in Decision-making, and Effective Advocacy for Healthcare Initiatives.

Development Need:

The most significant development needs are (*Reason for choosing*):

1. **Proficiency in managing change:** effective information management, encouragement of innovation, and entrepreneurship is crucial .
2. **Adaptability to Evolving Healthcare Landscape:** The healthcare industry is constantly evolving due to advancements in technology, changes in regulations, and shifts in patient needs. Proficiency in managing change ensures that Public Hospitals can effectively navigate these shifts and continue to provide high-quality care.
3. **Optimized Resource Allocation:** Effective information management allows for the efficient use of resources. This includes patient data, staff schedules, and inventory. When information is organized and accessible, the Hospitals can make informed decisions about resource allocation, leading to better patient outcomes.
4. **Staying Competitive and Relevant:** In a rapidly changing healthcare environment, innovation is essential for staying competitive. Encouraging innovation and entrepreneurship fosters a culture of creativity and problem-solving. This can lead to development of new treatments, processes, or technologies that can set Public Hospitals apart from others in the field.

5. **Improved Patient Care and Experience:** Managing change effectively ensures that any improvements or updates in healthcare practices are seamlessly integrated. This can lead to better patient care and a more positive patient and family experience.

6. **Enhanced Operational Efficiency:** Proficiency in managing change and effective information management streamlines processes and workflows. This leads to improved operational efficiency, reducing bottlenecks and delays in patient care.

7. **Anticipation of Future Trends:** By encouraging innovation and entrepreneurship, Public Hospitals can proactively identify and address emerging trends in healthcare. This positions them at the forefront of developments in the field, providing the best possible care for patients.

8. **Risk Mitigation:** Effectively managing change includes anticipating and mitigating potential risks associated with new initiatives or processes. This helps to prevent costly errors or disruptions in patient care.

9. **Fostering a Culture of Continuous Improvement:** These practices create an environment where continuous learning and improvement are valued. This benefits not only patient care but also the professional development and satisfaction of the Hospitals staff.

10. **Financial Sustainability:** Innovation and effective change management can lead to cost savings and revenue generation opportunities. This contributes to the financial sustainability of Public Hospitals, allowing them to invest in further improvements and expansion of services.

In summary, these three strengths work in synergy to ensure that Public Hospitals remain adaptable, efficient, and innovative in an ever-changing healthcare landscape, ultimately leading to improved patient care and sustained success in the industry.

Goal (Desired new behavior in specific, measurable, achievable, relevant, and time-bound (SMART) (SMART) terms

Specific, measurable, achievable, relevant, and time-bound (SMART) goals allow leaders to focus on strategies to improve their leadership skills. Healthcare administrators can use the SMART method to set themselves up for success in the ever-changing industry. By breaking down and defining goals into more manageable ones, administrators can make complex tasks easier to tackle. By setting SMART goals for leadership development, individuals and organizations can create a clear roadmap for achieving their desired outcomes and drive continuous improvement in their leadership practices. Here are the proposed SMART goals for healthcare leadership at Public Hospitals. The right SMART goals have the power to help you reach new heights within Public Hospitals —and they can also do wonders when it comes to staff morale as everyone works together towards a common goal.

1. Develop a Leadership Skill Set

"I aim to develop a leadership skill set to motivate better, communicate, and engage with the staff. Within eight months, I will complete a training course to teach me the necessary skills to lead my team effectively."

Specific: The aim is explicit because it identifies what skills must be developed.

Measurable: This can be measured by completing the training course in 8 months.

Attainable: The statement is possible by enrolling in the specified training course.

Relevant: Developing a leadership skill set applies to communicating and engaging with the staff.

Time-based: Goal attainment is expected within eight months.

2. Be More Adaptable to Change

By developing the ability to adapt to change, leaders can inspire confidence and trust in their team members. As a goal example, you can complete a change management training course and apply what you have learned in the following six months. In this period, track instances where you swiftly adapted to unexpected changes.

Here is why this is a SMART goal:

Specific: Complete a change management course and apply what you learn during workdays.

Measurable: After completing the course, track instances where you successfully dealt with unexpected changes in the workplace.

Achievable: Achieve this goal by investing in a practical course that provides guidelines or resources to execute the content. The course should have a timeline of completion.

Relevant: Adaptability can help leaders stay agile and resilient in unexpected challenges.

