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**ماجستير إدارة الأزمات والكوارث**

## **Leadership Styles in Health Crisis Management: Study of Governmental Hospitals in Gaza Strip.**

**أنماط القيادة في إدارة الأزمات الصحية: دراسة المستشفيات  
الحكومية في قطاع غزة**

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## نتيجة الحكم على أطروحة ماجستير

بناءً على موافقة عمادة البحث العلمي والدراسات العليا بالجامعة الإسلامية بغزة على تشكيل لجنة الحكم على أطروحة الباحث/ بلال عدنان صبحي الجمل لنيل درجة الماجستير في كلية العلوم/ برنامج إدارة الأزمات والكوارث وموضوعها:

أنماط القيادة في إدارة الأزمات الصحية: دراسة المستشفيات الحكومية في قطاع غزة

### Leadership Styles in Health Crisis Management: Study of Governmental Hospitals in Gaza Strip

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## Abstract

During working under risk and uncertainty- which accompany the recurrent crises- which Gaza Strip (GS) suffers from- we may face many difficulties from time to time. Moreover, these difficulties may arise from the unfit leadership style and the leader's behavior with the employees and subordinates especially in the shortage of numbers of employees and medical supplies in GS. **Aim of study:** The main aim of this study was to explore the leadership styles in health crisis management among health care providers at governmental hospitals in GS. **Methods:** The researcher used observational analytical, cross-sectional design. The study sample was proportional stratified sample, consisted of 270 participants from three main governmental hospitals in GS which were Al Shifa medical complex, Nasser Medical Complex (NMC) and European Gaza hospital (EGH). For data collection, the researcher used modified a questionnaire which derived from two questionnaires were developed and used in two previous studies. The questionnaire was validated by a panel of experts and pilot study on 30 participants and Cronbache alpha coefficient was 0. 920.

**Results:** The results revealed that there were no statistically significant differences in both leadership styles and health crisis management related to gender, age, qualification and marital status according to respondent's view. On the other hand, findings showed that there were statistical significant differences in both leadership styles and health crisis management due to department in favor participants whose supervisory managerial positions, also there is a significant difference between all leadership styles and training course as well as health crisis management, and only 20% of participants have courses in crisis management. There were statistically significant differences between charismatic leadership style and job description in favor of the nurses. There were statistically significant differences between participants regarding hospital in health crisis management in favor of participants who worked at NMC. The researcher stated that all of transformational, transactional and charismatic leadership styles are effective during health crisis in hospitals. **Recommendations:** the study recommends to activate the department of crisis management at the Ministry of Health (MoH) to implement training courses in the field of crisis management and to carry out further studies in the field of health crisis management.

## ملخص الدراسة

لا ينكر أحدنا أنه خلال العمل تحت الخطر والخوف – والذي يصاحب الأزمات المتكررة والتي يعاني منها قطاع غزة- قد نواجه العديد من الصعوبات من وقت لآخر. هذه الصعوبات قد تنشأ من نمط القيادة غير المناسب وتصرف القائد مع العاملين والتابعين خاصة في ظل العجز في عدد العاملين وشح الموارد الطبية في المستشفيات الحكومية داخل قطاع غزة. **هدف الدراسة:** يسعى الهدف الأساسي من الدراسة إلى كشف أنماط القيادة في إدارة الأزمات الصحية بين مقدمي الرعاية الصحية في المستشفيات الحكومية في قطاع غزة.

**الطريقة والمنهجية:** حيث استخدم الباحث منهج المراقبة التحليلية. وكانت عينة الدراسة عينة طبقية نسبية حيث تكونت عينة الدراسة من 270 مشارك من الثلاث مستشفيات الكبرى في قطاع غزة (مجمع الشفاء، مجمع ناصر ومستشفى الأوروبي). ولجمع البيانات استخدم الباحث استبانة بحثية معدلة اشتقتها من استبانتي بحثيتين تم اعدادهما واستخدامهما في دراستين سابقتين. تم عرض الاستبانة على مجموعة من الخبراء وتم أخذ ملاحظاتهم حول محتوى الاستبانة بعين الاعتبار، كما وتم اجراء دراسة استطلاعية على عينة مكونة من 30 مشارك، وتبين بعد اجراء اختبار ألفا كرونباخ أن معامل ارتباط ألفا بلغ 0.920.

**النتائج:** أوضحت نتائج الدراسة أنه لا توجد فروق ذات دلالة إحصائية في أنماط القيادة وإدارة الأزمات الصحية تعزى إلى الجنس والعمر والمؤهل العلمي وكذلك الحالة الاجتماعية من وجهة نظر المشاركين بالدراسة. أما من ناحية أخرى، فكشفت النتائج وجود فروق ذات دلالة إحصائية في أساليب القيادة وإدارة الأزمات الصحية تعزى للقسم حيث كانت لصالح الأفراد الذين يشغلون مناصب إدارية إشرافية، كما أنه يوجد فرق مع دلالة إحصائية بين جميع أنماط القيادة وإدارة الأزمات الصحية تعزى إلى الدورات التدريبية مع العلم أن 20 % فقط من المشاركين تلقوا دورات في إدارة الأزمات. كما أن هناك فروق ذات دلالة إحصائية بين أسلوب القيادة الملهم (الكاريزمية) والصف الوظيفي حيث كانت لصالح مهنة التمريض. أيضاً هناك فروق ذات دلالة إحصائية في إدارة الأزمات الصحية بين المشاركين تعزى للمستشفيات وكانت لصالح المشاركين الذين يعملون في مجمع ناصر الطبي. وذكر الباحث في دراسته أنه وبحسب النتائج فإن جميع أنماط القيادة (التحويلية والتبادلية والملهم) فعالة خلال إدارة الأزمة الصحية في المستشفيات.

**التوصيات:** اوصى الباحث بضرورة تفعيل قسم إدارة الأزمات في وزارة الصحة ورفده بكادر مؤهل من أصحاب الكفاءات، كما وأوصى بتنفيذ دورات تدريبية في مجال إدارة الأزمات تستهدف الموظفين الذين يعملون في الأقسام الحرجة بشكل عام والذين لديهم وظائف إدارية على وجه الخصوص، وكذلك بتنفيذ دراسات إضافية في مجال إدارة الأزمات الصحية.

اقتباس

قال الله تعالى:

{إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ  
الْمُحْسِنِينَ}

[يوسف: 90]

## Dedication

My sincere love to my mother who don't stopped praying to me all my life .. I convey my sincere gratitude to her who faces many difficulties to raise me ..

I wish to express my appreciations to all those who contributed to the completion of my study.

I dedicate This study to...

The great nation of Islam ...

To the Palestinian people in general and to the people of the Gaza Strip in particular.

To my father and older brother (Mounir) who have lost their lives but their love in my heart is still alive

For my mother, my brothers and sisters ..

To my dear fiancée (Alaa) and her beloved family...

For teachers ..

For the Palestine College of Nursing and the Islamic University of Gaza ..

For my leaders and managers at my work ..

For my friends and colleges ..

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## List of Abbreviations

<b>CM</b>	Crisis Management
<b>Dpt.</b>	Department
<b>ED</b>	Emergency Department
<b>EGH</b>	European Gaza Hospital
<b>GS</b>	Gaza Strip
<b>ICU</b>	Intensive Care Unit
<b>INGOs</b>	International Non-Governmental Organizations
<b>ISDR</b>	International Strategy For Disaster Reduction
<b>MoH</b>	Ministry Of Health
<b>NGOs</b>	Non-Governmental Organizations
<b>NMC</b>	Nasser Medical Complex
<b>OR</b>	Operation Room
<b>PCBS</b>	Palestinian Central Bureau Of Statistics
<b>PHIC</b>	Palestine Health Information Centre
<b>SPSS</b>	Statistical Package For Social Science
<b>UNRWA</b>	United Nations Relief And Works Agency
<b>WHO</b>	World Health Organization

# Chapter 1

## Introduction



# Chapter 1

## Introduction

### 1.1 Background of the study

In our time, the health crises have become part of our life, it's difficult to anticipate and we need good preparation to deal with it. It is known that hospitals play a major role in managing most of these crises, so it is necessary for hospitals to have effective leaders, who can manage and lead hospital's response appropriately to any crisis surround them, can do urgent precautions to gain competitive advantage and to obtain the higher level of performance by the followers because the leadership have an important role in encouragement of followers to sustain effective performance and creating an organization culture.

*"Leadership and crisis are tangled in that both concepts have a nature to complement one another"* (Anwar, 2017) no one can deny that one of the vital leader's roles and challenges during crisis is to bring the situation to normal, despite with the negative influences that are exist during the crisis. The response of an effective leader is vital for the continuity of the performance of an organization particularly during the crisis period and one of the main roles of effective leader is being able to respond to the threats of crisis (Anwar,2017).

On the another hand, although the negative effects of the crisis, there is some positive effects to the crisis when managed in good manner, as it may be a chance for staff training, skills acquiring and gaining different experiences, crisis offers organizational changing and growth opportunities, and it is chance to reform structures at the organization and put long-standing policies and rules (Ozdemir& Balkan, 2010).

