

Final Project 1

Code: MGM 496-PMG496

Project Template

Faculty of Management
Midocean University

Midocean University

Faculty of Management

Department/ Specialization



Project title

**Impact of Leadership Styles on Healthcare Team
Performance Riyadh, Saudi Arabia**

Student name

Sarah Abdullah Almutairi

Graduation Project – 1

Faculty of Management - Midocean University

Supervisor

Dr. Abdulrahim Nader

Faculty member- Faculty of management- Midocean University

Date of submission – number of Semester

01/08/2025 2nd semester 2025

Contents

1. Chapter 1: Introduction	3
1.1. Research Background	4
1.2. Research Problem.....	4
1.2.1. Theoretical Gaps	4
1.2.2. Practical Gaps.....	4
1.3. Research Significance.....	4
1.3.1. At the theoretical level	4
1.3.2. At the practical level	4
1.4. Research Questions	5
1.5. Research Objectives	8
1.6. Research Hypotheses.....	12
1.7. Research Model	16
1.8. Research Methodology	23
1.9. Scope of The Study	29
1.10. The Suggested Project Structure.....	34
2. Chapter 2: Literature Review.....	43
2.1. Introduction	43
2.2. The independent variable	43
2.3. The dependent variable.....	44
2.4. The relationship between the independent and the dependent variables.....	44
2.5. Conclusion	44
References.....	44

1. Chapter 1: Introduction

1.1. Research Background

1.2. Research Problem

1.2.1. Theoretical Gaps

1.2.2. Practical Gaps

1.3. Research Significance

1.3.1. At the theoretical level

1.3.2. At the practical level

1.4. Research Questions

Research Questions

Primary Research Question:

How do different leadership styles impact healthcare team performance in Riyadh, Saudi Arabia's healthcare institutions during the Vision 2030 transformation period?

Secondary Research Questions:

Leadership Style Effectiveness Questions:

RQ1: Which leadership styles (transformational, transactional, authentic, servant) are most effective in enhancing team performance outcomes among healthcare professionals in Riyadh's public and private healthcare institutions?

RQ2: How do leadership style preferences vary among different healthcare professional groups (physicians, nurses, allied health professionals, administrative staff) in Riyadh's healthcare sector?

RQ3: What is the relationship between specific leadership behaviors and key performance indicators including team productivity, job satisfaction, patient safety outcomes, and staff retention in Riyadh's healthcare organizations?

Cultural Context Questions:

RQ4: How do Islamic values and Saudi Arabian cultural norms moderate the relationship between leadership styles and healthcare team performance?

RQ5: To what extent do traditional gender roles and expectations influence the effectiveness of male versus female healthcare leaders in Riyadh's healthcare institutions?

RQ6: How do cultural competency levels of healthcare leaders affect team performance in multicultural healthcare environments comprising Saudi nationals and expatriate professionals?

Transformation and Change Questions:

RQ7: How does the current Vision 2030 healthcare transformation environment influence the relationship between leadership styles and team performance outcomes?

RQ8: What leadership approaches are most effective in managing healthcare teams during the transition from government-operated to privatized healthcare models?

RQ9: How do leadership styles impact team adaptation and performance during the implementation of digital health technologies and electronic health record systems?

Organizational and Structural Questions:

RQ10: How does leadership effectiveness vary across different types of healthcare organizations (public hospitals, private hospitals, specialized medical centers, primary healthcare clinics) in Riyadh?

RQ11: What is the relationship between organizational size, complexity, and the effectiveness of different leadership styles in Riyadh's healthcare institutions?

RQ12: How do leadership styles influence team performance differently across various healthcare specialties (emergency medicine, surgery, internal medicine, pediatrics, oncology)?

Workforce Development Questions:

RQ13: How do leadership styles impact the success of Saudization initiatives and the integration of Saudi national healthcare professionals into existing teams?

RQ14: What leadership competencies are most valued by healthcare team members in Riyadh's evolving healthcare workforce?

RQ15: How do leadership styles influence knowledge transfer, mentoring relationships, and professional development outcomes in multicultural healthcare teams?

Performance Measurement Questions:

RQ16: What are the most appropriate performance indicators for measuring leadership effectiveness in the Saudi Arabian healthcare context?

RQ17: How do leadership styles correlate with patient satisfaction scores, clinical quality metrics, and organizational financial performance in Riyadh's healthcare institutions?

RQ18: What is the relationship between leadership styles and team innovation, continuous improvement initiatives, and quality enhancement programs?

Gender and Diversity Questions:

RQ19: How do women healthcare leaders navigate cultural expectations while maintaining team effectiveness during organizational transformation?

RQ20: What barriers and facilitators influence the leadership effectiveness of women in senior healthcare positions in Riyadh's healthcare sector?

Implementation and Training Questions:

RQ21: What organizational factors (training programs, support systems, cultural policies) moderate the relationship between leadership styles and team performance?

RQ22: How do leadership development interventions influence the adoption of effective leadership behaviors and subsequent team performance improvements?

RQ23: What are the most effective strategies for developing culturally competent healthcare leaders who can optimize team performance in the Saudi Arabian context?

These research questions are designed to comprehensively examine the multifaceted relationship between leadership styles and healthcare team performance within the specific cultural, organizational, and transformational context of Riyadh, Saudi Arabia. The questions address both theoretical understanding and practical implementation considerations, supporting the development of evidence-based leadership strategies for healthcare organizations operating in this unique environment.

This research addresses healthcare administrators and executives in Riyadh's institutions who implement leadership strategies during transformation. Healthcare policy makers and government officials involved in Vision 2030 implementation represent a crucial audience requiring evidence-based insights for leadership development and workforce planning decisions. Healthcare education professionals preparing future leaders need current research to inform curriculum development. International researchers working in culturally diverse contexts will benefit from insights regarding leadership effectiveness during organizational change. Quality improvement specialists and organizational development

consultants in Saudi healthcare will gain understanding of leadership approaches that support performance improvement initiatives.

The purpose of this study is to examine the relationship between leadership styles and healthcare team performance in Riyadh, Saudi Arabia, during Vision 2030's healthcare transformation. This research investigates how transformational, transactional, and authentic leadership styles influence team effectiveness, job satisfaction, patient safety outcomes, and organizational commitment among healthcare teams in Riyadh's major institutions. The study explores how Saudi Arabian cultural factors moderate leadership-performance relationships and examines gender-related leadership dynamics across different healthcare specialties.

1.5. Research Objectives

Primary Objective:

To investigate and analyze the impact of different leadership styles on healthcare team performance in Riyadh, Saudi Arabia's healthcare institutions during the Vision 2030 transformation period, with the aim of developing evidence-based leadership frameworks that optimize team effectiveness within the Saudi cultural and organizational context.