Time-bound: Achieve this goal in six months while continuously seeking ways to increase adaptability in different settings.

3.Increase Efficiency of Staff

"I will strive to ensure staff has the tools and resources to perform their jobs efficiently. I will use benchmarking, process improvement, and decision-making to increase staff efficiency by 20% in the next eight months."

Specific: You will assess and enhance the tools, resources, and processes available to staff.

Measurable: You will ideally track success by a 20% increase in staff efficiency.

Attainable: It is realistic to expect process improvement within eight months.

Relevant: Improving staff efficiency contributes directly to organizational success.

Time-based: You should anticipate reaching success in 8 months.

4.Improve Patient Satisfaction

"I want to increase our patient satisfaction scores by 10% within six months. I will survey patients' experiences and use the feedback to create an improvement plan. I will also meet with staff to discuss potential changes and ensure high quality of care."

Specific: The goal states what will be done and the time frame.

Measurable: You can measure patient satisfaction scores to track progress.

Attainable: This is achievable because it is realistic to increase patient satisfaction scores by 10% in 6 months.

Relevant: Improving patient satisfaction is essential for providing better care.

Time-based: There is a 6-month deadline for completing this goal.

5.Develop Training Programs

"I will create and implement training programs that help our existing staff to improve their skills by the end of 5 months. These programs will be based on our team members' feedback and include shadowing and seminars."

Specific: The goal outlines the type of training programs that will be created and a timeline for completion.

Measurable: Track the development of training programs by giving updates at team meetings and tracking feedback from staff.

Attainable: Given the right resources and planning, this is achievable within five months.

Relevant: The training programs will help existing staff improve their skills, making them suitable for organizational growth.

Time-based: Completion of this SMART goal is expected after five months.

6.Implement Safety Measures

"I will introduce a set of safety measures to help protect healthcare workers and patients in the Hospitals over the six months ahead. The measures will include protocols for PPE, hygiene, patient/staff interaction, and other relevant areas."

Specific: This goal is explicit because the person will introduce safety measures in all relevant areas.

Measurable: Ensure the safety measures are implemented correctly to minimize risk.

Attainable: The goal can be met if you take the time to assess the Hospitals's needs and create an effective plan.

Relevant: This is relevant for any healthcare administrator, as safety is paramount in the industry.

Time-based: Six months are required to achieve success.

7.Leverage Data Analytics

"As a healthcare administrator, I will leverage data analytics to improve patient outcomes and ensure efficiency in administrative processes within ten months. I need to be able to identify where improvements can be made and have the ability to make those changes quickly."

Specific: The goal states the objective and timeline for leveraging data analytics.

Measurable: Track the improvements in patient outcomes and administrative processes over time.

Attainable: By focusing on understanding and utilizing data, this goal is achievable within ten months.

Relevant: Data analytics can be used to gain insights into patient outcomes and administrative processes, making it an appropriate goal.

Time-based: The statement has an end date of 10 months.

8.Improve Communication Skills

Communication is one of the most important skills one can learn in the workplace to cultivate a culture of transparency. For example, you might complete a short communication course every six months. After six months, ask for feedback from team members and management, choosing new course topics based on their feedback.

Here is a breakdown of this SMART goal:

Specific: Complete a specific communication course based on feedback every month.

Measurable: The measurable part is completing a monthly course for six months.

Achievable: Schedule a date and time to complete each course.

Relevant: Effective communication can help leaders build strong team relationships and reduce misunderstandings.

Time-bound: The goal will end in six months.

9. Promote Knowledge-Sharing Systems

You must have systems for sharing knowledge and resources to ensure your team works effectively and efficiently. For instance, you can build a hub of standard operating procedures (SOPs) regarding your team's processes. After three months, note how often team members require direct assistance and adjust SOPs as needed.

We can see this goal's SMART criteria below:

Specific: Build a shareable hub of your team's SOPs.

Measurable: Once the hub is available, note how often team members require direct assistance and adjust SOPs as needed.

Achievable: This can be achieved by listing the processes and building a shareable SOP hub in a specific timeframe, such as one quarter.

Relevant: A leader can develop a more skilled team by supporting their professional growth and providing opportunities for skill-building.

Time-bound: Launch this project over the next three months, training everyone on the SOPs.