*Accordingly, it is strongly advised to manage less and lead more in order to deal or to solve any "problem or any crisis"*(Hassan and Rjoub, 2017). it's important to differentiate leadership from management. Many studies have been done to clarify that we need leaders in time of crisis rather than managers. Leadership can successfully encourage the followers to perform and produce developed outcome and efficiency. Manager is an individual who does things right while leader is an individual who does the right

things. Managers achieve objectives and monitor resources, on the other hand leaders communicate among followers in directing the business's operations, as a result, leaders are responsible for crisis management (CM) " (Anwar, 2015).

The decision-makers' and leader's leadership style in the hospitals - especially at the time of health crisis - may play an essential role in the crisis response process and quality of health care provided, especially in our situation in Palestine generally and Gaza Strip (GS) in particular. Where crises and disasters are always close because of the Israeli siege that imposed on the GS since more than a decade which included three harsh wars 2008, 2012, and 2014, and hospitals were among the most institutions that have suffered and still suffer so far.

Based on the researcher experience on leadership and after searching of literature review, he adopted the main three leadership styles namely; are transformational, transactional and charismatic leadership style. All of these styles are used by reserchers in studies focusing on crisis management (CM), in this study the researchers attempts to know the effectiveness of leadership styles in the time of health crisis as well as identify the association between leadership styles and health crisis management in regard to socio-demographic characteristics among health care providers at three main large governmental hospitals in GS "Al Shifa medical complex, Nasser medical complex(NMC) and European Gaza Hospital (EGH).

## **1.2 Problem statement**

As it is known that we have, GS suffers from recurrent crises and emergencies that have become part of our reality in Palestine generally and the GS in particular. In the past decade, the GS witnessed many crises which was affecting all institutions of the community, foremost of which are health sector institutions and hospitals especially if this crisis result in large numbers of casualties and deaths. Where is some causes of these crises, as the Israeli aggressions on the GS, the unjust Israeli siege that has been imposed for more than 10 years – which continues for our current time, lack of fuel and electricity interruptions, as well as some internal factors that increase the impact

of the crisis and its negative consequences such as the severe shortage of medical staff and medical supplies.

However, during working under risk and uncertainty- which accompany the crisis - we may face many difficulties from time to time. Moreover, these difficulties may arise from the unfit leadership style and the leader's behavior with the employees and subordinates. When leaders lack of disaster risk knowledge or there is ineffective leadership the following can be observed; confusion lack of trust and harmony between the subordinates and leaders, duplication of efforts, uneconomic use of resources, unnecessary and avoidable deaths, and unsystematic disaster response.

The problem of the study is based on the health loads that result from these crises on the health sector and governmental hospitals in particular, which need competent leaders with effective leadership style to manage and direct the efforts of the employees to achieve the best performance and health service, especially in the shortage of numbers of employees and medical supplies in GS. So the aim of this study is to explore the leadership styles in health crisis management among health care providers at governmental hospitals in GS.

### **1.3 Significance of the study**

To our knowledge, there are limited studies about this subject in Gaza hospitals. At the international and regional levels, crises and disasters are occurring all the time. At the local level, crises and disasters are on the rise, particularly in the GS, where hospitals face a variety of crises that have become part of their reality.

This study offers an opportunity to examine the association between leadership styles and CM among health care providers at governmental hospitals in GS through a comprehensive quantitative research study.

The study provides a chance to determine the effectiveness of leadership styles in the time of crisis as well as identify the association between leadership styles and health crisis management in regard to socio-demographic characteristics among health care providers at governmental hospitals in GS.

This study can be used to promote knowledge sharing about leadership styles among health care providers at Gaza hospitals, facilitated through distribution of this study as soft or hard copy.

For example, in the crisis of the Israeli aggression on the GS in 2014, the final statistics prepared by the Euro- Mediterranean Human Rights (2014) indicated that the total number of victims was 2,147 and the number of casualties during the war was 10,87. According to the statistics, it appears that 1/8/2014 witnessed the highest number of Palestinians victims, 152 victims and 1,052 injuries in one day. This represents a real crisis that requires effective health leadership to mitigate and control the impact.

This study aims to understand the leadership styles and its effectiveness in health crisis management as well as to examine effect of sociodemographic factors on it.

#### **1.4 General objective**

The general objective of this study is to explore the leadership styles in health crisis management among health care providers at governmental hospitals in Gaza Strip.

#### **1.5 Specific objectives**

- 1 To describe the effectiveness of transformational leadership in health crisis management among health care providers at governmental hospitals in GS.
- 2 To identify the effectiveness of transactional leadership in health crisis management among health care providers at governmental hospitals in GS.
- 3 To assess the effectiveness of charismatic leadership in health crisis management among health care providers at governmental hospitals in GS.
- 4 To examine the association between leadership styles and health crisis management in regard to socio-demographic characteristics among health care providers at governmental hospitals in GS.

## 1.6 Context of the study

### 1.6.1 Palestinian health care system

The health care system in Palestine is complex and unique under Israeli occupation of Palestinian land, which deprives the Palestinian citizens of their rights and violates all international treaties, conventions and charters that guarantee the rights of all segments of the Palestinian people and strongly influences the health care system in Palestine.

The consequences of closures and separation formed a great challenge for the MoH by creating obstacles regarding the accessibility to health care services and affect the unity of the health care system in all Palestinian Governorates (MoH, 2013).

The estimated population living in the occupied Palestinian territory in 2017 was 4.95 million, with 3.01 million in the West Bank and 1.94 million in the GS (PCBS, 2017). More than 2.1 million are registered refugees, of whom 1.3 million live in the GS and comprise 67% of the total population there. One quarter of the refugees in the West Bank live in the 19 camps located there and more than half a million refugees in the GS live in the eight camps there (UNRWA, 2017). The overall Palestinian population is predominantly young: nearly 40% of Palestinians are aged 0–14 years, and 5% are aged 65 years or older (PCBS, 2017).

Life expectancy at birth for Palestinians in the occupied Palestinian territory was 73.7 years in 2016; in the same year, infant mortality for Palestinians in the occupied Palestinian territory, including east Jerusalem was 10.5 per 1000 live births and under 5 mortalities was 12.2 per 1000 (PHIC, 2016).

There are four major healthcare providers: the MoH, United Nations Relief and Work Agency (UNRWA), non-governmental organisations (NGOs), and private for-profit providers. MOH provides primary, secondary and tertiary health services and purchase the unavailable tertiary health services from domestic and abroad providers. UNRWA provides primary care services, only for refugee and purchase secondary care services for the hardship cases. NGOs provide primary, secondary and some tertiary services. Private for-profit sector provides the three level of care though a variety of specialised hospitals and investigation centres (WHO, 2006).

### **1.6.2 Gaza Strip (GS)**

GS is a narrow land, located on the southwest of Palestine on the coast of the Mediterranean Sea. GS is a high crowded area, where approximately 2 million live in 365 km<sup>2</sup>, with an estimated density of about 5,340 people per square kilometer. The population is concentrated in 7 towns, 10 villages and 8 camps (PCBS, 2017). The GS live in the eight camps there and the density is increases in refugee camps (UNRWA, 2005). GS is divided into five governorates, North of Gaza, Gaza city, Mid-Zone, Khan-Younis and Rafah. The population under 15 years old in GS represents 42.6% and those of 60 years and more represent 3.9% (PCBS, 2017).

### **1.6.3 Al Shifa commutative medical center (Shifa Complex)**

Al Shifa commutative medical center is the biggest in GS. It's located in the west part of Gaza. It was established on 1946, developed over years until it reaches to higher universal level. It consists of three hospitals surgery, Internal Medicine and maternity. The health services provided to citizens through the three hospitals and include the different patients referred by reception and emergency departments or outclinics by primary care. Where it is transferred to internal departments or hospital outpatients review the complex. According to MoH annual report (2017) of Al Shifa Medical Complex, the total numbers of beds are 613 and while total numbers of employees are about 1765 divided as follows: Physician 459(26%), Nursing 774 (43.8%), administrators 310 (17.5 %), & support medical technicians 222(12.6%).

### **1.6.4 Nasser Medical Complex (NMC)**

The hospital was laid in 1958, officially opened in 1960 and under the Egyptian administration in the GS. The capacity of the hospital was 120 beds with four main sections: surgery, dermatology, as well as the existence of a laboratory room and one operating room. After the beginning of 1966, successive years showed a new boom in the development of new departments and the expansion of the hospital buildings, especially the external sections. Since the end of the Israeli occupation of the GS in

1994, the hospital has (240) beds, the number of doctors was (73), nursing was (135) and the total staff of the hospital was (317). In addition, the hospital administration has established number of medical centers, outpatient clinics and new buildings that have been assigned to provide quality medical services to the people of the southern region and other areas of the GS (NMC, 2012)

According to annual report of Nasser medical hospital (NMC) (2017), it includes three hospitals (Nasser Hospital, Al Tahreer Hospital and Al Yasin Hospital) the hospital has (347) beds, the total numbers of employees are about 991 divided as follows: Physician 240 (24.2%), Nursing 350 (35.3 %), Administrators & Support medical technicians 401.