Specific Objectives:

Leadership Style Assessment Objectives:

- 1. Identify and Evaluate Leadership Style Effectiveness:** To assess the relative effectiveness of transformational, transactional, authentic, and servant leadership styles in enhancing healthcare team performance across different types of healthcare institutions in Riyadh.
- 2. Measure Leadership Impact on Performance Indicators:** To quantify the relationship between specific leadership behaviors and key performance metrics including team productivity, job satisfaction, patient safety outcomes, staff retention rates, and organizational financial performance.
- 3. Analyze Leadership Style Preferences:** To determine leadership style preferences among different healthcare professional groups (physicians,

nurses, allied health professionals, administrative staff) and identify factors influencing these preferences.

Cultural Context Objectives:

4. **Examine Cultural Moderation Effects:** To investigate how Islamic values, Saudi Arabian cultural norms, and traditional social structures moderate the relationship between leadership styles and healthcare team performance.
5. **Assess Gender-Based Leadership Dynamics:** To evaluate the effectiveness of male versus female healthcare leaders and examine how traditional gender roles influence leadership outcomes in Riyadh's healthcare sector.
6. **Evaluate Multicultural Team Leadership:** To analyze leadership effectiveness in managing diverse healthcare teams comprising Saudi nationals and expatriate professionals, with particular attention to cultural competency requirements.

Transformation and Change Management Objectives:

7. **Analyze Transformation Leadership Requirements:** To determine which leadership approaches are most effective during the Vision 2030 healthcare transformation, including privatization, digitalization, and workforce development initiatives.
8. **Assess Change Management Leadership:** To evaluate leadership effectiveness during organizational transitions from government-operated to privatized healthcare models and technology implementation processes.
9. **Examine Innovation and Adaptation Leadership:** To investigate how different leadership styles influence team adaptation, innovation capacity, and continuous improvement initiatives during organizational change.

Organizational and Structural Objectives:

10. **Compare Leadership Effectiveness Across Organizations:** To analyze how leadership style effectiveness varies across different types of healthcare organizations (public hospitals, private hospitals, specialized centers, primary care clinics) in Riyadh.
11. **Evaluate Specialty-Specific Leadership:** To examine leadership effectiveness differences across various healthcare specialties and identify specialty-specific leadership requirements and challenges.

- 12. Assess Organizational Size and Complexity Effects:** To determine how organizational characteristics influence the relationship between leadership styles and team performance outcomes.

Workforce Development Objectives:

- 13. Analyze Saudization Leadership Impact:** To evaluate how different leadership styles support or hinder Saudization initiatives and the successful integration of Saudi national healthcare professionals.
- 14. Identify Critical Leadership Competencies:** To determine the most valued leadership competencies among healthcare team members in Riyadh's evolving healthcare workforce.
- 15. Assess Knowledge Transfer and Mentoring:** To examine how leadership styles influence knowledge sharing, mentoring relationships, and professional development outcomes in multicultural healthcare environments.

Performance Measurement and Quality Objectives:

- 16. Develop Culturally Appropriate Metrics:** To identify and validate performance indicators that accurately measure leadership effectiveness within the Saudi Arabian healthcare context.
- 17. Establish Leadership-Quality Relationships:** To determine correlations between leadership styles and clinical quality metrics, patient satisfaction scores, and safety outcomes.
- 18. Evaluate Innovation and Quality Leadership:** To assess how leadership styles influence team engagement in quality improvement programs, innovation initiatives, and evidence-based practice adoption.

Gender and Diversity Objectives:

- 19. Examine Women's Leadership Effectiveness:** To investigate how women healthcare leaders navigate cultural expectations while maintaining team effectiveness during organizational transformation.
- 20. Identify Gender-Related Barriers and Facilitators:** To analyze organizational and cultural factors that support or hinder women's leadership effectiveness in Riyadh's healthcare sector.

21. **Assess Diversity Leadership Strategies:** To evaluate leadership approaches that effectively manage gender diversity and cultural differences within healthcare teams.

Implementation and Development Objectives:

22. **Evaluate Leadership Development Programs:** To assess the effectiveness of current leadership training initiatives and identify gaps in culturally appropriate leadership development.
23. **Develop Implementation Frameworks:** To create practical frameworks and guidelines for implementing effective leadership strategies that align with Saudi cultural values and Vision 2030 objectives.
24. **Design Training and Support Systems:** To propose evidence-based leadership development interventions that enhance leadership effectiveness and subsequent team performance in Saudi healthcare organizations.

Policy and Strategic Objectives:

25. **Inform Healthcare Policy Development:** To generate evidence-based recommendations for healthcare policy makers regarding leadership development, workforce planning, and organizational restructuring initiatives.
26. **Support Accreditation and Standards:** To contribute to the development of leadership competency frameworks and professional standards for healthcare management positions in Saudi Arabia.
27. **Enhance Strategic Planning:** To provide insights that support strategic planning efforts for healthcare organizations implementing Vision 2030 transformation initiatives.

These research objectives are designed to generate comprehensive understanding of leadership effectiveness in Riyadh's healthcare sector while producing actionable insights for improving team performance, supporting organizational transformation, and advancing the goals of Saudi Arabia's Vision 2030 healthcare initiative.

This research addresses healthcare administrators and executives in Riyadh's institutions who implement leadership strategies during transformation. Healthcare policy makers and government officials involved in Vision 2030 implementation

represent a crucial audience requiring evidence-based insights for leadership development and workforce planning decisions. Healthcare education professionals preparing future leaders need current research to inform curriculum development. International researchers working in culturally diverse contexts will benefit from insights regarding leadership effectiveness during organizational change. Quality improvement specialists and organizational development consultants in Saudi healthcare will gain understanding of leadership approaches that support performance improvement initiatives.

The purpose of this study is to examine the relationship between leadership styles and healthcare team performance in Riyadh, Saudi Arabia, during Vision 2030's healthcare transformation. This research investigates how transformational, transactional, and authentic leadership styles influence team effectiveness, job satisfaction, patient safety outcomes, and organizational commitment among healthcare teams in Riyadh's major institutions. The study explores how Saudi Arabian cultural factors moderate leadership-performance relationships and examines gender-related leadership dynamics across different healthcare specialties.

1.6. Research Hypotheses

Primary Hypothesis:

H1: There is a significant positive relationship between transformational leadership styles and healthcare team performance in Riyadh, Saudi Arabia's healthcare institutions during the Vision 2030 transformation period.

H1a: Healthcare teams led by transformational leaders will demonstrate significantly higher performance scores on productivity, quality, and satisfaction measures compared to teams led by other leadership styles.

Leadership Style Effectiveness Hypotheses:

H2: Transformational leadership will be more effective than transactional leadership in enhancing healthcare team performance in Saudi Arabian cultural contexts.

H2a: Teams under transformational leadership will show higher job satisfaction scores than teams under transactional leadership. **H2b:** Transformational

leadership will correlate more strongly with patient safety outcomes than transactional leadership.

H3: Authentic leadership will positively moderate the relationship between cultural values and team performance in Saudi healthcare settings.

H3a: Healthcare leaders scoring high on authentic leadership measures will achieve better team performance in culturally diverse teams.

H4: Servant leadership will be more effective in healthcare specialties requiring high levels of collaboration (e.g., emergency medicine, surgery) compared to individual-focused specialties.

