

An Inspirational Approach to Healthcare Positive Leadership in Regional Health Center of Jizan

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Abstract

Background & Aim: The study was designed to investigate the inspirational approaches to positive leadership. The main objectives of the study were: (1) to find out inspirational approaches to leadership, (2) to find out the characteristics of positive leadership style, (3) to find out the relationship between inspirational approaches and positive leadership. **Method:** Healthcare leaders from Jazan were taken as a target population and 150 were selected as a sample from the whole population. Convenient sampling techniques were used for collecting data. The standardized inventory was used for data collection. The procedure of the study involved the personal distribution of questionnaires to healthcare leaders. The research was descriptive in nature. As recent research shows, inspiration can be activated, captured, and manipulated, and it has a major effect on training, and capacity-building style. **Findings & Conclusion:** (i) most of the time the healthcare leaders participated in subordinates' affairs. (ii) mostly the healthcare leaders and subordinate's relationship are positive. (iii) occasionally healthcare leaders collaborate with their colleagues to solve subordinates' affairs. (iv) most healthcare manages healthcare environment effectively. (v) occasionally subordinates were encouraged to innovate. **Recommendations:** (i) healthcare leaders colleague's relationships may further be strengthened. (ii) it is suggested that there might be more peer directions among healthcare leaders on new ideas, topics, and training strategies. (iii) inspirational approach may be used more often in the healthcare environment while healthcare leaders and dealing with subordinates. It is further recommended that healthcare leaders may conduct research to explore the effects of an inspirational approach to positive leadership and apply the findings to improve the teaching-learning-training process.

Keywords: Approach, Center, Health, Healthcare, Inspirational, Jizan, Leadership, Positive.

Introduction

“Underpinning your motivations are personal philosophies or values. We often learn by parables, analogies, and history, itself, so it is useful in this context to recount a discussion of values from (Plato's Republic).” Inspirational Leadership gave a high sense of direction to energize followers to make up their goals, to develop a thrust for clarity and creativity, and gave valuable information about NRP in the work field (Mousa & Puhakka, 2019). It includes offering simplicity around aims and intentions and confirming that those who are led work collaboratively towards a shared resolution (Barr & Dowding, 2022; p 145). It also includes the establishment of the required assets and motivational support employees need to grow and the consent and answerability to take responsibility for their own success (Haque, 2021).

Is it truly a matter of proving that one can do something? Or was there some solid thought behind this mentality? Are we just here to find the reason for our existence, to know why we were created? If bluntly put this kind of thinking may indicate that one thinks himself superior to others and does not consider other people's morals (Muthuri et al., 2020). But to come to a proper conclusion one must first have a solid mindset as to how one will develop in life (DeLay & Clark, 2020). Is the meaning of life simply just leaving behind a legacy that does not work for the betterment of humanity? That's the kind of thinking that gave birth to regrets, like what should or what could be done (Luu et al., 2019). After considering all this one can conclude the exact path that one must take. Consequently, you will be able to act according to principles and higher Leaders are constantly seeking to exchange their knowledge, because that's how we increase our leadership assistance (Fillol et al., 2019).

To perfectly clear these doubts, we used a different method known as reverse-engineering. The other aspects that became known were not so solid or reliable (Belrhiti et al., 2020). These extraordinary motivational leaders somehow felt it within their comfort zone to have a more hands-on approach to giving a more well-defined and evident perspective to their assistants (Grol & Wensing,

2020). Those exceptional leaders were genuinely interested in conveying their thoughts and knowledge and were enthusiastic to spend their time communicating (Barr & Dowding, 2022; p 165) They were obsessive supporters of a better future, so they brought about change. They were embraced and thought of as shining stars in their respective fields (Robbins & Davidhizar, 2020).

The understanding of multiple leadership approaches enhances the effectiveness and efficiency of leaders because every leadership approach has its own usability and effect on its followers (Shahbal et al., 2022; Sharp et al., 2020). From the industrial age to now the approaches have been the same, and no innovations occurred. According to the traditional trends of HRM management (Alharbi et al., 2022; Noshili et al., 2022; Håvold & Håvold, 2019), laborers were always treated unfairly, people wanted to get much fruit as possible out of them but in return, they repay them as little as possible. This concept was developed when the American economy was highly based upon industrial manufacturing (De Brún & McAuliffe, 2020). These day laborers have no rights, they were treated as a slave and they can easily be excluded from their jobs (Collins et al., 2020). The rewards were distributed among those workers who were productive for the company, and they were always in the form of external rewards (Alrawahi et al., 2020). Now the table has turned human resources were now empowered and becoming critical day by day for the achievement of goals administration must take it into account (Al-Kubaisi & Shahbal, 2021; Borkowski & Meese, 2020). Now the labor's needs and demands in return for their work were different from those in the past (Michalsen et al., 2020). Now money can't buy everything. Money no longer inspires performance as it once was organized (Mitchell & Boyle, 2019). Being paid justifiably will always be important as a driver of job engagement and productivity, of course, but people across the globe now aspire in their jobs that were practically incredible at an earlier age (De Leo et al., 2021).