### **1.6.5 European Gaza Hospital (EGH)**

Hospital began as a grant of the European Union to the Palestinian people at the end of the first intifada in 1989. In this period there was not any legal authority so UNRWA has been assigned to create this hospital by European funded. Since the arrival of the Palestinian Authority in 1994 as the legitimate authority in the country, a dialogue was begun to transfer hospital ownership to the MoH. On October 1997, provides for the transfer of ownership of the hospital to the MoH, that the European Union to complete the necessary funding, and provided that during the transition from an international team. On October 2000 and continued management of the Arab local team (EGH, 2009)

According to annual report of General directorate of hospitals in GS (2014) the total numbers of employees are about 731 divided as follows: Physician 169 (23.11%), Nursing 235 (32.14 %), Administrators 211 (28.86 %), & Support medical technicians 116 (15.86 %)

## **Chapter 2**

### **Conceptual framework and literature review**



## Chapter 2

### Conceptual framework and literature review

Its not easy to call a person as a "leader" without having leadership qualities such as having a clear vision, being able to unite people and activating them, and making a difference in their performance. Leaders create the future's picture (Tutar, 2004). This creates the desire for a deeper understanding of leadership styles, hence the need to clearly define the term and its associated conceptual framework.

#### 2.1 Conceptual framework

The researcher will use self-developed conceptual framework in order to guide the research process, organize the work and make the research findings meaningful. The researcher used the conceptual framework to address the main domains of the study in accordance with previous studies (Figure 2.1).

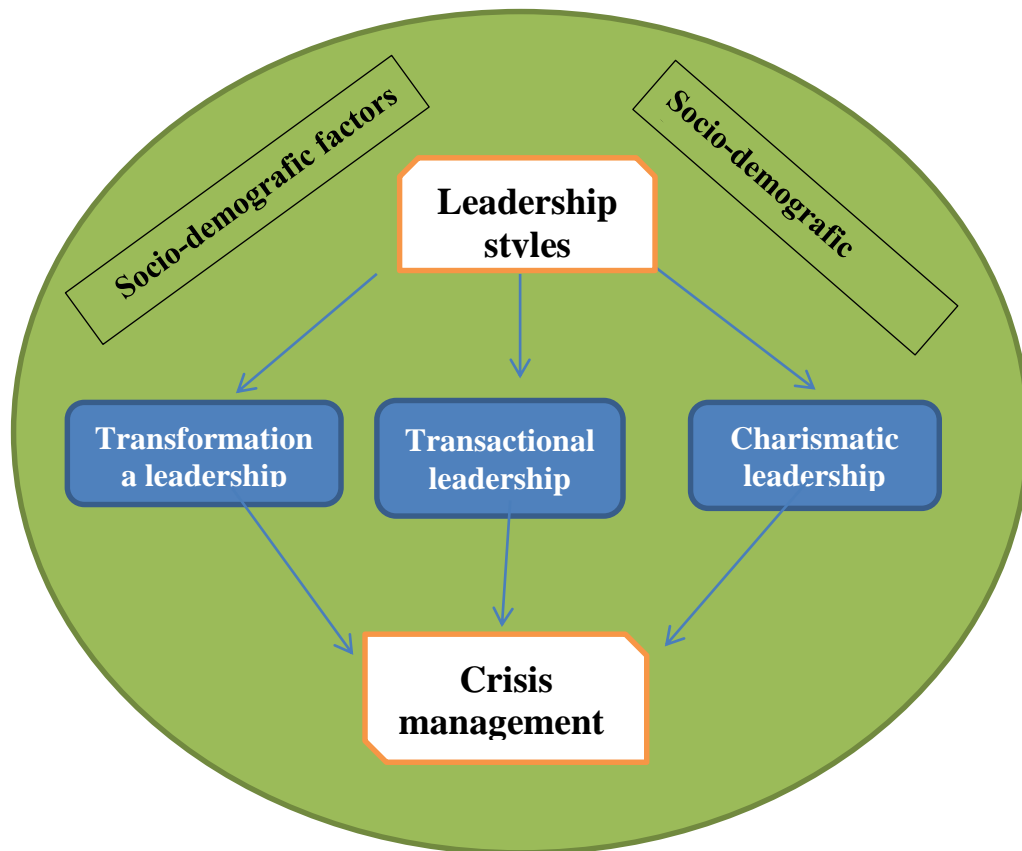


Figure 2.1: self-developed conceptual framework

## **2.2 Theoretical and operational definitions**

### **2.2.1 Crisis**

Crisis and stress are usually linked. The crisis is a complex system, both at the family and community level, and this system is when become weakly functioning, we need to take immediate decisions, but we may not be able to identify the root cause of the crisis quickly. (Bundy, 2016). Fenera & Cevikb, (2015) defined crisis as " the situation in which the basic structures, values and norms are affected negatively due to unexpected situation".

The researcher adopted these definitions with a focus on the complex health situations faced by hospitals which create a confusing and turbulent environment and creating a health crisis.

### **2.2.2 Disaster**

"A serious disruption of the functioning of a community or society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources ", ISDR (2004).

The researcher defines the disaster as any accidental event that exceeds the hospital capacity to deal and coping with.

### **2.2.3 Crisis management**

Crisis management is the actions and decisions undertaken by the organization as a result of an unexpected event that may result in damage at the level of the organization or the public or its stakeholders (Bundy, et al. ,2016)

The researcher defines CM as a process which an hospitals managers and leaders use to deal and response to the unexpected and accidental event complex events.

### **2.2.4 Leadership**

" leadership refers to capabilities of a person that could influence the rest of the group of people to achieve a goal or set of goals" (Kargas, & Varoutas, 2015).

The researcher adopted this definition with a focus on the impact of the leader on health care providers to achieve the best response during health crises.

### **2.2.5 Leadership style**

leadership style Is the method and manner in which the leader affects the followers and directs them, motivates them and affects their performance, and they include the explicit actions of the leader as well as the implicit actions (Newstrom & Davis, 1993).

The researcher definition of leadership style is a leader's style of providing direction to the followers, controlling events, and motivating people to achieve the best level of performance.

To define the three leadership styles operationally the researcher will adopt two questionnaire developed by (Anwar, 2017) and (Kirilina, 2017) which divided leadership into three styles: **Transformational leadership, transactional leadership and charismatic leadership.**

### **2.2.6 Sociodemographic factors**

Sociodemographic factors refer to of, pertaining to, or characterized by a combination of sociological (related to sociology) and demographic (related to populations) characteristics as age, gender, sexual orientation, race, religion, income, marital status, birth rate, death rate, average size of family, heritage, education, medical history. People could be grouped according to these characteristics" (Macmillan dictionary, 2010)

The researcher defines sociodemographic factors as age, gender, name of hospital, specialization, dept., years of experience and other factors listed in the questionnaire.

## 2.3 Literature Review

### 2.3.1 Definition and scope of leadership.

There is no so-called single theory, precise route of leadership or making a leader, and studies in this matter are different and different (Abu Sharekh, 2014). This section of the chapter provides an overview of different leadership definitions, styles, crisis management and leadership and finally the differences between leadership and management.

Several studies have been conducted to explore leadership. Etymological base of the words lead, leader, leadership is Anglo-Saxon word *laed* which means “path” or “road”. Accordingly, a leader may be defined as the person directing a group of persons through a certain path and road for united specific goals (Kirilina, 2017). According to (Zaqout, & Al-Habil, 2016), leadership is defined as the process of inducing subordinates to attain a mutual goal. In other words, (1) leadership is not just steps but it's a process; (2) the influence is the key word in leadership, (3) the group is the context which leadership takes place (4) it aims to achieve the goals. Leadership is a characteristic and trait of directing individuals and influencing their behavior in order to achieve the goals and vision of the organization (Surbhi, 2015). Leadership is the capability to instill confidence and support the subordinates who have to achieve the goals of organizations (Alexakis, 2011). leadership can be defined as the process of motivating staff and urging them to work effectively and implement the activities of the organization so that they achieve the best result in the organization that is consistent with the common goals (Zaqout, & Al-Habil, 2016). Therefore, the abilities and capabilities of leadership to influence the behavior and performance of individuals vary as they vary in how much influence their attitudes and values and the unification of their goals and energies, so leadership is the process of transforming and building a vision and a unified message and inspiration for individuals (Hassan & Rjoub, 2017). Northouse (2010) defines leadership as “a process whereby an individual influences a group of individuals to achieve a common goal”. Leadership described as “the process of influencing others to understand and agree about what needs to be done and how to do it, and the process of facilitating individual and collective efforts to accomplish shared objectives”

(Kirilina, 2017). Moreover, one of the leadership definitions is the ability to influence people, raise their capabilities, unify them and enable them to become effective instruments in the organization. (Abu Sharekh, 2014).