Cultural Context Hypotheses:

H5: Islamic values and Saudi cultural norms will moderate the relationship between leadership styles and team performance, with relationship-oriented leadership styles showing stronger positive effects.

H5a: Leaders who demonstrate cultural sensitivity and Islamic value alignment will achieve higher team performance scores. **H5b:** The effectiveness of directive leadership styles will be reduced in teams with higher Islamic value orientation.

H6: Traditional gender role expectations will moderate the effectiveness of female healthcare leaders, with relationship-oriented leadership styles showing stronger positive effects for women leaders.

H6a: Female leaders using transformational leadership will achieve comparable team performance to male leaders. **H6b:** Female leaders will be more effective using collaborative leadership approaches than authoritarian approaches.

H7: Multicultural teams (Saudi nationals and expatriates) will perform better under leaders with high cultural intelligence and inclusive leadership styles.

H7a: Leaders with higher cultural intelligence scores will achieve better performance in multicultural teams. **H7b:** Inclusive leadership behaviors will positively correlate with team cohesion in diverse teams.

Transformation and Change Hypotheses:

H8: During Vision 2030 transformation, change-oriented leadership behaviors will be more strongly associated with team performance than stability-oriented behaviors.

H8a: Teams experiencing organizational change will perform better under transformational leadership than under transactional leadership. **H8b:** Leadership communication frequency will positively correlate with team performance during transformation periods.

H9: Healthcare teams in privatizing institutions will show higher performance under adaptive leadership styles compared to traditional bureaucratic leadership styles.

H9a: Privatization transition success will correlate positively with leadership adaptability scores.

H10: Digital transformation initiatives will be more successful in teams led by leaders with high technological leadership competence.

H10a: Leaders with higher digital literacy will achieve better technology adoption rates in their teams.

Organizational Structure Hypotheses:

H11: Leadership style effectiveness will vary significantly across different types of healthcare organizations (public vs. private vs. specialized centers).

H11a: Private healthcare institutions will show stronger correlations between entrepreneurial leadership and team performance. **H11b:** Public institutions will show stronger correlations between bureaucratic leadership and compliance-related performance measures.

H12: Organizational size will moderate the relationship between leadership styles and team performance, with decentralized leadership being more effective in larger organizations.

H12a: Larger healthcare institutions will benefit more from distributed leadership models.

H13: Healthcare specialty type will moderate leadership effectiveness, with high-stress specialties benefiting more from supportive leadership styles.

H13a: Emergency departments and intensive care units will show stronger correlations between supportive leadership and team performance.

Performance Measurement Hypotheses:

H14: Leadership styles will differentially predict various performance outcomes, with transformational leadership showing stronger correlations with innovation measures and transactional leadership showing stronger correlations with efficiency measures.

H14a: Transformational leadership will positively correlate with team innovation scores. **H14b:** Transactional leadership will positively correlate with adherence to protocols and procedures.

H15: Patient satisfaction scores will be more strongly correlated with relationship-oriented leadership styles than task-oriented leadership styles.

H15a: Leaders scoring high on empathy and interpersonal skills will achieve higher patient satisfaction ratings.

H16: Staff retention rates will be positively correlated with leadership quality measures, with authentic leadership showing the strongest relationship.

H16a: Teams with authentic leaders will demonstrate lower turnover rates. **H16b:** Leadership trust scores will negatively correlate with staff turnover intentions.

Gender and Diversity Hypotheses:

H17: Gender-diverse leadership teams will achieve higher overall team performance than homogeneous leadership teams.

H17a: Healthcare departments with gender-balanced leadership will show superior performance on collaborative measures.

H18: Women healthcare leaders will be equally effective as men when controlling for leadership style, experience, and organizational support.

H18a: Gender will not significantly predict leadership effectiveness when other variables are controlled.

Development and Training Hypotheses:

H19: Healthcare leaders who have received culturally-adapted leadership training will demonstrate higher team performance than those who received generic leadership training.

H19a: Cultural leadership competency training will positively correlate with multicultural team performance.

H20: Leadership development interventions will show greater effectiveness when they include Islamic values integration and Saudi cultural context.

H20a: Culturally-adapted leadership programs will show higher participant satisfaction and skill application rates.

H21: Mentoring relationships between experienced and novice healthcare leaders will positively impact both leadership development and team performance outcomes.

H21a: Leaders in formal mentoring relationships will show greater improvement in leadership effectiveness measures.

Null Hypotheses:

H0₁: There is no significant relationship between leadership styles and healthcare team performance in Saudi Arabian healthcare institutions.

H0₂: Cultural factors do not moderate the relationship between leadership styles and team performance.

H0₃: Gender does not influence leadership effectiveness in Saudi healthcare settings.

H0₄: Organizational transformation does not affect the relationship between leadership styles and team performance.

These hypotheses are designed to comprehensively test the theoretical relationships between leadership styles and team performance while accounting for the unique cultural, organizational, and transformational context of healthcare in Riyadh, Saudi Arabia during the Vision 2030 period.

1.7. Research Model

Conceptual Framework Overview:

This research employs a comprehensive multi-dimensional model that examines the relationship between leadership styles and healthcare team performance within the specific context of Riyadh, Saudi Arabia's healthcare transformation. The model integrates established leadership theories with cultural, organizational, and contextual factors unique to the Saudi healthcare environment during the Vision 2030 implementation period.

Core Research Model Components:

Independent Variables (Leadership Styles):

- **Transformational Leadership:** Inspirational motivation, intellectual stimulation, individualized consideration, idealized influence
- **Transactional Leadership:** Contingent reward, management by exception (active/passive)
- **Authentic Leadership:** Self-awareness, relational transparency, balanced processing, moral perspective
- **Servant Leadership:** Empowerment, stewardship, healing, awareness
- **Cultural Leadership:** Islamic value integration, cultural sensitivity, traditional respect

Dependent Variables (Healthcare Team Performance):

- **Clinical Performance:** Patient safety outcomes, quality indicators, clinical excellence measures
- **Operational Performance:** Productivity metrics, efficiency ratios, resource utilization
- **Team Effectiveness:** Collaboration levels, communication quality, coordination effectiveness
- **Employee Outcomes:** Job satisfaction, organizational commitment, turnover intentions
- **Innovation Performance:** Continuous improvement initiatives, technology adoption, creative problem-solving
- **Patient Experience:** Satisfaction scores, care quality perception, service excellence

Moderating Variables (Cultural Context):

- **Islamic Values Integration:** Religious practice accommodation, ethical decision-making alignment
- **Saudi Cultural Norms:** Traditional hierarchy respect, family-work balance, social expectations

- **Gender Role Expectations:** Traditional versus evolving gender roles, workplace dynamics
- **National Identity:** Vision 2030 alignment, cultural preservation
- **Organizational Culture:** Institutional values, change readiness, innovation orientation

Mediating Variables (Leadership Mechanisms):

- **Trust and Credibility:** Leader-follower trust, organizational credibility, reliability perception
- **Communication Effectiveness:** Information sharing, feedback quality, transparency levels
- **Empowerment and Development:** Skill building, career advancement, autonomy provision
- **Vision Alignment:** Strategic clarity, goal understanding, purpose alignment
- **Cultural Competence:** Cross-cultural skills, diversity management, inclusion practices