10. Learn to Give Constructive Feedback

Now that you feel more confident about receiving constructive criticism, you can learn to give constructive feedback to your team. To give an example, aim to provide constructive feedback respectfully. For the next quarter, track occasions where you provided high-quality, helpful feedback. Each month, ask for your team's feedback on your efforts and re-evaluate if necessary.

Here is how this example meets the SMART goal criteria:

Specific: Provide constructive feedback to your team members in a respective manner.

Measurable: Track occasions where you gave constructive feedback to team members, what you said, and how you felt. Ask for feedback on your efforts each month.

Achievable: Achieve this goal by taking time to prepare for each session.

Relevant: Giving constructive feedback can help team members identify areas for improvement and foster a culture of accountability and continuous learning and improvement.

Time-bound: Practice this skill for the next three months.

11. Foster Interdisciplinary Communication

"I want to introduce weekly interdisciplinary meetings by the end of three months. These meetings will be attended by members of management and other professionals involved in patient care to foster coordination between departments."

Specific: The individual wants to establish weekly interdisciplinary meetings involving all healthcare administrators.

Measurable: Success can be measured by the number of attendees at the meetings.

Attainable: It is feasible to establish the meetings within three months.

Relevant: This goal is relevant to fostering communication between departments and improving patient care.

Time-based: You have a concrete timeline of three months to be completed.

12. Build Internal Talent

A leader who aims to build internal talent can create a culture of learning and development within the company. For example, you can implement talent development workshops or mentorship programs every three months for one year and track how many team members participate.

Build internal talent with this SMART goal example:

Specific: Implement talent development workshops or mentorship programs for your team.

Measurable: Track how many team members participate in each of these sessions.

Achievable: Search for relevant workshops and make them accessible to your team.

Relevant: Developing internal talent helps retain top-performing staff while enhancing the company's talent pool.

Time-bound: Achieve this goal within the following year, looking for tools and opportunities for professional development.

13. Show Appreciation and Recognition

Showing appreciation and recognition involves acknowledging team members' hard work and accomplishments with positive feedback. To plan monthly events exclusively for your team. Aft to show appreciation for your team members for six months, ask for feedback, and readjust if needed.

Here is the SMART goal example broken down:

Specific: Plan fun events for your team to show your appreciation.

Measurable: The measurable part is having monthly events for six months and asking for feedback from your members about the experience.

Achievable: It is achievable by setting aside a company budget and scheduling a monthly fun event.

Relevant: Showing appreciation and recognition can empower team members and improve morale and motivation.

Time-bound: Complete this goal over six months.

14. Improve Financial Performance

"I want to identify ways to reduce operating costs while maximizing revenue for this year. I will analyze our healthcare administration's financial performance and look for improvement areas."

Specific: The goal is clear and focused on enhancing financial performance.

Measurable: By looking at the healthcare administration's finances, there are ways to measure progress.

Attainable: LoThis goal is feasible as the individual can access financial data

for this

Relevant: The goal is appropriate for improving the administration's financial performance.

Time-based: Realize that success will be reached within this year.

15. Reduce Administrative Costs

"To cut administrative costs, I will reduce paperwork and manual processes by 20% by the end of 7 months. I aim to automate processes, introduce digital tools, and leverage technology to save time and money."

Specific: This goal includes what needs to be done (reduce paperwork and manual processes) and how much you need to reduce it (20%).

Measurable: You can measure the reduction of administrative costs with financial records.

Attainable: With proper planning and implementation, this SMART goal is feasible.

Relevant: Reducing administrative costs can have a positive financial impact and increase efficiency.

Time-based: Goal achievement will be expected after seven months.

16. Build Relationships Within Your Team

Building relationships with team members can create a supportive and engaging environment. For example, you can schedule monthly check-ins with each employee to touch base about projects and general career topics. After three months, ask for feedback about the check-ins and readjust the approach as necessary.

Here is a breakdown of this SMART goal example:

Specific: The goal is to meet with each team member in a monthly relaxed setting months to know them.

Measurable: The measurable part is having monthly check-ins for three months.

Achievable: It is achievable by setting aside 30 minutes a few times each month.

Relevant: Creating a positive work environment and boosting productivity requires building solid relationships with your team members.

Time-bound: The goal will end in three months.

17. Run Effective Meetings

Sometimes, a simple email suffices over a meeting, but meetings remain crucial to the workplace. One way to achieve this is to improve your meeting and presentation skills by using a meeting schedule for the next two months. Have team members provide feedback and iterate as needed.