### 2.3.2 Leadership styles

There are a number of different approaches, or ‘styles’ to leadership and management that are based on different assumptions and theories. From leadership theories are born leadership styles (Greenleaf, 2018). Many leadership experts have presented a set of leadership theories, taking into account many determinants such as innate and acquired traits, and they differed in their interpretation of how the leader is made, but each leader presented a theory of different theorists in how to determine the leadership style and application of theory as stated in table 2.1 (Greenleaf, 2018).

**Table (2.1): Key Variables in Leadership Theories (Greenleaf, 2018)**

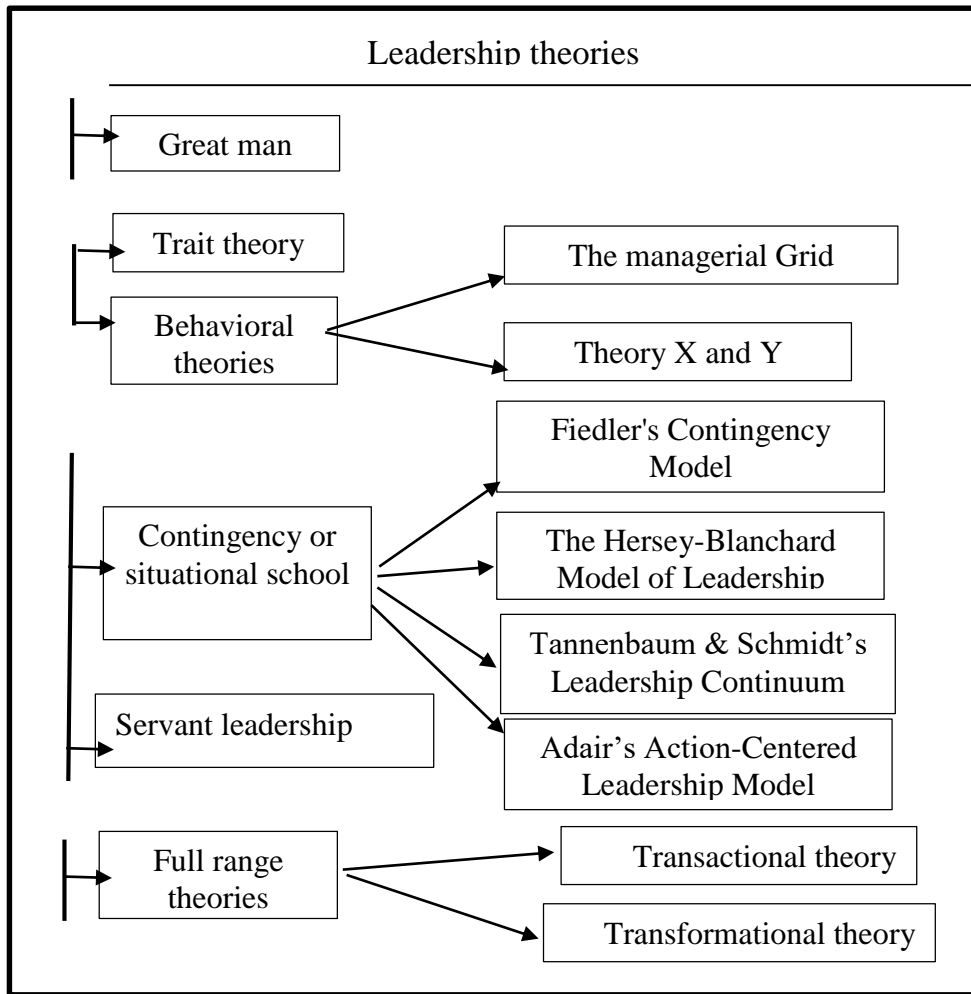
Key Variables in Leadership Theories		
1- Characteristics of a Leader	2- Characteristics of Followers	3- Characteristics of the Situation
<ul style="list-style-type: none"> <li>■ Traits (motives, personality)</li> <li>■ Values, integrity, and moral development</li> <li>■ Confidence and optimism</li> <li>■ Skills and expertise</li> <li>■ Leadership behavior</li> <li>■ Influence tactics</li> <li>■ Attributions about followers</li> <li>■ Mental models (beliefs and assumptions)</li> </ul>	<ul style="list-style-type: none"> <li>■ Traits (needs, values, self-concepts)</li> <li>■ Confidence and optimism</li> <li>■ Skills and expertise</li> <li>■ Attributions about the leader</li> <li>■ Identification with the leader</li> <li>■ Cooperation and mutual trust</li> </ul>	<ul style="list-style-type: none"> <li>■ Type of organizational unit</li> <li>■ Size of organizational unit</li> <li>■ Position power and authority of leader</li> <li>■ Task structure and complexity</li> <li>■ Organizational culture</li> <li>■ Environmental uncertainty and change</li> <li>■ External dependencies and constraints</li> <li>■ National cultural values</li> </ul>

**Source:** Greenleaf, R. (2018). *Leadership Theories and Styles*.

Those who have studied previous leadership literature know that leadership theories have evolved over time and that there are not two completely different theories.

Therefore, many factors have played an important role in influencing leadership. These factors include the environment, conditions, cultures, decisions, new systems as well as evolution. Social and psychological factors (Nawaz, Kenan, & Khan, 2016).

**Figure (2.2): Leadership theories**



Source: Abu Sharekh, M., (2014) The role of leadership in strategy implementation in NGOs in GS. Central Library - Islamic University of Gaza

The term leadership styles are used to describe the interaction of the leader with the subordinates or the situation that attenuate leadership behavior, and the leadership styles are a set of interpersonal attributes and attributes of the leader judged from the perspective of the subordinate (Greenleaf, 2018). A good leadership style is the pattern that takes into account the future of the organization and contributes to the

unification of the efforts and visions of the workers and positively affects the direction of human and material potential towards the vision and interest of the Organization regardless of the conditions and obstacles. (Jordan, et al., 2016).

### **2.3.2.1 Transformational leadership style**

Among different types of leadership; transformational style of leadership has gained more popularity and attention, due to its logic, arguments, and components (Shah & Nisar, 2011). Transformational leadership which is one of two leadership styles espoused by Avolio and Bass and one of the essential leadership style according to (Martin, 2015). Transformational leadership looks at better than and beyond the concepts of reward to good work, but develops a creative and inspiring thinking so that the public interest in personal interest (Alkharabsheh et al, 2014). Basic assumptions of this leadership theory are:

- subordinates follow a leader who inspires them.
- To achieve good results, the leader with charisma should have a vision and passion enthusiasm and energy is the way to get things done (Changing mind.org ,2018)

Kelly (2005) has been mentioned that transformational leadership is the best leadership style in times of crisis. Many studies have shown that transformational leadership is effective in many different situations (Yukl, 1999). due to the principles which it contained in the method and influence, which is an effective method of leadership. Transformational leadership is also concerned with individual and collective interests (Nawaz, Kenan, & Khan, 2016).

The transformational leader has the following characteristics (Salih and Al-Mubaidin, 2013):

1. He has a vision that enables him to face problems and to solve them accurately.
2. Trusts others through extensive empowerment.
3. Raises the intellectual efforts of subordinates and promotes their investment.
4. Active, vigilant and proactive towards identifying the urgency and speed of the problems.
5. Looks after his subordinates individually and collectively.

6. Creates challenges in actions and tasks to achieve the objectives of the organization effectively.
7. Introduce innovative ideas and develop their sources to others.
8. Seeks to build consensus between the disciples and sustain the relationship with them.
9. Encourage followers to be honest and to embody moral values.

**The four dimensions of transformational leadership as follow:**

*A. Idealized Influence:* Charisma is a synonym for idealized effect. As the leader serves as a role model who inspires the followers and influences them in developing common visions and improving the relationships among them. (Nawaz, Kenan, & Khan, 2016).

*B. Individualized Consideration:*). This effect makes everyone in the group feel important, as it is the closest individual to the leader, and the individual and member is the concerned center of leadership, this provides good educational environment for the individual as a result of the individual's sense of interest (Celik, Akgemci, & Akyazi, 2016). According to this dimension the leader will behave as following:

- Pay attention to education and training and make time for it
- Employers are treated as people with interests and attitudes and not just a member of a working group.
- Pay attention to people who have different aspirations, abilities and attitudes than other individuals
- Strengthening individual strong points.
- Good listening to others' ideas
- Attention to personal development (Abu Sharekh, 2014)

*C. Intellectual Stimulation:* Leaders with this dimension are those who motivate creative thinking of workers and view problems and difficulties as a normal parts and of their tasks (Nawaz, Kenan, & Khan, 2016). According to this dimension the leader will behave as following:

- In to questions they Re-examine critical assumptions to know whether it is appropriate.



- When they solve problems they take different perspectives. Get others to Promoting a culture of looking at problems and obstacles from several angles.
- promote the creation of several positive means and methods in the elaboration of functions and tasks
- The use of creative methods in performing tasks and away from tradition (Abu Sharekh, 2014).