It was the product of current research that clarified to me that individuals wanted to enhance their growth and development (Mousa & Puhakka, 2019). They desired to be praised and to be present

in the eye of their leaders and to know that the hard work they did in their respected field was making a difference. And just as Abraham Maslow told 7 decades ago (Luu et al., 2019):

But now, I believe due to past efforts it would be hard to spin the wheels of change in how we work together to inspire human presentation in the workplace. I have three reasons of great importance as to how the current system of guidance/leadership is about to get thoroughly reformed and the reason that once the change is done it will be long lasting and what effect will it have on the key practices in the upcoming future. The one suggestion I can give u now is that future leaders in all workplaces will be required to have not only strong thoughts but also caring thoughts (Al-Kubaisi & Bhatti, 2022; Barr & Dowding, 2022; p 164).

After viewing the worldwide research done by Tower Watson the highest topic of the current debates is whether the workers feel that their superiors are genuinely interested in their well-being. These days less than 40% of the labor force now feels that support (Mousa & Puhakka, 2019).

To explain clearly the example can be two candidates with promising attributes to give a position of high power both candidates contain the same excellent managerial skill. They both get things done on time and within budget (Alrawahi et al., 2020). According to the report of candidate A worker that they are satisfied with their job. The scores given by him by the employee are barely above average. A typical comment: "He technically gets the job done, but I don't know if he cares about me." On the other hand, Candidate, B's team members are Feld with overflowing passion for their boss and job. "She is a true leader in every sense of the word," says one. "Her impact on me personally has been tremendous." (Alrawahi et al., 2020; Mark & Meredith, 2014)

It's obvious, isn't it? Every company wants leaders who inspire and engage their colleagues. But surprisingly few build an explicit and robust inspirational component into their leadership development programs. Many assume that the ability to inspire is an innate characteristic—difficult to describe, hard to measure, and impossible to cultivate in a corporate

environment. (Mousa & Puhakka, 2019; Mark & Meredith, 2014)

The leaders' current mindset is to treat everyone in the same way. While this can be considered correct in certain situations. Such a phrase cannot inspire or motivate someone for certain. One must combine different angles of thinking and bring up different agendas to truly inspire someone. Because everyone has a different way of thinking and comprehending a situation. The way to learn how to inspire someone one must first be able to bring out the hidden potential in people (Al-Kubaisi, Shahbal & Khan, 2022; Barr & Dowding, 2022; p 137).

When someone's personality is inspired you (Batool et al., 2022). It's due to the abilities that highlights him from the rest. There is less chance for a great leader to be ignored by people because he has multiple talents that sets him apart from the rest. An inspirational leader is one who's born with the quality to listen to others and inspire others to do more than that their actual mentality (Noshili et al., 2022; Riaz et al., 2022). A person having the innate power to change the world or has the guts to oversee his errors and don't take full credit, this personality is a truly inspirational leader's personality. (Batool et al., 2022; Mousa & Puhakka, 2019; Horwitch & Callahan, 2016)

Academic sessions and jobs give confidence in performance but an inspirational approach to leadership is not just another soft skill that cannot be taught in this training session, because it is a real-world skill. (Michalsen et al., 2020; Horwitch & Callahan, 2016). The seeds of this flower can only be bloomed through the real-life practices of the leaders, approaches lived by his soul and other pain felt by his spirits. In addition to that, the leader's motivational factors work as a cherry on top in the case of leader self-awareness or also when developing a new track that reflects their visions and keeps us on track (Oraibi et al., 2020; Al Ali et al., 2022).

According to the traditional Headmen ship: in those days' plain were developed for small clutches employees. The most well-known members of the companies believe that they can inject inspiration skill leadership skills in their employees (Barr & Dowding, 2022; p 167). but

they ever all took the wrong path. But just like the previous era of development, today's world is also demanding inspirational approaches.

Due to the emerging trends of inspirational skills. Know companies demanding those candidates who develop inspirational leadership skills in them in their begging sessions. Not when they became a senior member (Oraibi et al., 2022; Luu et al., 2019).

Institutions need people who twitch emerging inspirational skills early in their careers, not just when they are senior enough to accomplish others. The quicker people get on track, the stronger and more appreciated those skills will be—as will the Institution's ethos and leadership channel (Michalsen et al., 2020).