Here is how this example meets the SMART goal criteria:

Specific: Improve your meeting and presentation skills.

Measurable: The measurable action is keeping meetings within your team's schedule and keeping track of everything that goes over or under the time estimate.

Achievable: Plan to keep team members informed and share the meeting schedule and agenda

Relevant. Conducting efficient meetings saves time and keeps everyone focused on their tasks, allowing you to communicate efficiently.

Time-bound: Work on this goal for two months.

Benefits Max Describe the benefits of reaching this goal

Many benefits include increasing the trust in leadership since **it is the single most significant contributor to employee satisfaction (which drives retention) and, ultimately, the success of an organization, besides increasing the Organizational Performance and effectiveness** in meeting its goals.

Increase **the efficiency of business functions, areas, and processes.** Increase customer satisfaction and supplier relationships (Happier employees will lead to happier customers), improve brand image and recognition; brand image is a leading indicator of success regarding how people feel about the organization, helps motivate employees, and increases employer competence. Researchers have found that setting and meeting goals can help employees feel more connected to their organization. Not only does this contribute to increased optimism in the office, but it also encourages better employee performance. Ensures employees are working toward a shared vision where everyone is aligned and helps you understand when it may be necessary to give feedback to get workers back on track. Help keep everyone accountable and ensure that they are working and moving toward a specific outcome. Quantify success, where we can use goals that clearly define success and indicate how far you have come and how far you must go to achieve them. Moreover, it can help employees feel more fulfilled and valued. That could mean you will experience fewer hiring-related costs in the future.

Risks involved in reaching this goal

Development Need

Risks involved in reaching this goal

the state of the overall economy, government rules and regulations, lack of financial support, Human resources, credentialing, staffing, Medication management, emergency Preparedness, Patient Safety, and Environmental safety. While companies may not be able to avoid business risk altogether, they can take steps to mitigate its impact, including developing a strategic risk plan.

Potential Obstacles

Barriers and Obstacles that Keep Organizations From Reaching Their Goals

1. No Buy-in From Employees
2. lack Of A Streamlined Process & Tool and heavily invested in the process improvement
3. **Lack of Focus** and Goals Are Not Discussed Frequently
4. **Poor Response to Change**
5. **Poor Planning** and **Line of Sight** -
6. **Lack of Measurement Standards**
7. **Poor Communication** - (
8. **Poor Alignment of goals**
9. **Inconsistent Policies** –
10. Lack of clear strategy, processes, infrastructure, human capability, and culture.

How are you going to overcome them?

Simplify interventions; train “scale-up leaders” and health workers dedicated to scale-up; reach and engage communities; match the best delivery strategy to the specific health problem and context; and raise the low profile of implementation science. Yamey, (2012).

Development Need**Resources/ support**

From the Ministry of Health and The Health Care Accreditation Council (“HCAC”)

Where available?

Ministry of Health, the health care accreditation council (“HCAC”), and academic institutions, like industrial engineering departments.

Action Plan - part two

Action Steps	Target Date
Professionals from the Ministry of Health, the health care accreditation council ("HCAC"), and academic institutions, like industrial engineering departments. Meetings to discuss the research and start an action plan.	To be assigned by HCAC
Review	
When will you review your progress towards your goals? The review will be aperiodic every three months after agreeing on the goals.	

Annex 6

Health Care Accreditation Council (HCAC) Leadership Competency Framework Self-Assessment tool

(Questionnaire)

Health Care Accreditation Council (HCAC) Leadership Competency Framework Self-Assessment tool

Part I: Demographic Data (information about groups of people according to specific attributes such as age, sex, and place of residence)

Personal Information

1. Gender:
 - Male
 - Female
2. Age:
 - $25 \leq 30$ years
 - $31 \leq 40$ years
 - $41 \leq 50$ years
 - More than 51 years
3. **Years of Experience:**
 - less than 5 years
 - $5 \leq 10$ years
 - $11 \leq 20$ years
 - More than 20 years
4. **Academic Qualification**
 - Diploma
 - Bachelor's
 - Postgraduate
5. **Trade**
 - Medical professions Doctors
 - Medical professions Nurses
 - Technical Affairs
 - Administrative Affairs

Part II: Evaluation of Domain Statements (Attributes).