*D. Inspirational Motivation:* one of the main key aspects of the transformational leadership is the developing of the perceptions of followers, one of the key aspects of transformational leadership is developing followers' perceptions, aligning them with organizational message and vision, and motivating others to understand and commit to vision. (Nawaz, Kenan, & Khan, 2016). The leader always seeks to inspire the subordinates by setting expectations that are greater than they have. The leader must consider their expectations, opinions and needs. The leader must make the organization's vision a challenge for the employees, not just a simple set of goals to improve their energies (Celik, Akgemci, & Akyazi, 2016).

There are some studies which conducted in different areas and subjected different study population aimed to investigate the relationship between leadership styles and CM. Some of these studies revealed that transformational leadership was better than other leadership styles in CM.

Anwar K. (2017) conducted a study was to investigate the relationship between leadership styles and CM businesses. in order to analyses this study a quantitative technique was used. He involved 130 participants in the study. The highest value among all leadership styles was transformational leadership as the study stated

Alkharabsheh et al (2014) conducted a study aimed to investigate the mediating role of leadership styles on the relationship between characteristics of crisis and decision making styles. 847 Jordanian Civil Defense officers were targeted in the study. The results revealed that transformational leaders were more effective than their transactional counterparts, although both transformational and transactional leadership styles had partial mediation effects on the relationship between characteristics of crisis and decision making styles.

The study of Salih and Al-Mubaidin (2013) aimed to identify the effect of transactional and transformational leadership approaches on the implementation of strategic objectives for Jordanian Ministry of Environment. 336 employees in 63 industrial companies were subjected in the study., the study stated that the transformational leadership approach has more effect than the effect of transactional leadership approach in implementation of strategic goals of Jordanian Ministry of Environment.

On the other hand, there is a study conducted by Dmour, Abu Saleh, & Al-Ali (2010) aimed to examine the impact of transactional and transformational leadership styles as independent variables on acquisition of critical thinking skills as dependent variable. The sample consisted of 55 managers selected randomly from Jordanian hospitals managers. The results reported that there is positive impact of transformational leadership style on acquisition of critical thinking skills to employees in Jordanian hospitals.

### **2.3.2.2 Transactional Leadership Style**

Basic assumptions of this leadership theory are:

- It's necessary to follows the rewards/punishments system.
- Control is needed (Employees are not motivated by themselves)
- Employees must follow the rules strictly to achieve success (Changing mind.org ,2018)

Transformational and transactional leaders are interdependent; however, they are not the same (Hassan & Rjoub, 2017). We may prefer to transactions leadership in situations where technical expertise and high degree of accuracy, especially in the industrial and technological environment, use external stimulation methods in front of accomplish a specific task. Transformational leadership may be necessary in the case where the focus is on influencing the follower and the leader must then respect the feelings of the workers and appreciate their beliefs and values (Nawaz, Kenan, & Khan, 2016).

Transactional leaders prefer to work within the existing system and structure of the organization without leaving them, and transformational leadership, they are always working to redefine and renew the system and out of tradition. Also, Transactional leaders prefer external stimulation and stimulate workers through the policy of reward and punishment. (Greenleaf, 2018).

According to (Hassan & Rjoub, 2017) objective and targets have to be established by transactional leader in order to certify the success, they converse activities clearly, and bring into line the assets with the collaboration of employees to attain the objectives which eventually encourages the employees. And by the agreements and the deals between the leader and the relationship reward and punishment are set between them, as the leader looks at quantitative achievement more than qualitative and measure the results based on it. Although in the transactional leadership there is no incentive or increase in performance, but it remains an effective way as demonstrated Many studies are especially in situations and situations that need to be used, and information management is based on the rule that subordinates receive an a contingent reward for their achievement. (Greenleaf, 2018). Nawaz et al (2016) stated that transactional leadership style comprises three components; contingent reward, management-by-exception (active) and management-by-exception (passive) as follow:

1. *Contingent Reward*. This component of transactional leadership shows that leadership of Contingent reward focuses on the amount of results. Many people consider that tangible achievement is the criterion for employee and worker verification, and therefore the amount of achievement is the reward.
2. *Management by Exception (Active)*. Management by exception (active) is close to laissez-faire leadership but not the relinquishment of leadership as it maybe clear in the second one. Transactional leaders in this field also have the trust of their subordinates to carry out tasks in the work to be a good achievement but does not cause problems and negative effects of the institution
3. *Management by Exception (Passive)*. This type of transactional Leadership style does not clarify the objectives and the criteria for the work, nor does it make clear agreements with the employees at the beginning. It may also be wait that things go the wrong way before make the intervention and correct the way of direction.

**Table (2.2): Transactional Leadership Vs. Transformational Leadership**

BASIS FOR COMPARISON	TRANSACTIONAL LEADERSHIP	TRANSFORMATIONAL LEADERSHIP
Meaning	A leadership style that employs rewards and punishments for motivating followers is Transactional Leadership.	A leadership style in which the leader employs charisma and enthusiasm to inspire his followers is Transformational Leadership.
Concept	Leader lays emphasis on his relation with followers.	Leader lays emphasis on the values, ideals, morals and needs of the followers.
Nature	Reactive	Proactive
Best suited for	Settled Environment	Turbulent Environment
Works for	Developing the existing organizational culture.	Changing the existing organizational culture.
How many leaders are there in a group?	Only one	More than One
Focused on	Planning and Execution	Innovation
Motivational tool	Attracting followers by putting their own self interest in the first place.	Stimulating followers by setting group interest as a priority.

Source : Surbhi, S.(2015). Difference Between Transactional and Transformational Leadership. (Key differences.com)

There are some research studies revealed that the transactional leadership was the dominant leadership style during crisis time. Kirilina (2017) had conducted a study aimed at investigation of leadership style and peculiarities during crisis time with special focus on small size enterprises. The researcher targeted 6-11 from two small size enterprises representing food trade sector and business travel sector were selected as case study examples. And the study revealed that transactional style was found in both enterprises at same.

Whereas, in the study of Obeidat (2012) in which the main aim of the study was to explore the nature of leadership in Jordanian hospitals and the methodology of a qualitative approach was adopted, the study targeted 38 participants from managers who had a clinical mission besides managerial and supervising ones and semi-structured interview was used. Transactional and trait theory were the dominant styles in these hospitals.

### 2.3.2.3 Charismatic leadership

Weber in 1947 the original charismatic leadership theory had been described how followers attribute extraordinary qualities (charisma) to the leader in terms of influence the subordinates and the type of relationship between the leader and the follower. (Yukl,1999).

Basic assumptions of this leadership theory are:

- All that is needed to create followers are charm and grace.
- The fundamental need of leaders is the Self-belief.
- Leaders with personally admire followed by others (Changing mind.org ,2018).

The Greek word *charisma* means “divinely inspired gift.” The charismatic leadership seeks through its style of verbal and nonverbal emotional expressions, or even gestures to inspire others and to give the person the ability to control and influence a large number of people through his personality and spiritual power (Greenleaf, 2018).

Charismatic leader can influence his followers and collect them through the mysteries of his personality and his emotional style more than any other kind of external power. But the essence and style of charismatic leadership vary from one theory to another or even within the same theory. (Yukl, 1999).

The secret of charismatic leadership lies in several things, the most important of which is the verbal leader's style, his emotional expression, his attitudes that make his communication with subordinates at a deep level, where power can be a personal strength or personality and charisma that gives the leader the ability to control a large number of people in easy ways. There is great importance in understanding the self-

respect of leaders, the love of ownership in everything and their desire to be loved by all. The charismatic leadership is open and cares for the well-being of others and is based on generosity. Charismatic always sensitive to the needs of their followers, face obstacles to personality and be agents for change even in the personal sense of their followers, and have an ideal vision for the future of the organization and their followers. Despite the different attitudes, they may appear steadfast in their emotional feelings and feelings, as well as in convictions, internal principles, and ideal values (Greenleaf, 2018).

Although the charismatic leadership has used some of the previous stories and symbols to influence the followers, it has a great influence on the followers, especially through his speech. In addition, it is strange that the charismatic poem is willing to sacrifice everything to prove their commitment and dedication to the work and his followers (Hassan & Rjoub, 2017).

The charismatic qualities require a determined efforts that includes the following:

- Communication skills Improvement through practice and training
- Creation of vision and mission statements using strategic and operational art.
- Learning how to have a more extroverted personality and practicing assertiveness skills.
- Reflect a behavior pattern of enthusiasm, optimism, and an energetic personality through developing personality traits (Greenleaf, 2018).

As cited by Greenleaf (2018), Lipman-Blumen (2005) in "The Allure of Toxic Leaders" that the excessive wrong charismatic leadership reformed by toxic leadership. The charismatic leadership has many pros, but there is also a dark side. A person who has an attractive personality and does not have the right experience, clear concepts, clear principles and good ethics may have bad results on the organization and the followers.