Another amazingly important, and often ignored cause of inspiration is the experience of inspiring managers, role models, and heroes. As Gregory Dess and Joseph Picken note our modest Educational Sector requires leaders to change their focus from well-organized management to operative exploitation of an Institution's assortment of resources. (Jan Gordon, 1996; Fillol et al., 2019). They argue for five key roles of leadership: 1: To stimulate and impassion use intentional vision, 2: To Investing staff at all levels, 3: To share and collect internal Knowledge, 4: To assimilate and pleat external knowledge, 5: To empower imagination and encounter the prestige quo (Muthuri et al., 2020; Mark & Meredith, 2014)

Whereas Education is a field of proficiency shaped based on two concepts, "education" and "instruction" (Luu et al., 2019; Karsli, 2007). Education is the bustle that supports new generations obtain the obligatory information, ability, attitude, and empathy and mature their appeal while preparing them for communal life (Karsli, 2007: 9). Teaching, on the other hand, is the route which the individual cultivates abilities (obtained during the education phase) in proportion to their capacity (Al-Kubaisi, Shahbal & Khan, 2022; Karsli, 2007: 17). The most important factor in education and teaching activities is the teacher. A teacher, in the most general terms, is a person working in educational institutes who enables students to reach the

cognitive, sensory, and behavioral aim and gains within the range determined by the educational system (Barr & Dowding, 2022; p 145; Gundogdu, Silman, 2007: 259). In this day, a present teacher outstrips this description as well. The teacher has moved out yonder just teaching class, charitable lectures, assembling exams, and giving grades; the teacher also takes on the roles of organizing, managing, counseling, observing, and evaluating (Shahbal et al., 2022; Wu & Lee, 2020). The teacher also has a vital character in inducing society, creating a sound groundwork for the future of society, and ensuring the persistence of such actions (Temel, 1988: p 21; Luu et al., 2019).

The capabilities and features that are essential to be a worthy teacher are also similar factors that describe a good education (Mousa et al., 2021). A good teacher has eight basic characteristics, which are Knowledge of material; Decision making; Critical thought and problem-solving ability; Self-understanding and self-correction; Reflecting; Recognizing students and knowing students learning needs; Applying new findings in education; Teaching, training, and communication ability. Given the above rationale, there was a dire need for the study. (Ulug, Ozden, & Eryilmaz, 2011; Ulug, Ozden, & Eryilmaz, 2011; Luu et al., 2019)

Statement of the Problem

The main purpose of the whole study was to find out the influence of inspirational approaches at the Regional Health Centers of Jizan. The study was sightseeing the different characteristics of the positive leadership styles of healthcare leaders. And it had also been tried to explore the effect of inspirational approaches on health institutions' positive leadership.

The objective of the study

The major purposes of the study are

- (i) To investigate the inspirational approaches of leadership at Regional Health Centers of Jizan.

(ii) To find out the characteristics of the positive leadership styles of healthcare leaders.

(iii) To explore the effects of inspirational approaches on positive leadership of healthcare at Regional Health Centers of Jizan.

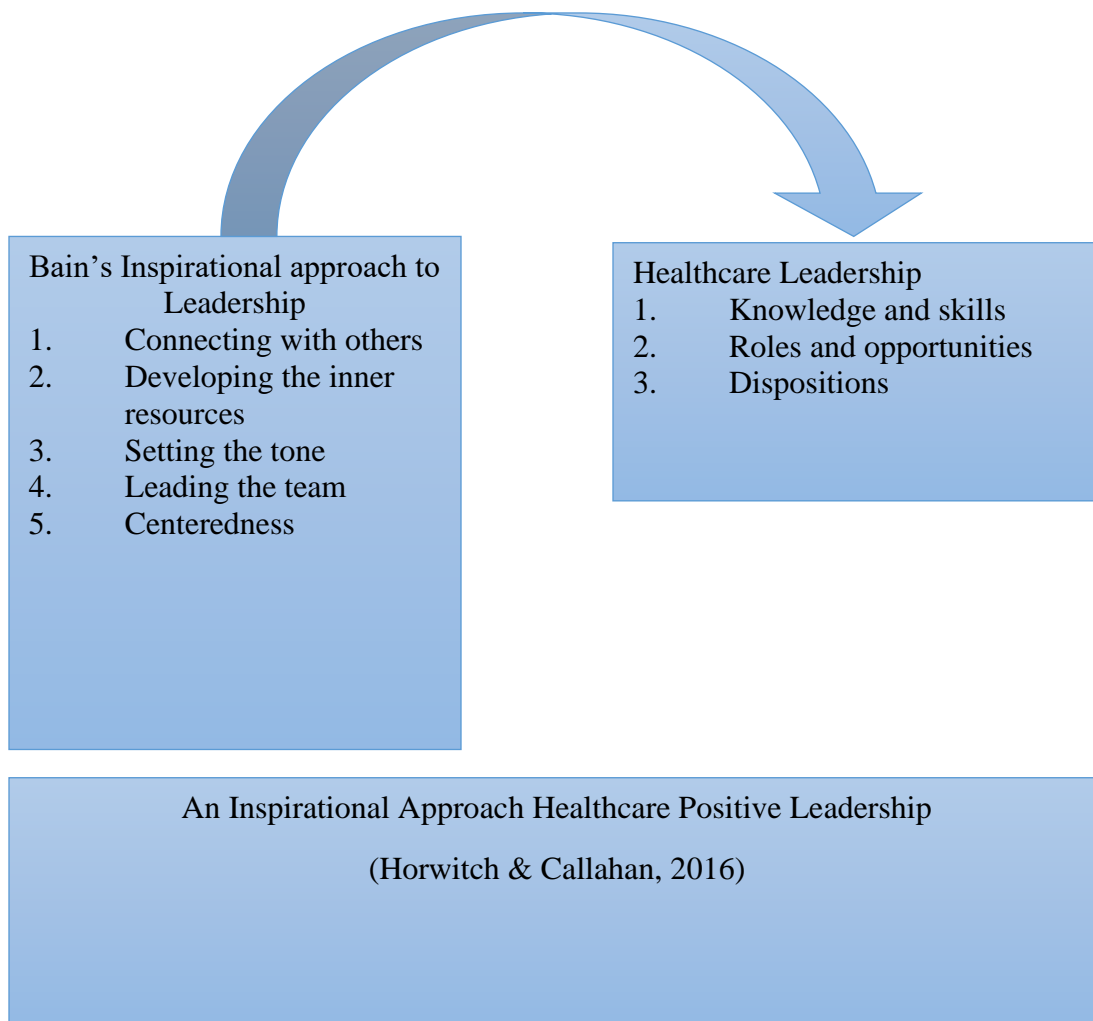
leaders and policymakers to make up for their shortcomings regarding the worker-leader relationship and designing the work frame. The finding of the study will also help to understand the effect of the inspirational approach of positive leadership of healthcare leadership for environment management and the learning process in healthcare educational sectors.