#	Evaluation Domain Statements (Attributes) (Assessment of Currant Senior Healthcare Leadership)	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
	General Parameters (Systems Perspective)					
1	Public Hospitals approaches ADDRESS THE HOSPITALS AND HEALTH SERVICES need a specified region.					
2	Public Hospitals has enough resources to provide its services effectively and satisfactorily to customers.					
3	Public Hospitals have a COMPETITIVE POSITION in healthcare services in Jordan.					
4	Public Hospitals applies the CUSTOMER-FOCUSED EXCELLENCE models.					
5	Public Hospitals is capable of AGILITY AND RESILIENCE Health Services. The results are excellent.					
6	Public Hospitals processes are consistently effective, and the health services results in Public Hospitals are excellent.					
7	Public Hospitals focus on success, INNOVATING, AND IMPROVING enough to promote higher-order health services.					
8	Public Hospitals leaders in achieving excellent patient care and recognizing the importance of teamwork as part of the service experience.					
9	Public Hospitals's senior leader set and deployed the Hospitals's VISION AND Articulated a vision for the future.					
10	Public Hospitals leaders state the organization's KEY STRATEGIC OBJECTIVES and their most critical related GOALS.					
11	Public Hospitals' leadership promotes patient safety and drives quality improvement initiatives.					
12	Public Hospitals' leadership adheres to KEY STRATEGIC CHALLENGES and ADVANTAGES.					
13	Public Hospitals leaders improve WORK PROCESSES and support PROCESSES to improve products and PROCESS PERFORMANCE, enhance your CORE COMPETENCIES, and reduce variability.					
14	Public Hospitals's SENIOR LEADERS' actions demonstrate their commitment to legal and ETHICAL BEHAVIOR. Moreover, they are role models of ethical behavior and transformation.					
15	Public Hospitals SENIOR LEADERS ensure responsible GOVERNANCE					
16	Public Hospitals' leaders ensure fair treatment for different CUSTOMERS, CUSTOMER groups, and market SEGMENTS.					

17	Public Hospitals senior LEADERS effectively communicate with and engage the entire WORKFORCE, KEY PARTNERS, and KEY.					
18	Public Hospitals leaders, INSPIRE AND MOTIVATE your team members. LEADERS create an ENVIRONMENT FOR SUCCESS now and in the future.					
	Professional, Ethical, and Social Responsibility					
1	Public Hospitals makes SIGNIFICANT SOCIETAL CONTRIBUTIONS and demonstrates a commitment to excellence, integrity, and altruism in healthcare delivery.					
2	The Hospitals promotes quality and safety of care for patients.					
3	The Hospitals upholds equity, social, and environmental commitment in its service delivery.					
4	Psychological safety is ensured for employees in the workplace.					
5	A positive reinforcement culture engages, educates, supports, mentors, and energizes the workforce.					
6	The Hospitals commits to high ethical conduct and decision-making. In all interactions and strengthen.					
7	Transparency, respect, equity, and diversity are upheld in operations.					
8	Established ethical structures are effectively used to resolve ethical issues.					
9	A balance between personal and professional accountability is maintained, focusing on patient and community needs.					
10	Public Hospitals apply the VALUING PEOPLE POLICY.					
	Commitment to Advancing People-Centred Services					
1	Patient care excellence is prioritized while recognizing workforce contribution.					
2	Perspectives of patients, families, and the community are included in decision-making, respecting cultural differences.					
3	The Hospitals commits to continuous improvement based on current research and good practices.					
4	Public Hospitals' leaders prioritize patient-centered care by putting patients at the center of decision-making processes.					
5	Public Hospitals' leaders listen to, interact with, and observe CUSTOMERS to obtain actionable information and manage CUSTOMER complaints.					
6	Public Hospitals' leaders enable CUSTOMERS to seek information and support.					
	Emotional Intelligence and Self-Awareness					