Therefore, the charismatic leadership, turns into narcissism, if he depends on its personality only without taking into account other important considerations, especially in complex tasks, which makes the leader makes his personal prior the public interest as well as his interests on the interests of the organization and maximize the benefit to him and not the organization and the team working with him (Greenleaf, 2018).

### **Transformational Versus Charismatic Leadership.**

No one can deny that there are many similarities between the charismatic leader and the transformational leader in that the transformational leader may well be charismatic but there are also many differences. The leaders basic interest and concern it the main difference is in their basic focus. Whereas the basic focus of the Transformational Leader is to change the organization with, quite attention to his followers, the despite of charismatic leader charm and he may not want to change the existing situation. But he may well be more concerned with the subordinates and himself than anyone else. Transformational leaders are often charismatic, but the pure charismatic Leaders, who succeed through a belief in themselves rather than a belief in others maybe narcissistic (Changing mind.org).

At the time that the transformational leader is concerned about the change within the organization and is taking action to that end. The charismatic leader believes that the change of organization is the strong attachment of the subordinates to the leader and that the first steps of change are to be able to control them externally and internally. In the end we can say that transformational and charismatic leadership is often treated as similar, but there are many differences that cannot be ignored so we should consider them two different types, but we can say that they are overlapping (Yukl, 1999).

There is a research study conducted by Hassan & Rjoub (2017) revealed that the charismatic leadership was the dominant leadership style during CM and previous studies showed a positive association between charismatic leadership and organizational performance. The study was to investigate the relationship between leadership styles and CM. 630 participants were targeted by a quantitative technique in the ministry of planning in Erbil.

**Table (2.3):** Transactional, Charismatic and Transformational Leadership and the Conditions Conducive to their Predominance

Leadership pattern	Conditions conducive to the predominance of the Leadership pattern
Transformational	Situations where the basic level of anxiety is not high and attention is given to the developmental needs of the led. In general, this leadership pattern depends more on the leader's view of him/herself as transformational and less on the organizational context than do transactional and charismatic leadership
Transactional	Routine situations where the basic level of anxiety is not high, there is no acute sense of impending crisis or major change
Charismatic	Situations where there is a high anxiety level, conditions of crisis and change that intensify processes of projection, transference and attribution

Source: Popper, M., & Zakkai, E. (1994). Transactional, charismatic and transformational leadership: Conditions conducive to their predominance. *Leadership & Organization Development Journal*, 15(6), 3-7.

### 2.3.3 The Concept and Scope of Crisis

The term "Crisis" is derived From Ancient Greek " krísis" Etymologically, which means "a separating, power of distinguishing, decision, choice, election, judgment, dispute", for long time the term of "crisis" was used to indicate indecision, but after that the word became commonly used in many fields of medical and social sciences to express a severe condition that needs unusual handling to deal with (wiktionary.org, 2018). There is different definitions of the concept "Crisis" were been proposed by various authors and scholars. For example, Barton (1994) defined crisis as "unexpected and unpredictable circumstances that threatens the key mechanisms of a firm and requires rapid response".



The definition of the crisis by MacNeil and Topping (2007) was "an event that causes severe emotional and social distress, which may occur at any time and without warning". whereas Coombs wrote "a crisis does not just happen, it evolves" so the crisis is not a discrete event (Coombs, 2007).

According to (Canhoto, et al., 2015), crisis is the situation in which the basic structures, norms are affected negatively due to unexpected developments. According to (Canhoto, et al., 2015), in the crisis the basic structures, norms are affected negatively due to unexpected events and developments. According to (Nilsson, et al., 2016), it is a situation exacerbating the top goals of public sectors by tension which accompanied with it and requiring response quickly as possible, as well as good warning systems and prevention mechanisms.

By some indicators the danger of crisis could be predicted, but the failure comes from lack of good planning or failure to plan to of the response and recovery from the expected crises through scenarios. risk that may lead to crises such as natural hazards and disasters such as floods, earthquakes and volcanoes, or may be a political or economic crisis, the crises are very difficult, so the surprise for workers and decision-makers is greater than making decision-making more difficult and therefore may require greater human and material (Alsamaray, 2014).

According to (Balios, et al., 2016), it is not true that we consider all the conditions that the organization may face during its life cycle as crises, and that not every administrative or organizational problem is a crisis. The concept of the crisis is greater than the routine problems of the organization such as problems of communication and administrative authority.

But this does not prevent that some crises which from within the organization itself, the administrative systems, faulty or unclear communication channels or even weak control or monitoring. The weak leadership is also considered a factor of crisis as the other factors that preceded it which maybe produce a well environment to crisis born and this type of risk factors of crisis may require a greater effort to identify their causes as well as to minimize their effects. (McIntosh & Ferretti, 2015). Moreover, we require a greater understanding of the concept of crisis and its consideration from a more comprehensive and broad perspective.

### 2.3.3.1 Characteristics of crises

Certain characteristics of crises are stated as follow (Abu El-aish, 2015).

1. The crises are a turning point in which the organization can not continue for a long time, which could lead to an imbalance in the organization and threaten its presence.
2. The crisis depends on a group of overlapping entities that meet with each other to produce a crisis and new circumstances.
3. The causes of the crisis and its elements overlap with each other.
4. The crisis is characterized by a lack of information, a state of uncertainty and ambiguity
5. In a crisis, the risk increases, making the decision maker lose confidence.
6. There is no way out of the crisis by traditional methods, but there is a need for creativity and thinking creatively.
7. There is a state of dispersion and confusion in the choice of solutions.
8. During the crisis, the leader is required to take urgent and important decisions quickly.
9. Coordination between the parts of the organization and communication are parts of the most important factors for successful management
10. The crisis is a real threat to the survival of the organization if not responded to and handled well.

### 2.3.3.2 The Positive and Negative Effects of Crisis

Although many see the crisis from a black perspective, it may be an opportunity to develop and upgrade the organization, but this is based on the ability of decision makers to manage the crisis in a good way and exploit the obstacles well to turn it into opportunities and not focus on the dark aspects of the crisis (Harwati, 2013). When the crisis is properly managed, it corrects the organizational problems within the organization, helps to gain new skills and experiences, looks at new strategies and methods that have not existed before, and makes the organization better able to face the difficulties in the future. but when managed in wrong way it will increases the state of confusion and fear of workers, to lose confidence among decision makers, and we can say that the poor management of the crisis is a crisis in itself (Ozdemir & Balkan, 2010)

## **The Positive Effects of Crisis**

- 1) Crisis is an opportunity for learning and gaining new experience to the organization: As the crisis creates an environment that contributes to the acquisition of knowledge and experiences that did not exist before, but for a limited period of time.
- 2) Crisis is an opportunity for changing to the best in the organization: The best time to change and impose new policies and decisions is the crisis.
- 3) Crisis is an opportunity for organizational growth: The crisis is working in hard conditions strengthen the organizations by creating new strategies and ways of managing and dealing with situations. Organizations that live in a difficult and continuous atmosphere are stronger in the face of difficulties than organizations that have not faced.
- 4) Crisis is an opportunity for organizations to be international (Ozdemir & Balkan, 2010)

## **The Negative Effects of Crisis as listed in (Ozdemir & Balkan, 2010)**

- 1) Failure in the internal communication
- 2) Centralization of powers: The organization often seeks to better control resources and decisions.
- 3) Weak decision-making.
- 4) Poor coordination among parts of the organization.
- 5) The state of confusion and anxiety within the organization.
- 6) Uncertainty and panic among employees.
- 7) The poor psychological state of the organization.
- 8) Illegal and irresponsible decisions.
- 9) The prevalence of frustration among staff may last for a long time and weaken their performance.
- 10) Lack of trust in decision makers.
- 11) Bad reputation and the collapse of the organization.

### 2.3.3.3 Crisis lifecycle

There are different models of crisis stages stated by varied authors in several studies but the researcher cited some of them. According to Abu El-aish (2015) and Abu Nqeirah (2014) The model from Mitroff identifies five stages:

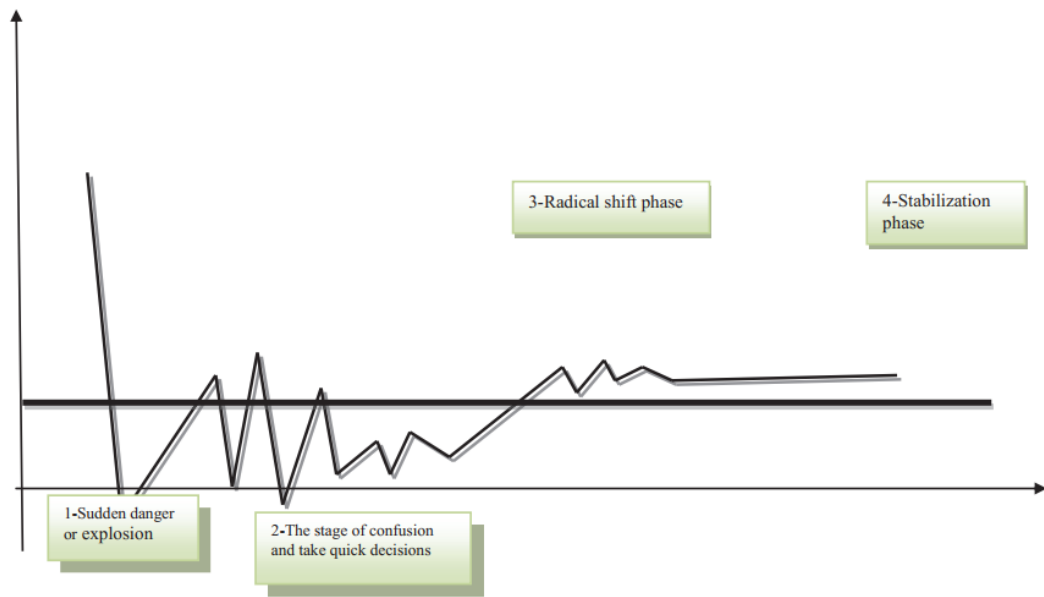
- a. Signal detection.
- b. Risk factors searching and reducing.
- c. Crisis damage's prevention.
- d. Recovery phase.
- e. Crisis management's reviewing and critiquing to learn from it.