Rational of the Study

The research will be an important support to the education sector. It will highlight the importance of Bain's inspirational approach to leadership and its effect on the leading and educating style of subordinate healthcare workers. The results will help educational organizations monitor the healthcare leaders-worker's relationship and their ability to be involved in learning and clinical process. The study will facilitate healthcare

Theoretical Framework

The foremost variable in this study was the inspirational approach to leadership which was an independent variable and the positive healthcare leaders was the independent variable. To encounter the main motive of the study we place both independent and dependent in front of each other and check the influence.



Methodology

Research Design

A quantitative nature-based cross-sectional research design was used.

Target variables

1. **Independent variable:** Inspirational leadership
2. **Dependent variable:** Performance evaluation in terms of job duties and job performance.

Sampling and Targeted Population

A purposive convenient sampling technique was used. Jizan. The estimated targeted population in Jizan is about 150 healthcare leaders. The estimated sample size is 100 on the G-force sample calculation method. But for the safe side, it was determined as 110. Data collection was collected from a sample of 110 healthcare leaders including medical managers, supervisors of nurses, nurse teachers, and other supporting staff professionals who are using management leading role in health institutions, and public hospitals in the Jizan Region.

Data Collection Tools/ Instrument

The data collection was done through personal visits. A standardize inventory questionnaire was nominated, which contained 48 items and a three-point rating scale was designed for gathering views from teachers. And the inventory was further divided into seven sub-dimensions for better understanding and better results:

- (i) **Dimension one:** Information was related to the healthcare leader's availability for solving subordinate problems.
- (ii) **Dimension two:** Information was related to the healthcare leader's inspiration towards healthcare services.
- (iii) **Dimension three:** Information was related to the healthcare leader's subordinate relationship.

(iv) **Dimension four:** Information was related to the healthcare leader's colleague's relationship.

(v) **Dimension five:** Information was related to the healthcare leaders and healthcare environment management.

(vi) **Dimension six:** Information was related to the healthcare leaders' emergency preparation and disaster management.

(vii) **Dimension seven:** Information was related to the subordinate's encouragement for innovation.

Targeted Data and Data Collection

A detailed copy of the research proposal was sent to the IRB of Jizan Health Directorate by providing the study structure and goals by getting IRB approval from the health directorate of Jizan, the data collection forms (containing on informed consent, demographic sheet, and variable tools) along with IRB approval was shown to the head of the targeted institution. With the permission of the head of the targeted healthcare institution, data was collected from the participants. Informed consent contains all the relevant information that is important for the participant to know. That includes the confidentiality of the participant information, unbiased responses, volunteer participation in the research, and the right to withdraw from the research at any moment. Later, a questionnaire was handed to the participant to respond regarding the phenomena of interest.

Ethical Considerations

For the ongoing study, before starting the research process, the health directorate of Jazan was provide all ethical approvals including assurance forms related to human rights, participants' safety, and confidentiality of the database, etc. The ethical review board was finalizing their review regarding measures and ways of this study. Data was kept confidential and was used only for research purposes. It was explained well to the concerned authorities that at any stage of this research they are allowed to stop accessing the database of the targeted participants.