1	Public Hospitals leaders foster a culture of empathy and compassion among healthcare professionals.					
2	The Hospitals demonstrates an understanding of its role and related implications, continuously leading and inspiring others.					
3	Public Hospitals shows commitment to self-care, well-being, and self-resilience, utilizing support structures when needed.					
4	Public Hospitals' leaders demonstrate SELF-AWARENESS and manage their emotions effectively. Show EMPATHY AND UNDERSTANDING toward others					
	Continuous improvement					
1	The Hospitals is committed to self-development, including lifelong learning, networking, and personal improvement.					
2	Reflective leadership is evident in measuring strengths and weaknesses using self-assessment and feedback from others.					
3	The Hospitals identifies areas for improvement and works on them, serving as a role model for others.					
4	Public Hospitals applying for the health services organizational LEARNING PROGRAM					
	Translation and Implementation					
1	Public Hospitals effectively applies knowledge of organizational systems theories and behaviors.					
2	The Hospitals demonstrates analytical thinking and agility when facing problems and takes appropriate action.					
3	The Hospitals promotes solutions, delegates effectively, and encourages decision-making.					
	Strategic financial management					
1	Public Hospitals effectively uses vital accounting principles and fiscal management tools. Project Hospitals organization's future financial PERFORMANCE					
2	The Hospitals guides the planning, execution, and monitoring of resources for optimal health outcomes and quality-cost controls.					
3	The Hospitals balances short-term and long-term effects and outcomes in resource management.					
4	The Hospitals can justify and solicit resources from funders or authorities.					
5	Public Hospitals' leaders ensure that financial and other resources are available to support achieving Hospitals ACTION PLANS.					
	Human resource management					

1	Leadership roles, responsibilities, and accountabilities are clearly defined, considering equity, inclusion, and diversity.					
2	The Hospitals optimizes healthcare workforce performance, even in evolving contexts and critical issues.					
3	The Hospitals integrates and guides practical strategies for workforce engagement, well-being, resilience, and retention.					
4	Public Hospitals' leaders Ensure diversity in leadership positions, including representation from various backgrounds, cultures, and perspectives.					
5	Public Hospitals leaders assess Hospitals WORKFORCE CAPABILITY and CAPACITY needs. Prepare Hospitals WORKFORCE for changing CAPABILITY and CAPACITY needs.					
6	Public Hospitals Leaders Assess WORKFORCE ENGAGEMENT RESULTS support WORKFORCE PERFORMANCE management system support HIGH PERFORMANCE.					
7	Public Hospitals leaders use KEY PERFORMANCE MEASURES or INDICATORS to track the achievement and EFFECTIVENESS of Hospitals ACTION PLANS.					
	Information management					
1	Public Hospitals's leaders ensure the availability of organizational data and information and optimally and cost-effectively use information and trend analysis.					
2	Public Hospitals ensures compliance with privacy and security requirements for information.					
3	Public Hospitals leaders COLLECT AND ANALYZE relevant data and develop information for Hospitals strategic planning PROCESS. Critically assesses and analyses relevant data for data-driven decision-making.					
4	Public Hospitals' leaders select comparative data and information to support fact-based decision-making.					
	Administration and Business Development					
1	The Hospitals demonstrates knowledge of essential business practices and evaluates Alignment with organizational values and plans.					
2	Public Hospitals' leaders use findings from PERFORMANCE reviews to develop priorities for continuous improvement and opportunities for INNOVATION.					
3	Public Hospitals leaders support learning and development systems to support the personal development of members of your workforce and the needs of your organization.					
4	Public Hospitals leaders provide opportunities for growth and development.					
5	Public Hospitals leaders develop transformational leadership skills.					

6	Public Hospitals leaders have performance expectations for planning prospects in the short and long term.					
7	Public Hospitals leaders apply administrative matters based on facts.					
	Quality Improvement and Patient Safety					
1	The Hospitals guides the development, implementation, and tracking of quality outcomes, satisfaction, and safety programs.					
2	Public Hospitals develops and tracks indicators using recognized frameworks for quality outcomes, satisfaction, and safety.					
3	Public Hospitals's LEADERS stay abreast of EMERGING TECHNOLOGIES and innovative solutions that can improve patient care, operational efficiency, and overall outcomes.					
4	Public Hospitals leaders ADAPT TO CHANGES and embrace new approaches for patients.					
5	Public Hospitals' leaders determine CUSTOMER satisfaction, dissatisfaction, and ENGAGEMENT.					
	Monitoring and Evaluation					
1	Relevant data sets are produced, and monitoring systems ensure standards are met in clinical, corporate, and administrative functions.					
2	Public Hospitals leaders MAKE INFORMED DECISIONS based on thorough analysis.					
3	Encourage leaders to LEVERAGE DATA AND ANALYTICS to make informed decisions.					
	Visionary leadership					
1	Public Hospitals's Leadership Articulates a vision for the future.					
2	Public Hospitals' leadership adheres to KEY STRATEGIC CHALLENGES and ADVANTAGES.					
3	Public Hospitals' leadership ALIGN GOALS AND OBJECTIVES with the OVERALL VISION.					
4	Public Hospitals' leadership DEVELOP AND COMMUNICATE A CLEAR STRATEGY for achieving the vision.					
5	Public Hospitals' leaders balance the STRATEGIC OBJECTIVES to achieve an appropriate balance among varying and potentially competing organizational needs.					
6	. Public Hospitals' leadership DEVELOP AND COMMUNICATE A CLEAR STRATEGY for achieving the vision.					