Contextual Variables (Environmental Factors):

- **Vision 2030 Transformation:** Privatization pressures, digitalization requirements, Saudization goals
- **Organizational Characteristics:** Size, type (public/private), specialty focus, complexity level
- **Team Composition:** Cultural diversity, professional mix, experience levels, gender balance
- **Resource Availability:** Budget constraints, technology access, training opportunities
- **Regulatory Environment:** Ministry of Health requirements, accreditation standards, policy changes

Control Variables:

- **Leader Characteristics:** Experience, education, tenure, gender, nationality
- **Team Demographics:** Size, composition, tenure, diversity indices

- **Organizational Factors:** Age, reputation, location, ownership type
- **Environmental Stability:** Market conditions, regulatory consistency, resource predictability

Theoretical Foundations:

Base Theory Integration:

- **Transformational Leadership Theory (Bass & Riggio, 2006):** Foundation for examining inspirational and developmental leadership behaviors
- **Authentic Leadership Theory (Avolio & Gardner, 2005):** Framework for understanding genuine, values-based leadership
- **Cultural Leadership Theory (Hofstede, 1980; House et al., 2004):** Cultural value integration and cross-cultural leadership effectiveness
- **Social Exchange Theory (Blau, 1964):** Leader-follower relationship dynamics and reciprocity
- **Organizational Change Theory (Kotter, 1996):** Change management during transformation periods

Cultural Adaptation Framework:

- **Islamic Leadership Principles:** Integration of Shura (consultation), Adl (justice), and Ihsan (excellence)
- **Arab Cultural Values:** Emphasis on relationships, respect for authority, family orientation
- **Saudi-Specific Factors:** National transformation context, modernization pressures, tradition preservation

Model Relationships and Pathways:

Direct Effects:

- Leadership Styles → Team Performance (H1-H4)
- Cultural Context → Leadership Effectiveness (H5-H7)
- Transformation Context → Leadership Requirements (H8-H10)

Moderation Effects:

- Cultural Values × Leadership Styles → Team Performance
- Gender Expectations × Leadership Styles → Effectiveness
- Organizational Type × Leadership Styles → Performance Outcomes
- Transformation Stage × Leadership Styles → Change Success

Mediation Effects:

- Leadership Styles → Trust/Communication → Team Performance
- Cultural Competence → Team Cohesion → Performance Outcomes
- Vision Alignment → Employee Engagement → Productivity

Multi-Level Considerations:

- **Individual Level:** Leader characteristics, follower attributes, personal cultural values
- **Team Level:** Group dynamics, collective culture, shared leadership
- **Organizational Level:** Structure, culture, strategic orientation
- **Societal Level:** National culture, religious context, transformation environment

Model Testing Approach:

Phase 1: Measurement Model Validation

- Confirmatory Factor Analysis for leadership style constructs
- Cultural context measurement validation
- Performance indicator reliability testing
- Cross-cultural measurement invariance assessment

Phase 2: Structural Model Testing

- Direct relationship testing between leadership styles and performance
- Moderation effect analysis for cultural factors
- Mediation pathway examination through leadership mechanisms
- Multi-group analysis across organizational types

Phase 3: Model Refinement

- Alternative model comparison
- Cultural adaptation requirements identification
- Context-specific pathway validation
- Practical implication development

Expected Model Outcomes:

Primary Relationships:

- Transformational leadership will show strongest positive relationship with team performance
- Cultural moderation will significantly affect leadership effectiveness
- Vision 2030 context will create unique leadership requirements

Interaction Effects:

- Islamic values will enhance relationship-oriented leadership effectiveness
- Gender expectations will moderate leadership style acceptance
- Organizational transformation will increase change leadership importance

Practical Applications:

- Leadership selection criteria for Saudi healthcare context
- Training program design for cultural competence
- Performance management system recommendations
- Organizational development interventions

Model Limitations and Assumptions:

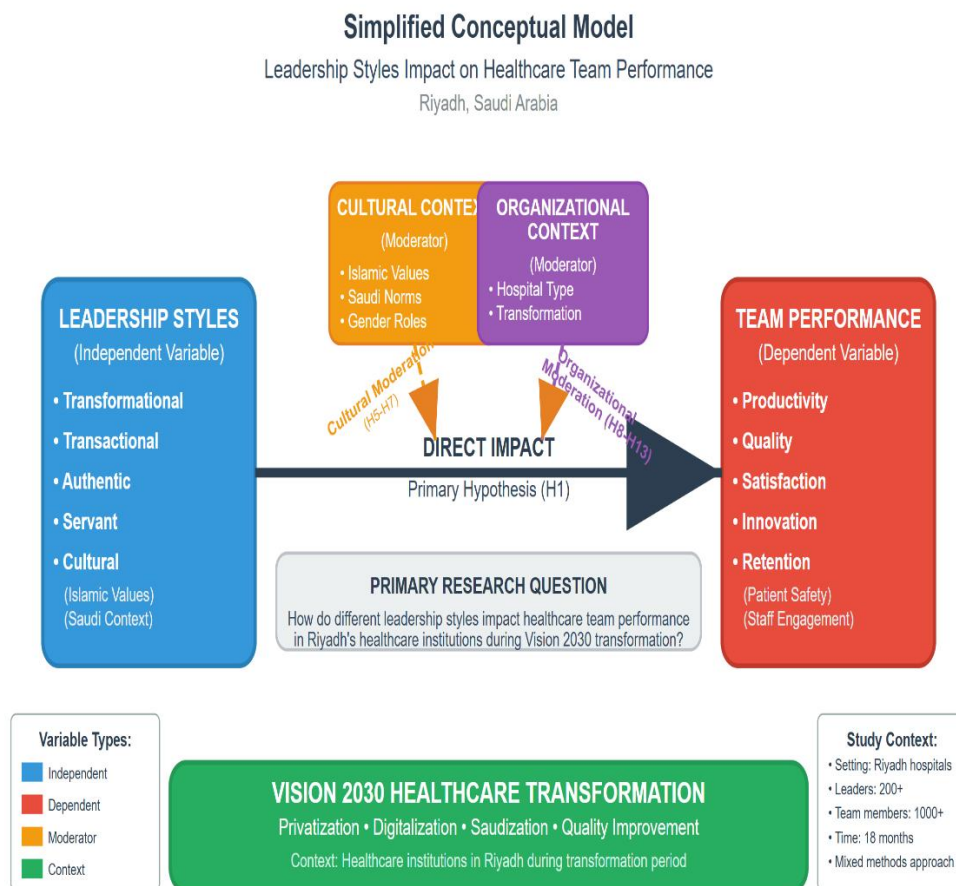
Assumptions:

- Leadership styles can be accurately measured across cultural contexts
- Team performance is multidimensional and culturally influenced
- Cultural values are relatively stable during study period
- Organizational transformation effects are measurable

Limitations:

- Cross-sectional design limits causal inference
- Cultural measurement challenges in sensitive environments
- Self-report bias in leadership and culture assessments
- Generalizability beyond Saudi healthcare context

This comprehensive research model provides a systematic framework for understanding how leadership styles influence healthcare team performance within the unique cultural, organizational, and transformational context of Riyadh, Saudi Arabia's healthcare sector during the Vision 2030



1.8. Research Methodology

Research Philosophy

This study adopts a pragmatic research philosophy, which is most appropriate for addressing the complex, real-world problem of healthcare leadership effectiveness in the Saudi Arabian context. Pragmatism allows for the integration of both quantitative and qualitative approaches to provide comprehensive understanding of how leadership styles impact team performance within the unique cultural and organizational environment of Riyadh's healthcare institutions during Vision 2030 transformation.