Results

Table 1 Descriptive Statistic of Demographics Characteristics of Participants (N=150)

variables	<i>f</i>	(%)
Age		
31 – 35	79	53
36 – 40	35	23
41 – above	36	24
Gender		
Male	70	46
Female	80	54
Nationality		
Saudi	117	78
Non-Saudi	33	22
Marital Status		
Single	25	17
Married	117	78
Divorced	3	2
Widowed	5	3.3
No of children's		
0 – 1	117	78
2 – 3	25	17
4 – 5	8	5
Educational Level		
Diploma	30	20
BS	40	27
MS	45	30
PhD	35	24
Practice		
Less than 1 year	10	6
1 - 5 years	15	10
6 - 10 years	20	13.3

11 - 15 years	30	20
16- 20 years	35	23.3
More than 20 years	35	23.3
Job		
Medical managers,	35	23.3
Supervisors of nurses	35	23.3
Nurse teachers	35	23.3
Other supporting staff professionals	35	23.3

Note f =Frequencies of variables, % = Percentage

Table 1 shows the frequencies and percentage of demographic characteristics of participants. Demographic information includes age, gender, nationality, marital status, number of children,

educational level, and job. Demographical is information that gives statistical inference about the number and the percentage of the participant with respect to the demographical values.

Table 2 *Healthcare leader's availability (N = 150)*

Statement	Never	Occasionally	Often	Total
		Sometimes	Always	
1.	0%	30%	70%	100%
2.	40%	43%	17%	100%
3.	0%	33%	67%	100%
4.	23%	13%	63%	100%
5.	56%	30%	13%	100%
6.	3%	27%	70%	100%
7.	3%	30%	67%	100%

As table 2 showed that healthcare leader's availability for solving subordinate problems. 70% of the healthcare leaders responded that they were always/often available in the department of healthcare subordinates to solve their problems, whereas 43% of healthcare leaders responded that they tend occasionally /sometimes to postpone or delay sessions on the topics that they do not like while 67% healthcare leaders responded that they often/ always answer all those questions and issues related to their subordinates. 63% of

healthcare leaders responded that they are often/ always available for help and guidance to their subordinates. 56% of healthcare leaders responded that they never avoid meeting their subordinates if they cannot satisfy them in their seasons. 70% of healthcare leaders responded that they often/ always help their subordinates in detail with their problems and solutions. And 67% responded that they often/ always guide their subordinates in detail about what to do and how they can do it.

Table 3 Healthcare leader's inspiration toward Subordinates (N = 150)

Statement	Never	Occasionally Sometimes	Often Always	Total
1.	3%	60%	40%	100%
2.	0%	53%	43%	100%
3.	0%	23%	77%	100%
4.	0%	47%	53%	100%
5.	13%	53%	33%	100%
6.	3%	53%	43%	100%
7.	10%	53%	33%	100%

As table 3 showed that 60% of the healthcare leaders responded that they occasionally/sometimes they took up their subordinates' cause and fight for them, 53% healthcare leaders occasionally/sometimes make the needed preparation for field work and undertake all responsibilities to make the subordinate gain from the of experience.77% of healthcare leaders often / always provide their subordinate support, if they need or salient it, even after the course are completed. 53% of healthcare

leaders often/always think of healthcare practices as a challenge and try out new ways of improving on the previous one. 53% of healthcare leaders occasionally/sometimes cover in their healthcare practices only those topics which are prescribed. 53% occasionally/sometimes gave material to the subordinates which are not easily available to them. And 53% of healthcare leaders occasionally/sometimes prepare a thorough the case (and put it strongly) for increasing the budget for their activities to ensure their effectiveness.

Table 4 Healthcare leader-subordinate relationship (N = 150)

Statement	Never	Occasionally Sometimes	Often Always	Total
1.	23%	54%	23%	100%
2.	0%	47%	53%	100%
3.	37%	40%	23%	100%
4.	3%	37%	60%	100%
5.	3%	37%	60%	100%

As table 4 showed that 54% of healthcare leaders occasionally/sometimes communicate strong feelings to their subordinates without caring

whether that will affect the healthcare service climate, and 53% of healthcare leaders often/always gave clear instructions to their

subordinates about what should or should not be done. 40% of healthcare leaders occasionally/sometimes do not express their negative feelings to their subordinates during sessions but continue to be bothered by them. 60% of healthcare leaders often/always provide their

subordinates with appropriate solutions to their problems. 60% of healthcare leaders often/always consult subordinates about what they like to do and adjust their healthcare practices plan accordingly.