In the first phases leaders should be able to sense crisis situation and announce it appropriately. In the second phase leaders are expected to prepare as much as possible to mitigate the risks. The third phase requires leaders to minimize damages and crisis from expanding further. In the fourth phase leaders are expected to plan and execute strategies aimed at recovering the organization and returning to normal business operation. In the final fifth stage leaders should extract right lessons from the crisis situation and deliver the key learning to the organization (Kirilina, 2017).

The last model is a three stage approach and it has been recommended by several authors Abu Nqeirah (2014). Coombs (2007) reorted the three stages as the follow

- a. Pre-crisis: in this stage which as a "Crises incubation" a series of warning signals come out before the crisis event in this stage the organization should be well prepared.
- b. Crisis event: in this stage there is are sponsr to the Sequence of events and this is the crucial time in which a decisive change occurs and the results depend on the organization response and adaptation.
- c. Post-crisis: Period in which learning and continuity mechanisms are initiated after the restoration of accepted safety level

Figure (2.3) shows the basic dimensions of the crisis. Stages of the evolution of the crisis: Sudden danger or explosion, the stage of confusion and take quick decisions, radical phase shift and stabilization phase



**Figure (2.3):** The basic dimensions of the crisis. Source (Alsamaray, H. A. (2014). Impact of leadership styles on CM according to Module H. *European Journal of Business and Management*, 6(2), 37-44)

### 2.3.4 The Concept and Scope of Crisis management (CM)

CM was defined as "an integrated continuum of management activities proceeding from potential crisis identification and prevention through event response and on to long term post-crisis management" (Jaques, 2010). The term "CM" is a set of efforts, which responding to emergency situations and dealing with the difficult situations associated with them. It aims at reducing losses, urgent assistance, ensuring an effective and close recovery period and taking into consideration the period of recovery (Pathirage et al 2012).

#### Ten critical success factors of emergency and CM.

As cited in Al-Habil (2017), Moe and Pathranarakul (2006) define 10 critical success factors that must be taking into consideration in emergency and CM as follow:

1. The arrangements and structures of the organization should be effective.
2. High coordination and collaboration between the decision makers.
3. The laws and regulations must be supportive.

4. The information management system should be effective to share important information between stakeholders.
5. Good management and team working at all domains and levels of the organization
6. Stakeholders and target beneficiaries should be consulted effectively.
7. Good and effective communication channels and tools.
8. Goals and commitments should be clearly defined by key stakeholders.
9. Management of logistics and supplies effectively.
10. Adequate resources management.

### 2.3.5 Causes of weak CM at organizations / Palestinian MoH in the GS.

**First:** Causes of weak CM at organizations.

Refaai & Jepreel (2007) in their book CM listed some causes of weak CM at organizations as follow:

- a- **The sovereignty of impeding organizational cultures:** organizational culture refers to a set of basic assumptions and established beliefs, customs and traditions that constitute the values and attitudes of organized workers and affect their behavior, their opinions, their tactics in the face of changes, and many organizations dominated organizational cultures that are not suitable for the concept of CM.
- b- **Absence of early warning systems:** typically, alarming signals precedes the and predict the likelihood of a crisis closely. Early warning system is an information system called advance warning signs of possible impending crisis early warning systems may be a temperature measurement device, sensors of smoke and flame or may be dependent on monitoring organization`s environmental variables both internally and externally, such as the hearsay, the morale and loyalty of employees, movements of competitors, and etc.
- c- **Lack of integration of crises plans:** CM requires integrated plans to respond to the crisis which unfolds to cover many topics including the most important potential crises in descending order, every crisis scenario, early warning signals for each and every CM group. Studies have shown that some companies have no

plans for CM or have plans but suffers from weaknesses in one or more of its components.

- d- **Absence of recovery plans:** question that arises here is how it will back to a point before the crisis and how long do that take? Studies have shown that many organizations don't put plans to restore activity and recovery.
- e- **Not to learn from previous crises:** many organizations see the previous crises that painful memory, and therefore doesn't learn from previous crises and organizations do not accumulate expertise to improve how to deal with similar crises in the future (Refaai & Jepreel, 2007).

### **Second:** Causes of weak CM at Palestinian MoH in the GS.

There is a research study conducted by Abu Aziz (2010) which entitled " Crisis Management Constraints in The Palestinian MoH Under Siege: A Case Study of the GS ". The aim of that study was to identify the main obstacles of CM which face the MoH administration during the siege, the range of the effect of these obstacles in the preparedness of the MoH towards the crisis, the discovery of the weakness in this field, and the knowledge of the effect of these crisis on services provided by the MoH.

The researcher had used the descriptive analytical method, where as he prepared a questionnaire and distributed it to 35% of the research population which consisted of managers and the heads of the departments in the MoH in GS, He distributed 320 questionnaires and returned 277.

Abu Aziz (2010) found that the MoH in GS had got the main requirements for CM, but these requirements were only available in the smallest level, this made the ministry responsible for making the requirements available in higher range more than they are at that time. Also the MoH in GS faced big obstacles through the management of crisis during the siege listed as follow:

- 1- **Administrative obstacles (planning – provides data and information decision):** in general, do not constitute an obstacle where the arithmetic mean of the field administrative factors 63.47% during CM in the MoH in Gaza under siege but weak class.

- 2- **Organizational obstacles (Loyalty-organizational structure-effective communication system)** it was a constraint and impediment to CM in the MoH in Gaza under siege.
- 3- **Financial obstacle (financial payment –Support services):** financial payment is available with a weak degree and are an impediment to CM in the MoH in Gaza,
- 4- **Human constraints (qualified cadres administratively – technically qualified personnel):** the study showed that it is available to an acceptable degree, does not constitute an obstacle during CM in the MoH but the availability of relatively small
- 5- **Differences due to demographics factors (gender-age-qualification-specialization- years of experience):** there are no statistically significant differences attributable to gender, age, qualification and specialization, but there is a significant differences attributable to years of experience. (Abu Aziz, 2010).

There is another research study conducted by AlJadaily (2006) which entitled " The reality of the use of CM methods in major governmental hospitals in the GS (Al-Shefa, NMH, EGH). 600 questionnaires were distributed. AlJadaily found that there was a low level system for CM in the three hospitals, in each phase of the system, and in all five phases, which represented the complete view of the CM. in the research it was reported that there was an effect of the four demographic factors on the individual opinions of the sample from a hospital to another.

El Qadoud (2018) conducted a study which aimed to assess preparedness of health system for crisis and disaster and to identify factors that affects readiness for disasters among Governmental Hospitals in GS, Palestine. A descriptive, cross-sectional design was used in his study. 87 key persons from 9 governmental hospitals were targeted in GS in the study and sample was purposive sample, the study revealed there is a moderate level of preparedness for crisis and disasters among governmental hospitals.



### 2.3.6 Crisis Leadership

"A leader is born when there comes the need for CM" (Fener & Cevik, 2015). Crisis and leadership are closely related. If leadership or top administrators are not committed, CM will not be successful. Managers address crises in the post-crisis phase so the management of crisis is a reactive term, whereas the crisis leadership is proactive in which the leaders are prepared prior the crisis by good planning and mitigation procedures (Booker, 2014). The leaders all around the world struggle with the challenges and difficulties of crisis so the study of crisis leadership is important today and the leaders should be ready all the time for the crisis and its intensity, unpredictability, duration, and cost (Prewitt & Weil, 2014).

In times of crisis leadership is the most demanding, as the leader are the most important individual in the crises. The leader has a broader vision of the crisis and its attendant events, which makes the leader more aware and able to predict events and their operations and to be the only person who can give accurate and reliable information (Tafra-Vlahović, 2013).

#### 2.3.6.1 Leadership roles in CM

Jaques (2012) reported in his study the leadership roles in CM, which categorized under eight broad statements and including preparedness and prevention roles which the leader fulfills in the times of crisis.