7	Public Hospitals' leadership promotes patient safety and drives quality improvement initiatives.					
	Governance					
1	Executive decisions are made and implemented according to governance structure, policies, and values.					
2	Key governing bodies are engaged and committed to the organizational strategy and vision.					
3	Succession planning is built for continuity of oversight in Alignment with values and strategic direction.					
4	Public Hospitals evaluates the PERFORMANCE of SENIOR LEADERS and the GOVERNANCE board.					
5	Public Hospitals's leaders track data and information on daily operations and overall organizational PERFORMANCE.					
6	Public Hospitals ADDRESS CURRENT AND ANTICIPATE FUTURE legal, regulatory, and community concerns with Hospitals HEALTH SERVICES and operations.					
	Preparedness and Crisis Management					
1	Public Hospitals understands risk management principles and guides relevant programs and strategies.					
2	The Hospitals plans for service continuity during potential health and other emergencies.					
3	The Hospitals actively anticipates, manages, and mitigates significant risks during emergencies.					
4	Public Hospitals leaders WEIGH RISKS AND BENEFITS before making decisions.					
5	Public Hospitals leaders CONSIDER DIVERSE PERSPECTIVES And seek input from others.					
6	Public Hospitals leaders respond quickly when circumstances require a shift in ACTION PLANS and rapid execution of new plans.					
	Digital Technologies in Healthcare					
1	Digital technologies are implemented cost-effectively in Alignment with the organizational strategy.					
2	The Hospitals recognizes the potential and limitations of health technologies and digital outreach.					
	Executive communication					
1	The Hospitals articulates and communicates its mission, vision, values, and priorities consistently to stakeholders.					

2	Information is presented in a factual, credible, and understandable way to decision-makers.					
3	Messaging and means of communication are customized for separate groups to optimize impact.					
	Employee Support and Development					
1	The Hospitals develops others through mentoring, coaching, and promoting continuous development.					
2	Constructive feedback about performance is provided in a professional and respectful environment.					
	Compassionate leadership					
1	Compassionate and collaborative leadership behaviors are adopted.					
2	Transparent, shared decision-making is valued and understood.					
	Interpersonal relationships					
1	Positive workforce and stakeholder relationships are developed and sustained.					
2	Strong listening and communication skills, including non-verbal communication, are demonstrated.					
3	Public Hospitals leaders ENSURE CLARITY and understanding in HOSPITALS communication.					
4	Public Hospitals leaders adapt the HOSPITALS communication style to different audiences.					
5	Public Hospitals leaders Foster an open and TRANSPARENT COMMUNICATION culture.					
	Problem-Solving and Negotiation					
1	Problem-solving skills are demonstrated, and conflicts are managed through mediation and negotiation.					
2	Conflicting perspectives are discussed collaboratively, leading to mutually beneficial solutions.					
	Systems thinking					
1	Public Hospitals balances and connects inter-relationships among access, quality, safety, cost, etc.					
2	The Hospitals recognizes the local implications of regional and global health events, understanding their impact on communities.					
3	Public Hospitals adopts a systemic approach, considering other sectors' priorities in the community.					