The pragmatic approach recognizes that healthcare leadership effectiveness cannot be fully understood through a single methodological lens. The complexity of cultural factors, organizational dynamics, and transformation variables requires a flexible philosophical stance that prioritizes practical problem-solving over adherence to any single epistemological position. This philosophy aligns with the study's objective to generate actionable insights for healthcare leaders and policy makers.

Research Approach

The study employs an abductive research approach, which seeks the best possible explanation for the observed relationship between leadership styles and team performance in the Saudi healthcare context. This approach is particularly suitable because it allows for the refinement of existing leadership theories based on empirical findings from the unique cultural and organizational setting.

The abductive approach enables the research to move iteratively between deductive hypothesis testing (using established leadership theories) and inductive theory development (incorporating cultural and contextual factors specific to Saudi Arabia). This approach supports the development of culturally adapted leadership frameworks that may not emerge from purely deductive or inductive methods.

Research Strategy

The research strategy combines mixed-methods research with ethnographic elements to capture both the measurable impacts of leadership styles and the rich cultural context that influences these relationships. This strategy includes:

1. Cross-sectional survey research to measure leadership styles and team performance across multiple healthcare institutions
2. Embedded case studies within selected healthcare organizations to provide in-depth understanding of cultural and organizational factors
3. Ethnographic observation to understand cultural dynamics and leadership behaviors in their natural context
4. Document analysis of organizational policies, Vision 2030 implementation plans, and performance reports

Research Design

The study utilizes a convergent parallel mixed-methods design, where quantitative and qualitative data are collected simultaneously, analyzed separately, and then integrated to provide comprehensive understanding of the research questions. This design is particularly appropriate for cross-cultural research where quantitative measures may not capture important cultural nuances.

Phase 1: Quantitative Component

- Large-scale survey of healthcare leaders and team members across 15 healthcare institutions in Riyadh
- Standardized leadership assessment instruments adapted for Saudi cultural context
- Team performance measures including productivity, quality, satisfaction, and retention metrics
- Statistical analysis to test hypotheses and identify significant relationships

Phase 2: Qualitative Component

- Semi-structured interviews with healthcare leaders and team members
- Focus group discussions exploring cultural factors and leadership experiences
- Ethnographic observations of leadership behaviors and team interactions
- Document analysis of organizational cultures and transformation initiatives

Phase 3: Integration and Interpretation

- Comparison and integration of quantitative and qualitative findings
- Development of culturally adapted leadership effectiveness model
- Validation of findings through member checking and expert review
- Generation of practical recommendations for healthcare organizations

Time Horizon

The study adopts a longitudinal time horizon spanning 18 months to capture the dynamic nature of healthcare transformation under Vision 2030. This extended timeframe allows for:

- Observation of leadership development and adaptation over time
- Assessment of team performance changes during organizational transformation
- Multiple data collection points to enhance reliability and validity
- Capture of seasonal variations and external factors affecting healthcare delivery

Population and Sampling

Target Population: Healthcare leaders and team members in public, private, and specialized healthcare institutions in Riyadh, Saudi Arabia.

Sampling Strategy: Multi-stage stratified sampling approach:

1. **Institutional Level:** Stratified sampling of 15 healthcare institutions representing:
 - Public hospitals (5 institutions)
 - Private hospitals (5 institutions)
 - Specialized medical centers (3 institutions)
 - Primary healthcare centers (2 institutions)
2. **Leadership Level:** Purposive sampling of 200+ healthcare leaders including:
 - Senior executives and department heads
 - Middle management and supervisors

- Team leaders and charge nurses
 - Both Saudi nationals and expatriate professionals
3. Team Member Level: Systematic random sampling of 1000+ healthcare professionals:
- Physicians across various specialties
 - Registered nurses and nursing assistants
 - Allied health professionals
 - Administrative and support staff

Inclusion Criteria:

- Healthcare institutions operating in Riyadh for minimum 3 years
- Leaders with minimum 2 years experience in current position
- Team members with minimum 1 year tenure in current organization
- Willingness to participate in multiple data collection phases

Data Collection Methods

Quantitative Data Collection:

1. Leadership Style Assessment: Modified Multifactor Leadership Questionnaire (MLQ-5X) adapted for Saudi cultural context, including additional scales for cultural leadership behaviors
2. Team Performance Measures:
 - Productivity metrics (patient throughput, case completion rates)
 - Quality indicators (patient safety scores, clinical outcomes)
 - Team satisfaction surveys (job satisfaction, organizational commitment)
 - Innovation measures (process improvements, technology adoption)
 - Retention data (turnover rates, absenteeism)
3. Cultural Assessment: Saudi Cultural Values Scale and Islamic Work Ethics Scale

4. Organizational Context Measures: Vision 2030 transformation stage assessment, digital maturity index, organizational culture inventory

Qualitative Data Collection:

1. Semi-structured Interviews: 60-90 minute interviews with selected leaders and team members exploring leadership experiences, cultural factors, and transformation challenges
2. Focus Groups: 8-10 participant discussions examining team dynamics, cultural influences, and leadership preferences across different professional groups
3. Ethnographic Observations: Structured observations of leadership behaviors, team interactions, and cultural practices in healthcare settings
4. Document Analysis: Review of organizational policies, Vision 2030 implementation plans, performance reports, and cultural artifacts

Data Analysis Plan

Quantitative Analysis:

- Descriptive statistics for all variables
- Correlation analysis to examine relationships between variables
- Multiple regression analysis to test direct effects hypotheses
- Hierarchical regression to test moderation effects
- Structural equation modeling to test the comprehensive research model
- ANOVA to examine group differences across organizations and specialties

Qualitative Analysis:

- Thematic analysis of interview and focus group transcripts
- Constant comparative method for pattern identification
- Cultural domain analysis for understanding Saudi-specific factors
- Document analysis using content analysis techniques
- Integration of observational field notes with interview data

Mixed-Methods Integration:

- Joint displays comparing quantitative and qualitative findings
- Meta-inferences drawing from both data types
- Explanation of quantitative results through qualitative insights
- Validation of qualitative themes through quantitative evidence

Ethical Considerations

The study will obtain ethical approval from relevant institutional review boards and healthcare organizations. Key ethical considerations include:

- Informed consent from all participants
- Confidentiality and anonymity protection
- Cultural sensitivity in data collection and analysis
- Respect for Islamic values and Saudi cultural norms
- Data security and privacy protection
- Right to withdraw from the study at any time
- Feedback of results to participating organizations