Table 5 *Healthcare leader colleague's relationship (N = 150)*

Statement	Never	Occasionally Sometimes	Often Always	Total
1.	7%	43%	50%	100%
2.	7%	53%	40%	100%
3.	7%	63%	30%	100%
4.	6%	50%	44%	100%
5.	20%	60%	20%	100%
6.	7%	36%	57%	100%
7.	27%	57%	16%	100%

As table 5 showed that 50% of healthcare leaders were often/always consult with their colleagues while preparing a new topic for healthcare practices, 53% of healthcare leaders occasionally/sometimes excited by new ideas and discuss them with their colleagues and subordinates, even when they have not worked out the details. 63% of healthcare leaders occasionally/sometimes work on new ideas, and they involve others as well. 50% of healthcare leaders occasionally/sometimes come across any

problem. they study related literature and discuss it with the relevant people to find a solution. 60% of healthcare leaders occasionally/sometimes strongly argue their point of view in staff meetings. 57% of healthcare leaders occasionally/sometimes do not hesitate to criticize colleagues for their bad sessions, even if they fed offered and do not accept their feedback. 57% of healthcare leaders learned from their supervisor and experienced person.

Table 6 *Classroom environment (N = 150)*

Statement	Never	Occasionally Sometimes	Often Always	Total
1.	53%	40%	7%	100%
2.	0%	27%	73%	100%
3.	0%	50%	50%	100%
4.	0%	30%	70%	100%
5.	0%	70%	30%	100%
6.	0%	50%	50%	100%

As table 6 showed that 53% of healthcare leaders never show their resentment to those subordinates whose behavior in class is not according to their instructions.73% of healthcare leaders always/often tried to set an example to their subordinates by their behavior.50% of healthcare leaders often/always raise the concerns they have about the subordinates, behavior in the group to encourage them to discuss these and set desirable

norms.60% of healthcare leaders often/always clearly prescribe standards of behavior to be followed in the class that they healthcare practices.70% of healthcare leaders always/often value punctuality, they start their class on time.50% of healthcare leaders occasionally/sometimes do not accept any excuse for tasks not being completed.

Table 7 Course preparation and completion (N = 150)

Statement	Never	Occasionally	Often	Total
		Sometimes	Always	
1.	0%	53%	47%	100%
2.	3%	47%	50%	100%
3.	0%	40%	50%	100%
4.	0%	57%	43	100%
5.	0%	47	53	100%
6.	0%	40%	60%	100%
7.	3%	43%	53%	100%

As per table 7, 53% of healthcare leaders occasionally/sometimes collect all relevant information and literature regarding sessions even though those are not immediately needed.50% of healthcare leaders often/always think of new and creative material for their sessions.50% of healthcare leaders often/always tried out new methods to make healthcare practices more effective. 57% of healthcare leaders occasionally/sometimes gave high priority to the

completion of the topic, when they must rush through it. 53% of healthcare leaders often/always collect the relevant material for the session assigned to them. 60% of healthcare leaders often/always try out new methods of healthcare practices and have no patience for consolidating those that they have already tried out. 53% of healthcare leaders always/often prepare in advance all the notes and aids needed for the healthcare practice sessions.

Table 8 Subordinate encouragement for innovation (N = 150)

Statement	Never	Occasionally	Often	Total
		Sometimes	Almost	
1.	0%	40%	60%	100%
2.	0%	30%	70%	100%

3.	3%	47%	50%	100%
4.	20%	47%	33%	100%
5.	27%	40%	33%	100%
6.	23	44%	33%	100%

Table 8 showed that 60% of healthcare leaders often/always encouraged their subordinates to explore with them what should or should not be done and why. 70% of healthcare leaders are often/always excited by new ideas and discuss them with their colleagues and subordinates, even when they have not worked out the details. 50% of healthcare leaders often/always accept those suggestions from their subordinate that appeals to

them.47% of healthcare leaders are occasionally/sometimes enthused by ideas and tend to overwhelm their subordinates with them. 40% of healthcare leaders occasionally /sometimes if they were not available, tried to divert them to some other issue 44% of healthcare leaders occasionally/sometimes got impatient with subordinates who did not give new ideas and solutions.

Table 9 Correlational matrix (N = 150)

	1	2	3	4	5	6	7
1	-	.99**	-.98**	-.98**	.97**	-.99**	-.85**
2	-	-	-.98**	-.98**	.97**	-.99**	-.87**
3	-	-	-	.99**	-.95**	.98**	.93**
4	-	-	-	-	-.95**	.98**	.93**
5	-	-	-	-	-	-.97**	-.83**
6	-	-	-	-	-	-	.86**
7	-	-	-	-	-	-	-

Table 8 indicates the correlation matrix among the research variables of transformational leadership.

It indicates that all the dimensions strongly correlate to each other with stronger significance.