	Engaging Culture and Environment					
1	The Hospitals facilitates the development of an organizational culture built on mutual trust, inclusion, and transparency.					
2	Teamwork, multidisciplinary teams, and cross-boundary engagement are promoted at Public Hospitals.					
3	The Hospitals maintains awareness of factors impacting the community and organization's services.					
4	Public Hospitals leaders encourage INTERDISCIPLINARY COLLABORATION, BREAK down silos, and create opportunities for staff to work together to solve complex problems and deliver high-quality care.					
5	Public Hospitals leaders FOSTER A CULTURE of collaboration and teamwork.					
	Population Health Assessment and Promotion					
1	Public Hospitals incorporates an understanding of social and environmental determinants of health into strategies and decisions.					
2	The Hospitals uses vital statistics and health indicators to identify priorities and guide decision-making.					
3	Public Hospitals assesses healthcare costs and accessibility to meet patient population needs.					
	Networks and Alliances					
1	The Hospitals establishes relationships for effective, coordinated, and integrated care with other providers.					
2	Relevant partnerships and networks are promoted to advance efficient care delivery.					
3	Partnerships align with corporate social responsibility and environmental sustainability practices.					
	Advocacy					
1	Public Hospitals advocates for healthcare policy initiatives aligned with priorities and quality of care.					
2	Patients' rights are advocated for, and their participation in designing health services is assured.					
	Public Relations and Marketing					
1	The Hospitals demonstrates proficiency in media, public relations, and effective communication.					
2	Marketing and social marketing principles are applied for appropriate community outreach and health literacy.					

3	Public Hospitals leaders determine Hospitals CUSTOMER groups and market SEGMENTS.					
	Regulations and Health Systems					
1	Public policy, legislative, and advocacy processes are interpreted into the Hospitals's strategic objectives.					
2	Public Hospitals understands the local and national healthcare system structure, funding mechanisms, and integrated care delivery networks.					
3	The Hospitals ensures compliance with applicable laws and regulations in the healthcare sector.					
	Strategic planning					
1	Public Hospitals leads the development of key planning processes for strategic and clinical service plans.					
2	Operating-unit strategic objectives are monitored and aligned with the Hospitals's mission and strategy.					
3	Patient pathways and service design are understood and organized for effective delivery.					
4	Public Hospitals leaders CONDUCT HOSPITALS STRATEGIC PLANNING, state the organization's KEY STRATEGIC OBJECTIVES and their most critical related GOALS.					
5	Public Hospitals' leaders decide which KEY PROCESSES will be accomplished by Hospitals WORKFORCE and external suppliers, PARTNERS, and COLLABORATORS.					
6	Public Hospitals leaders have short- and long-term master plans of action.					
7	Public Hospitals leaders balance strategic objectives to strike the appropriate balance between diverse and competing organizational needs.					
	Sustainability leadership					
1	The Hospitals understands sustainability as a multi-dimensional concept in decision-making.					
2	Priorities and actions concerning climate impact reduction and sustainability are identified and overseen.					
3	Climate impact measures and quality standards are developed and implemented in the Hospitals's strategy.					
	Organizational resilience					
1	Public Hospitals understands resilience and enhances strategies for sustainability.					

2	Interdependency and logistics of supply chain services are effectively managed, including procurement and waste management.					
3	Public Hospitals leaders show resilience in difficult situations.					
4	Public Hospitals LEADERS MAINTAIN COMPOSURE and positivity under pressure.					
5	Public Hospitals leaders ADAPT TO CHANGES and embrace new approaches					
	Innovation and Entrepreneurship					
1	Diversity of perspectives is encouraged to support innovation and improvement.					
2	Innovative cultures and methods are promoted, supporting experimentation and innovation.					
3	Public Hospitals leaders incorporate INNOVATION in strategy development PROCESS.					
	Change management					
1	Change processes are championed and optimized for sustained impact.					
2	Public Hospitals leaders can minimize resistance to change and ensure successful implementation.					
3	Public Hospitals' leaders ensure that the Hospitals PERFORMANCE measurement system can respond to rapid or unexpected organizational or external changes and provide timely data.					
	Ongoing Learning and Sharing					
1	Information-seeking from various sources is promoted to support organizational performance.					
2	Organizational introspection and lessons learned are valued for continuous improvement.					
3	Public Hospitals contributes to advancing healthcare management and leadership through sharing evidence, knowledge, and experience.					
4	Public Hospitals leaders should PRIORITIZE ONGOING EDUCATION and professional development to stay updated with healthcare advancements, leadership techniques, and industry best practices.					
5	Public Hospitals Leaders Provide comprehensive training programs, workshops, and mentorship opportunities to develop the leadership skills of healthcare professionals.					
6	Public Hospitals applying for the health services organizational LEARNING PROGRAM					