Validity and Reliability

Internal Validity: Enhanced through multiple data sources, triangulation of methods, and control for confounding variables

External Validity: Supported by diverse sampling across multiple institutions and healthcare specialties

Construct Validity: Ensured through use of validated instruments adapted for Saudi cultural context

Reliability: Maintained through pilot testing, inter-rater reliability checks, and test-retest reliability assessment

Cultural Validity: Achieved through involvement of Saudi cultural experts in instrument adaptation and data interpretation



1.9. Scope of The Study

Geographic Scope

This empirical study is geographically bounded to **Riyadh, the capital city of Saudi Arabia**, which serves as the primary healthcare hub and administrative center of the Kingdom. Riyadh was selected as the study location due to several strategic considerations that enhance the research validity and practical relevance:

Rationale for Riyadh Selection: Riyadh houses the largest concentration of healthcare institutions in Saudi Arabia, including major tertiary care hospitals, specialized medical centers, and primary healthcare facilities. The city serves as the headquarters for key healthcare policy-making bodies, including the Ministry of Health, Saudi Commission for Health Specialties, and Vision 2030 implementation agencies. Additionally, Riyadh represents the most diverse healthcare workforce in the Kingdom, with significant populations of both Saudi nationals and expatriate professionals across all healthcare specialties.

Healthcare Institution Coverage: The study encompasses healthcare institutions within the Riyadh metropolitan area, including the central city districts and surrounding healthcare zones. This geographic boundary ensures accessibility for

data collection while maintaining focus on institutions operating under similar regulatory, cultural, and economic conditions.

Temporal Scope

The study adopts a **longitudinal design spanning 18 months** (January 2025 - June 2026) to capture the dynamic nature of healthcare transformation during the Vision 2030 implementation period. This timeframe was strategically selected to:

Capture Transformation Dynamics: The 18-month period allows observation of leadership adaptation and team performance changes during ongoing Vision 2030 initiatives, including privatization transitions, digital health implementations, and Saudization programs.

Multiple Data Collection Phases: The extended timeframe enables multiple data collection points (baseline, 6-month, 12-month, and 18-month assessments) to enhance reliability and track changes over time.

Seasonal Considerations: The study period accounts for seasonal variations in healthcare delivery, including Ramadan adjustments, Hajj season impacts, and academic calendar influences on teaching hospitals.

Organizational Scope

Institution Types: The study includes four categories of healthcare institutions operating in Riyadh:

1. **Public Hospitals** (5 institutions): Government-operated facilities including King Khalid University Hospital, King Abdulaziz Medical City, and Riyadh Care hospitals representing different sizes and specialties.
2. **Private Hospitals** (5 institutions): Privately-owned healthcare facilities including National Guard Hospital, Dr. Sulaiman Al Habib Medical Group facilities, and other major private healthcare providers.
3. **Specialized Medical Centers** (3 institutions): Focused care facilities including King Faisal Specialist Hospital and Research Centre, King Fahad Medical City specialized departments, and cancer treatment centers.
4. **Primary Healthcare Centers** (2 institutions): Community-based healthcare facilities representing the primary care network serving Riyadh's population.

Organizational Size Variation: The selected institutions represent a range of organizational sizes from 100-bed facilities to major medical complexes with 1000+ beds, ensuring findings are applicable across different organizational scales.

Participant Scope

Healthcare Leaders (Target: 200+ participants):

- **Senior Leadership:** Hospital CEOs, medical directors, chief nursing officers, department heads
- **Middle Management:** Division managers, service line directors, clinical supervisors
- **Frontline Leadership:** Charge nurses, team leaders, shift supervisors, unit managers
- **Demographic Representation:** Balanced representation of Saudi nationals and expatriate professionals, male and female leaders, various age groups and experience levels

Healthcare Team Members (Target: 1000+ participants):

- **Physicians:** Across specialties including internal medicine, surgery, emergency medicine, pediatrics, obstetrics/gynecology, psychiatry, and subspecialties
- **Nursing Staff:** Registered nurses, licensed practical nurses, nursing assistants across all units and specialties
- **Allied Health Professionals:** Pharmacists, physical therapists, respiratory therapists, laboratory technicians, radiology technicians, nutritionists
- **Administrative Staff:** Healthcare administrators, quality coordinators, information systems personnel, human resources staff

Professional Experience Criteria: Participants must have minimum one year experience in their current organization and current role to ensure familiarity with leadership dynamics and team performance factors.

Cultural and Demographic Scope

Nationality Representation: The study includes both Saudi national healthcare professionals and expatriate workers representing the multicultural nature of Saudi

healthcare workforce. This includes professionals from Arab countries (Egypt, Jordan, Syria, Lebanon), South Asian countries (India, Pakistan, Philippines), Western countries (United States, Canada, United Kingdom, Australia), and other regions.

Gender Balance: Deliberate effort to achieve balanced gender representation among both leaders and team members, acknowledging the increasing participation of women in Saudi healthcare leadership roles under Vision 2030 social reforms.

Cultural Adaptation: The study specifically addresses Islamic cultural values, traditional Saudi social norms, and the evolving cultural landscape under Vision 2030 social transformation initiatives.

Healthcare Specialty Scope

The study encompasses multiple healthcare specialties to ensure broad applicability of findings:

High-Acuity Specialties: Emergency medicine, intensive care units, surgical services, cardiac care **Ambulatory Care Specialties:** Outpatient clinics, family medicine, specialized consultation services **Support Services:** Laboratory services, radiology, pharmacy, rehabilitation services **Administrative Services:** Quality management, health information management, financial services

Methodological Scope

Quantitative Component:

- Leadership assessment using culturally adapted Multifactor Leadership Questionnaire (MLQ-5X)
- Team performance metrics including productivity, quality, satisfaction, and retention measures
- Cultural values assessment using Saudi Cultural Values Scale and Islamic Work Ethics Scale
- Organizational context measures including transformation stage assessment and digital maturity indices

Qualitative Component:

- Semi-structured interviews with selected leaders and team members (60-90 minutes each)

- Focus group discussions with homogeneous professional groups (8-10 participants each)
- Ethnographic observations of leadership behaviors and team interactions in natural healthcare settings
- Document analysis of organizational policies, Vision 2030 implementation plans, and performance reports

Cultural Ethnographic Component:

- Observational studies of cultural practices in healthcare settings
- Analysis of religious accommodation practices and their impact on leadership effectiveness
- Examination of gender dynamics and traditional role expectations in healthcare teams
- Assessment of language and communication patterns in multicultural healthcare environments

Exclusions and Limitations

Geographic Exclusions: The study does not include healthcare institutions outside Riyadh metropolitan area, limiting generalizability to other Saudi cities with different cultural or economic contexts.

Institutional Exclusions: Long-term care facilities, psychiatric hospitals, rehabilitation centers, and dental clinics are excluded to maintain focus on acute and primary healthcare settings.

Participant Exclusions: Healthcare professionals with less than one year tenure, temporary contract workers, and student trainees are excluded to ensure stable leadership relationships and performance assessment validity.