Table 10 One-Way Analysis

	Medical Managers (35)		Supervisors Nurses (35)		Of Nurse Teachers (35)		Others (35)		F (2, 115)	η^2	Post-Hoc
	M	SD	M	SD	M	SD	M	SD			
1	39.33	1.05	25.15	1.59	30.00	.00	29.33	1.05	39.99	.00	.15.83
2	29.44	.83	25.17	1.59	30.00	.00	29.44	.83	38.99	.00	.13.19
3	22.77	1.23	23.65	1.72	21.8	.38	22.77	1.23	36.99	.00	.14.72

4	36.11	1.58	29.6	1.5	23.46	1.15	26.11	2.58	36.55	.00	9.18
5	24.37	1.09	22.01	2.10	26.91	1.67	28.01	2.32	32.09	.01	8.91
6	31.01	2.11	24.91	2.02	27.01	1.01	25.91	2.01	34.03	.00	7.98
7	36.00	.00	37.39	1.10	36.00	.00	36.00	.00	163.57	.00	7.99

Table 9 shows the F - value for transformational leadership across job descriptions of leaders. Results indicate a significant main difference across the job description of leader's $F(2,115) = 33.99, p >.00$,

Discussion

The data analysis was classified into seven classes/ dimensions.

The first dimension was related to healthcare leaders' availability for solving subordinates' problems. This dimension deals with the seven sub-scales, out of that 70% of healthcare leaders are always/ often available in the department to facilitate subordinates to solve their problems, 43% of healthcare leaders occasionally /sometimes postpone or delay sessions on the topics that they do not like, 67% healthcare leader's questions that they often/ always answer all those questions and issues related to their subordinates. 63% of healthcare leaders are often/ always available for help and guidance to their subordinates. 56% never avoid meeting their subordinates, if they could satisfy them in their seasons. 70% often/ always help the subordinates in detail with their problems and solutions. 67% often/ always guide their subordinates in detail about what to do and how they can do it (Mousa et al., 2021).

Dimension two was related to the healthcare leader's inspiration towards healthcare services. 60% of the healthcare leaders responded that they occasionally/sometimes took up their subordinates' cause and fight for them, 53% of healthcare leaders occasionally/sometimes make the needed preparation for field work and undertake all responsibilities to make the subordinates gain from the experience. 77% of healthcare leaders often / always provide their subordinates support, if they need or salient it, even after the course of services are completed. 53% of healthcare leaders often/always think of

training as a challenge and try out new ways of improving on the previous one. 53% of healthcare leaders occasionally/sometimes cover in their training only those topics which are prescribed. 53% occasionally/sometimes gave material to the subordinates which are not easily available to them. And 53% of healthcare leaders occasionally/sometimes prepare the case (and put it strongly) for increasing the budget for their activities to ensure their effectiveness (Kelly & Hearld, 2020).

Dimension three was related to the healthcare leader subordinates' relationship. 54% of healthcare leaders occasionally/sometimes communicate strong feelings to their subordinates without caring whether that will affect the healthcare service climate, and 53% of healthcare leaders often/always gave clear instructions to their subordinates about what should or should not be done. 40% of healthcare leaders occasionally/sometimes do not express their negative feelings to their subordinates during the session but continue to be bothered by them. 60% of healthcare leaders often/always provide their subordinates with appropriate solutions to their problems. 60% of healthcare leaders often/always consult subordinates about what they like to do and adjust their teaching plan accordingly (Caldas et al., 2021).

Dimension four was related to the healthcare leader colleague's relationship. 50% of healthcare leaders often/always consult with their colleagues while preparing a new topic for teaching, and 53% of healthcare leaders are occasionally/sometimes excited by new ideas and discuss them with their colleagues and subordinates, even when they have not worked out the details. 63% of healthcare leaders occasionally/sometimes work on new ideas; they involve others as well. 50% of healthcare leaders occasionally/sometimes come across any problem. They study related literature and discuss it with the relevant people to find a solution. 60% of healthcare leaders occasionally/sometimes strongly argue their point

of view in staff meetings. 57% of healthcare leaders occasionally/sometimes do not hesitate to criticize colleagues for their bad sessions, even if they fed offered and do not accept their feedback. 57% of healthcare leaders learned from their supervisor and experienced person. 53% of healthcare leaders occasionally/sometimes strongly lobby for their college. 57% of healthcare leaders occasionally/sometimes gave their authorities a piece of their mind, and use strong language without caring for the consequences. 60% of healthcare leaders occasionally/sometimes work on new ideas; they involve others as well (Shanafelt et al., 2021).

Dimension five was related to the healthcare leader's classroom environment management. 53% of healthcare leaders occasionally/sometimes show their resentment to those subordinates whose behavior in class is not according to their instructions. 73% of healthcare leaders occasionally/sometimes tried to set an example to their subordinates by their behavior. 50% of healthcare leaders often/always raise the concerns they have about their subordinates, and behavior in the group to encourage them to discuss these and set desirable norms. 60% of healthcare leader often/always clearly prescribe standards of behavior to be followed in the class that they teaching. 70% healthcare leaders occasionally/sometimes value punctuality, they start their class on time. 50% of healthcare leaders occasionally/sometimes do not accept any excuse for tasks not completed (Brimhall, 2019).

Dimension six was related to the healthcare leader course preparation and completion during the semester. 53% of healthcare leaders occasionally/sometimes collect all relevant information and literature regarding sessions even though those are not immediately needed. 50% of healthcare leaders often/always think of new and creative material for their sessions. 50% of healthcare leaders often/always tried out new methods to make teaching more effective. 57% of healthcare leaders occasionally/sometimes gave high priority to the completion of the topic, when they must rush through it. 53% of healthcare leaders often/always collect the relevant material for the session assigned to them. 60% of healthcare leaders often/always try out new

methods of teaching and have no patience for consolidating those that they have already tried out. 53% of healthcare leaders responded that they prepare in advance all the notes and aids needed for the teaching sessions (Weintraub & McKee, 2019).

Dimension seven was related to the subordinate's encouragement for innovation. 60% of healthcare leaders occasionally/sometimes encourage their subordinates to explore with them what should or should not be done and why. 70% of healthcare leaders are often/always excited by new ideas and discuss them with their colleagues and subordinates, even when they have not worked out the details. 50% of healthcare leaders often/always accept those suggestions from their subordinates that appeals to them. 47% of healthcare leaders are occasionally/sometimes enthused by ideas and tend to overwhelm their subordinates with them. 40% of healthcare leaders occasionally/sometimes if they were not available, tried to divert them to some other issue 44% of healthcare leaders occasionally/sometimes got impatient with subordinates who did not give new ideas and solutions (Rinfret et al., 2020)

Inspirational leadership has inter-correlation suggesting that a leader must have certain capacities and capabilities to deal with the subordinate how the perspectives (Dellenborg et al., 2019). this exemption was Conjuring to the hypothesis of this present study that is associated with the correlational parametric suggesting that each dimension of the transformational leadership style has stronger relationships showing effective and inspirational Healthcare leaders must acquire the characteristics of a true leader (Manley & Jackson, 2020). Seemingly, differences on the job description indicated that each of the leadership posts accounts for a different style of leadership (Barr, 2022; p 167). this is given to our result suggesting that effective leadership and inspirational leader are necessary and related to their demand for occupational work experiences (Michalsen et al., 2020). all these values give information about the effectiveness of inspirational leadership style influence the constructive, capacity, capability, and self-confidence among subordinates and colleagues (Sharp et al., 2020). An inspirational approach to

positive Healthcare leadership is one of the most important perspectives in identifying the constructiveness and productivity in healthcare organizations (Fillol et al., 2019).

Recommendation

Healthcare leaders may put in extra effort to study different leadership style and their implications. Healthcare leaders may try to give practical examples to their subordinates about the topics to be concerned. Healthcare leaders may go one step beyond and touch areas of knowledge that are prescribed -in the course. Healthcare leader colleagues' relationships may further be strengthened. It is suggested that there might be more peer discussions among healthcare leaders on new ideas, topics, and pedagogical skills healthcare leaders may strengthen their knowledge areas and function as role models for their subordinates and colleagues. The inspirational approach may be used more often in a healthcare environment. Subordinates may be encouraged to bring creativity and innovation in their work. It is further recommended that healthcare leaders may conduct research to explore the effects the of inspirational approach and apply the findings to improve the inspirational process

Conclusion

Most of the areas of an inspirational approach to leadership are being used by healthcare leaders. Most of the healthcare leaders were approachable/available to subordinates for solving their problems and issues. Most of the healthcare leaders supported and helped the subordinates even after the coursework was completed. Most healthcare leaders had good subordinate's healthcare leader relationships. Most healthcare leaders consulted their subordinates and adjusted their healthcare leader strategy accordingly. Most of the healthcare leaders did not express their negative feelings to the subordinates during sessions. Healthcare leaders sometimes consulted their colleagues while preparing a new topic for teaching. Healthcare leaders occasionally work on new ideas and involve others. When healthcare

leaders come across any problem, some of them study related literature and discuss with related people. Sometimes healthcare leader strongly argues their point of view in staff meetings. Most of the time healthcare leaders never showed resentment to the subordinates whose behavior was not according to their instructions. Most healthcare leaders valued punctuality. Most healthcare leaders tried to set an example for subordinates through their behavior. Most of healthcare leaders keep looking for new and creative material for new sessions. Most healthcare leaders tried out new methods of majority. Most healthcare leaders prepared their notes and teaching aids in advance. Most of the time healthcare leaders encourage their subordinates to explore with them what should or should not be done and why. Most healthcare leaders were often excited by new ideas and discussed them with their subordinates. Most of the time healthcare leaders accepted the suggestion of subordinates if they were logical. Sometimes leaders tried to divert their subordinates if they could not answer them. Subordinates are not encouraged to a greater extent for innovations and creativity

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