Temporal Limitations: The 18-month timeframe may not capture long-term leadership development impacts or organizational culture changes that require longer observation periods.

Cultural Scope Limitations: While the study addresses Saudi and Islamic cultural factors, it may not fully capture the diversity of cultural backgrounds among expatriate healthcare professionals from various countries and regions.

Expected Outcomes and Contributions

Theoretical Contributions: Development of culturally adapted leadership effectiveness models specific to Islamic and Saudi Arabian healthcare contexts, extending existing Western leadership theories.

Practical Applications: Evidence-based recommendations for healthcare leadership development, team performance optimization strategies, and Vision 2030 implementation support.

Policy Implications: Insights to inform healthcare policy development, accreditation standards, and professional development requirements for Saudi healthcare leaders.

International Relevance: Findings applicable to other Middle Eastern and Islamic countries implementing healthcare transformation initiatives, contributing to global understanding of culturally specific leadership effectiveness.

This comprehensive scope ensures the study addresses the complex, multifaceted nature of healthcare leadership effectiveness while maintaining practical relevance for Saudi Arabia's healthcare transformation objectives under Vision 2030.

1.10. The Suggested Project Structure

Project Overview and Timeline

This empirical study on the impact of leadership styles on healthcare team performance in Riyadh, Saudi Arabia, is structured as an 18-month longitudinal research project divided into six distinct phases. The project structure is designed to ensure systematic data collection, rigorous analysis, and practical application of findings within the Vision 2030 healthcare transformation context.

Phase 1: Project Initiation and Preparation (Months 1-3)

Month 1: Research Foundation and Ethics

- Finalize research design and methodology protocols
- Submit ethical approval applications to relevant institutional review boards
- Establish research partnerships with healthcare institutions in Riyadh

- Recruit and train research team members including cultural consultants
- Develop data collection instruments and culturally adapt existing scales
- Create participant information sheets and consent forms in Arabic and English

Month 2: Stakeholder Engagement and Pilot Testing

- Conduct stakeholder meetings with healthcare institution leadership
- Establish formal agreements and memoranda of understanding
- Pilot test all data collection instruments with small sample groups
- Refine survey instruments based on pilot feedback and cultural appropriateness
- Train research assistants in culturally sensitive data collection methods
- Set up data management systems and security protocols

Month 3: Sampling and Recruitment Preparation

- Finalize sampling frames for each participating healthcare institution
- Develop recruitment strategies for different participant categories
- Create participant databases and tracking systems
- Establish baseline organizational performance metrics collection procedures
- Prepare multilingual research materials and digital platforms
- Conduct final instrument validation with Saudi healthcare experts

Phase 2: Baseline Data Collection (Months 4-6)

Month 4: Quantitative Baseline Data Collection

- Deploy leadership style assessments (MLQ-5X adapted) to all leader participants
- Conduct team performance surveys with healthcare team members
- Collect organizational performance metrics and archival data
- Administer cultural values assessments and demographic questionnaires

- Establish baseline measurements for all quantitative variables
- Begin longitudinal participant tracking and retention protocols

Month 5: Qualitative Baseline Data Collection

- Conduct first round of semi-structured interviews with selected leaders (30 interviews)
- Facilitate focus group discussions with healthcare team members (10 focus groups)
- Begin ethnographic observations in selected healthcare units
- Collect organizational documents and Vision 2030 implementation materials
- Document cultural practices and religious accommodation patterns
- Establish qualitative data management and analysis procedures

Month 6: Initial Analysis and Mid-Point Assessment

- Conduct preliminary analysis of baseline quantitative data
- Begin thematic analysis of interview and focus group transcripts
- Prepare interim findings report for participating organizations
- Assess participant retention rates and adjust recruitment if necessary
- Refine data collection procedures based on initial experience
- Plan for 6-month follow-up data collection activities

Phase 3: Six-Month Follow-up Data Collection (Months 7-9)

Month 7: Quantitative Follow-up Collection

- Administer second wave of leadership and performance assessments
- Collect updated organizational performance metrics
- Assess changes in team composition and organizational structure
- Document Vision 2030 implementation progress at each institution
- Update participant demographic and professional status information
- Monitor and address any data collection challenges or barriers

Month 8: Qualitative Follow-up Collection

- Conduct second round of interviews focusing on leadership development changes
- Facilitate follow-up focus groups examining team performance evolution
- Continue ethnographic observations with focus on cultural adaptation
- Collect updated organizational documents and policy changes
- Document leadership training and development interventions
- Assess impact of external factors on leadership effectiveness

Month 9: Six-Month Analysis and Comparison

- Analyze changes in leadership styles and team performance from baseline
- Conduct longitudinal statistical analyses to identify trends and patterns
- Update thematic analysis with new qualitative data
- Prepare six-month progress report for stakeholders
- Identify emerging themes and unexpected findings
- Adjust research focus areas based on preliminary longitudinal findings

Phase 4: Twelve-Month Follow-up and Deep Analysis (Months 10-12)

Month 10: Comprehensive Data Collection

- Conduct third wave of all quantitative assessments
- Implement intensive interview schedule with key informants
- Conduct organizational case studies in selected institutions
- Document major organizational changes and transformation milestones
- Assess sustainability of leadership development interventions
- Collect additional cultural and contextual data as needed

Month 11: Advanced Qualitative Exploration

- Conduct in-depth interviews exploring cultural leadership phenomena
- Facilitate expert panels with Saudi healthcare leadership authorities

- Conduct member checking sessions to validate preliminary findings
- Explore unexpected relationships and cultural factors identified
- Document best practices and successful leadership adaptations
- Prepare comprehensive qualitative database for analysis

Month 12: Integrated Analysis Phase

- Conduct comprehensive statistical analyses including structural equation modeling
- Complete thematic analysis and develop theoretical framework
- Integrate quantitative and qualitative findings using mixed-methods approaches
- Develop culturally adapted leadership effectiveness model
- Prepare draft findings and recommendations
- Validate findings with cultural experts and participating organizations

Phase 5: Final Data Collection and Model Validation (Months 13-15)

Month 13: Final Data Collection Wave

- Conduct final quantitative assessments with all participants
- Complete longitudinal interview series with key participants
- Finalize ethnographic observations and cultural documentation
- Collect final organizational performance and transformation data
- Document lessons learned and implementation challenges
- Prepare comprehensive participant feedback sessions

Month 14: Model Development and Validation

- Finalize culturally adapted leadership effectiveness theoretical model
- Conduct model validation through expert review and statistical testing
- Develop practical implementation frameworks for healthcare organizations
- Create culturally sensitive leadership development recommendations

- Prepare policy recommendations for Vision 2030 implementation
- Validate findings through triangulation of all data sources

Month 15: Stakeholder Validation and Feedback

- Present preliminary findings to participating healthcare institutions
- Conduct validation sessions with healthcare leaders and policy makers
- Gather feedback on practical applicability of recommendations
- Refine theoretical model based on stakeholder input
- Prepare executive summaries for different audience groups
- Plan dissemination strategy for academic and practitioner communities

Phase 6: Analysis Completion and Dissemination (Months 16-18)

Month 16: Final Analysis and Report Writing

- Complete all statistical analyses and finalize quantitative findings
- Finish comprehensive thematic analysis and cultural interpretation
- Write comprehensive research report with all findings and recommendations
- Develop separate reports for academic, policy, and practitioner audiences
- Create visual presentations of key findings and models
- Prepare manuscripts for peer-reviewed journal submission

Month 17: Dissemination and Knowledge Transfer

- Present findings at healthcare leadership conferences and symposiums
- Conduct workshops with participating healthcare organizations
- Submit research articles to leading healthcare management journals
- Present results to Saudi Ministry of Health and Vision 2030 committees
- Develop training materials based on culturally adapted leadership model
- Create practical toolkits for healthcare leaders and organizations

Month 18: Project Closure and Future Planning

- Complete final project documentation and archival procedures
- Conduct project evaluation and lessons learned assessment
- Establish ongoing relationships with participating organizations for follow-up studies
- Plan long-term impact assessment and sustainability monitoring
- Develop proposals for follow-up research and implementation studies
- Submit final reports to funding agencies and institutional partners

Project Deliverables and Outcomes

Academic Deliverables:

- Comprehensive research dissertation/thesis
- 3-5 peer-reviewed journal articles in leading healthcare management journals
- Conference presentations at international healthcare leadership symposiums
- Culturally adapted leadership assessment instruments
- Theoretical framework for Islamic healthcare leadership

Practical Deliverables:

- Evidence-based leadership development framework for Saudi healthcare
- Policy recommendations for Vision 2030 healthcare transformation
- Training curricula for healthcare leadership development programs
- Best practices manual for multicultural healthcare team management
- Implementation toolkit for healthcare organizations

Policy and Strategic Deliverables:

- Strategic recommendations for Saudi Ministry of Health
- Input for healthcare accreditation and professional standards
- Vision 2030 implementation guidance for healthcare leadership
- Cultural competency frameworks for healthcare organizations

- International collaboration opportunities for healthcare leadership research

Project Management Structure

Principal Investigator: Overall project leadership and strategic direction
 Research Manager: Day-to-day project coordination and implementation
 Cultural Consultants: Saudi cultural experts ensuring cultural validity
 Data Collection Team: Trained research assistants for field data collection
 Statistical Analyst: Quantitative data analysis and modeling specialist
 Qualitative Analyst: Thematic analysis and cultural interpretation expert
 Administrative Coordinator: Logistics, scheduling, and participant communication

Quality Assurance and Risk Management

Data Quality Controls: Multiple validation checks, inter-rater reliability assessments, and triangulation procedures
 Ethical Monitoring: Ongoing ethics compliance monitoring and participant welfare assessment
 Cultural Sensitivity: Regular cultural consultation and community feedback integration
 Timeline Management: Monthly progress reviews and adaptive scheduling procedures
 Risk Mitigation: Contingency plans for participant attrition, organizational changes, and external disruptions

This structured approach ensures systematic, rigorous investigation of healthcare leadership effectiveness while maintaining cultural sensitivity and practical relevance for Saudi Arabia's healthcare transformation under Vision 2030.

This research addresses healthcare administrators and executives in Riyadh's institutions who implement leadership strategies during transformation. Healthcare policy makers and government officials involved in Vision 2030 implementation represent a crucial audience requiring evidence-based insights for leadership development and workforce planning decisions. Healthcare education professionals preparing future leaders need current research to inform curriculum development. International researchers working in culturally diverse contexts will benefit from insights regarding leadership effectiveness during organizational change. Quality improvement specialists and organizational development consultants in Saudi healthcare will gain understanding of leadership approaches that support performance improvement initiatives.

The purpose of this study is to examine the relationship between leadership styles and healthcare team performance in Riyadh, Saudi Arabia, during Vision 2030's healthcare transformation. This research investigates how transformational,

transactional, and authentic leadership styles influence team effectiveness, job satisfaction, patient safety outcomes, and organizational commitment among healthcare teams in Riyadh's major institutions. The study explores how Saudi Arabian cultural factors moderate leadership-performance relationships and examines gender-related leadership dynamics across different healthcare specialties.

2.Chapter 2: Literature Review

2.1. Introduction

Brief introduction for the chapter

2.2. The independent variable

2.3. The dependent variable

2.4. The relationship between the independent and the dependent variables

2.5. Conclusion

References

Alasiri, A. A., & Mohammed, A. (2022). Healthcare transformation in Saudi Arabia: An overview since the launch of Vision 2030. *Health Services Insights*, 15, 1-12.

<https://doi.org/10.1177/11786329221105908>

Aldekhyyel, R. N., Alhumaid, N., & Altuwaijri, S. (2024). Saudi women's views on healthcare leadership in the era of Saudi 2030 health transformation. *Journal of Multidisciplinary Healthcare*, 17, 237-249. <https://doi.org/10.2147/JMDH.S439146>

Al-Bosaily, A., El Bcheraoui, C., Collison, M., Daoud, F., Krish, V. S., Bartollino, S., ... & Mokdad, A. H. (2017). The state of health in the Arab world, 1990-2010: An analysis of the burden of diseases, injuries, and risk factors. *The Lancet*, 383(9914), 309-320.

Aseri, M. A. (2015). *Leadership practices and organizational performance in Saudi Arabia: An empirical investigation* [Doctoral dissertation]. University of Portsmouth.

Aseri, M. A. (2023). The effects of cultural aspects and leadership practices on the healthcare organizations' performance: The case of Saudi Arabia. *Journal of Organizational Management Studies*, 2023, 1-17. <https://doi.org/10.5171/2023.790792>

Bass, B. M., & Riggio, R. E. (2006). *Transformational leadership* (2nd ed.). Lawrence Erlbaum Associates.

Bilimoria, D., Joy, S., & Liang, X. (2005). Breaking barriers and creating inclusiveness: Lessons of organizational transformation to advance women faculty in academic science and engineering. *Human Resource Management*, 47(3), 423-441.

Global Health Saudi. (2024). How Saudi's Vision 2030 is going to transform the healthcare industry. Retrieved from <https://www.globalhealthsaudi.com/en/news/healthcare-insights/>

House, R. J. (1996). Path-goal theory of leadership: Lessons, legacy, and a reformulated theory. *Leadership Quarterly*, 7(3), 323-352.

Khan, M. A., & Varshney, D. (2013). Leadership styles and organizational culture in the Middle East: A review. *International Journal of Business and Management*, 8(13), 51-61.

McKinsey & Company. (2021). *Women in healthcare: Moving from the front lines to the top rung*. McKinsey & Company.

Rahman, R., & Al-Borie, H. (2020). Strengthening the Saudi Arabian healthcare system: Role of Vision 2030. *International Journal of Healthcare Management*, 14(4), 1483-1491. <https://doi.org/10.1080/20479700.2020.1788334>

Schein, E. H. (2010). *Organizational culture and leadership* (4th ed.). Jossey-Bass.