1. Work on preparation and preparedness before the crisis and the dissemination of this culture.
2. Maintaining performance standards and the continuity of work.
3. Prioritize the tasks according to its importance and act accordingly.
4. Assess the risks correctly.
5. Adopting a culture of open communication channels with everyone in the organization.
6. Promote relationships based on trust and mutual respect.
7. Be Prepared to give accurate information to the media.
8. maintain an enabling environment for education and capacity-building up to the times of time.

### **2.3.6.2 Qualifications and competencies of leader regarding CM**

Fener & Cevik (2015) in his study had stated a qualifications of leader managers regarding CM as below:

- To be able to perceive the crisis warning signals.
- To prepare and take the proper prevention steps against any risk.
- To make good decision through the processes of CM.
- To be able to use his powers rather than gaining it.
- To have good plans to every scenario of crisis.
- To have good planning for CM.
- To have the ability to prioritize the CM tasks.
- To ensure good communication at the time of crisis and CM.
- To ensure an effective coordination between the organizations parts.
- To have the ability to monitor and supervise on the steps of CM.
- To have the ability to plan for recovery.
- To learn from the previous crisis and document his experience.

### **2.3.6.3 Lessons for effective leaders in CM (Tafra-Vlahović, 2013).**

- The effectiveness of effective leadership demonstrated in its ability to overcome the crises.
- Leaders must be accessible during times of crisis.
- Leaders must be honest and open.
- When the crisis is dealt with correctly, the crisis may be turned into an opportunity for change and development.
- There must be cooperation and consensus among decision-makers during crises so that there is no dispersion in the effort.
- Bad leadership of the crisis increases its bad effects.
- Leaders must choose an effective leadership style during times of crisis.

### **2.3.7 Differences between leader and manager during CM.**

Defining leadership and management and its conceptualization have always been hard. Although of many differences between the two terms, they often used interchangeably in the workplace, creating confusion. (Kotterman, 2006).

Management is the best use of scarce resources towards an organization`s objective, priorities setting, work designing and the results achievement. Leadership, on other hand, means persuading not commanding and focuses on motivating people to contribute to the vision and encouraging them to align their self-interest with that of organization (Weathersby, 1999).

Managers are concerned with daily and routine problems and implement visions and strategies developed by leaders (Hassan &, Rjoub, 2017)

The leader's response to the organization is better and more important than managers' response, as it is crucial for the organization, especially in times of crisis, as since ancient times it has been said that managers are people who do things right but leaders are people doing the right things. Managers are also concerned with the control of resources in the organization while the leaders guide the policies and visions of the organization in accordance with clear vision and strategies to be agreed upon and circulated with the subordinates (Renand, 2015).

Both of leader and manager play a great role in the organization, leader is the one who inspires, encourages and influence subordinates to work correctly according to the organization`s objectives. On the other hand, a manager is an important link between the firm and its stakeholders, i.e. employees, customers, suppliers, shareholders, government, society, and so forth. He is the one who performs basic managerial functions (Surbhi, 2015).

Among the achievement criteria in CM “Leadership” comes in the first. Managers become leaders if they are courageous and are able to manage risks in extraordinary situations. Leadership can enable people to come to the forefront against a risk and to come up with an unexpected offer when ordinary people have accepted the lack of alternatives (Fener& Cevik, 2015). The differences between leader and manager can be summarized as shown in table (2.4).

**Table (2.4): Difference Between Leader and Manager**

BASIS FOR COMPARISON	LEADER	MANAGER
Meaning	A leader is a person who influences his subordinates to achieve a specified goal.	A manager is a person who manages the organization and is responsible for planning, direction, coordination and control
Approach	Sets Direction	Plans details
Attribute	Foresightedness	Mind
Subordinate	Followers	Employees
Decision	Facilitates decision	Makes decision
Aim	Growth and development.	Attainment of the required result.
Focus	People	Process and Procedure
Risk	Leader minimizes risks.	Manager takes risks.
Change	Leaders promotes change.	Mangers react to change.
Conflict	Uses conflict as an asset	Avoid conflict
People	Aligns people	Organizes people
Strives	For effectiveness	For efficiency

**Source :** Surbhi, S.(2014). Difference Between Leader and Manager. (Key differences.com)

### **2.3.8 The effect of the socio-demographic factors on leadership styles and CM**

There is some research study that tried to investigate if there an effect of the sociodemographic factors as (Age, gender, qualification, specialization, job description, years of experience and etc.) on the leadership styles and CM or on the employee's perceptions of leadership and CM. Some of these studies stated that some of sociodemographic factors have an effects with significant and other factors have not.

Eagly et al (2003) conducted A meta-analysis of 45 studies of transformational, transactional, and laissez-faire leadership styles found that female leaders were more transformational than male leaders and also engaged in more of the contingent reward behaviors that are a component of transactional leadership. Male leaders were generally more likely to manifest the other aspects of transactional leadership (active and passive management by exception) and laissez-faire leadership.

Mano-Negrin, Sheaffer (2004) conducted a paper to examine how male and female executives` leadership orientations are reflected in crisis awareness. Sample was 112 Israeli executives. It was shown that perceptions of crisis preparedness are gender-based and that women are more likely to employ a holistic approach that facilitates crisis preparedness.

AlJadaily (2006) in his study which entitled " The reality of the use of CM methods in major governmental hospitals in the GS ", stated that there were statistically significant differences between respondents ' views averages in major Palestinian Health Ministry hospitals in the GS about the effectiveness of the CM system due to job description and age. And there were no statistically significant differences between the average respondents ' opinions on major Palestinian Health Ministry hospitals in the GS on the effectiveness of CM system due to years of experience and sex.

Abu Aziz (2010) in his study which entitled " CM Constraints in the Palestinian MoH Under Siege: A Case Study of the GS ", stated that there were no statistically significant differences attributable to gender, age, qualification and specialization, but there is a significant differences attributable to years of experience.

Regarding the job description and spatiality, Obeidat (2012). In his study which was in Jordanian hospitals, when analyzing research terms, that doctors were the most

skillful personnel when it comes to technical knowledge. Furthermore, nurses were sometimes highly qualified in their technical and managerial specializations. The researcher reported that administrative authorities were restricted to doctors who are normally the hospitals' general managers. Therefore, it is not possible to involve nurses and allied health professionals in administrative positions and clinical decision, and this leads the management to lose diversity. Moreover, the researcher stated that nurses were more aware of clinical leadership. As a result, the transformational leadership was the closest concept to the nursing management, because of the ethical considerations and open communication in addition to several things such as attention to the quality concept, achievement of common goals and visions within the clear framework adopted in calm clinical situation.

## **Chapter 3**

### **Material and methods**

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### **Material and methods**

#### **3.1 Design of the Study**

The observational analytical cross sectional design was found to be the most suitable design for this study. The quantitative approach was appropriate for this study because of its ability to investigate a wider geographical area in a short period of time, capturing the respondents' views on leadership styles, as well as its effectiveness in health CM. In this study a modified structured questionnaire used to reach out three main hospitals in GS (Table 3.1), giving this study a strong platform for generalizing the results.

#### **3.2 Population of the Study**

The population of the study consisted of all health care providers who are:

- 1- Working in critical areas (ED., Operation room (OR), and Intensive care units (ICU)):
  - A. Physicians
  - B. Nurses
  - C. Paramedics (Anesthetists, OR Technicians)
2. With managerial positions:
  - A. Heads of departments: who are responsible for leading the health care providers directly at the critical departments and have a direct clinical role in their departments beside his managerial tasks.
  - B. Supervisory managerial positions (supervisors, nursing directors and medical directors) who are responsible for follow up and supervision on the three critical departments directly.

Who are meeting the eligibility criteria in the three selected hospitals (Al Shifa medical complex, NMC and EGH)

The total number of the population is 582, according to the administration of selected hospital who were interviewed by the researcher recently, (table 3.1).



**Table (3.1): Population of the Study.**

The hospital	Job description	Dept.	People employed before 2014	Total	Grand total
<b>Alshifa medical complex</b>	Physician	ICU	7	145	267
		OR (Anesthetists)	14		
		ED & OR.	124		
	Anesthesia technician	OR	9	9	
	Nursing & OR Technicians	ICU	12	71	
		OR	38		
		ED	21		
	Managerial positions	-	42	42	
<b>Nasser medical complex</b>	Physician	ICU	7	81	165
		OR (Anesthetists)	10		
		ED & OR.	64		
	Anesthesia technician	OR	9	9	
	Nursing & OR Technicians	ICU	13	41	
		OR	8		
		ED	20		
	Managerial positions	-	34	34	
<b>EGH</b>	Physician	ICU	6	83	150
		OR (Anesthetists)	9		
		ED & OR.	68		
	Anesthesia technician	OR	12	12	
	Nursing & OR Technicians	ICU	11	32	
		OR	9		
		ED	12		
	Managerial positions	-	23	23	
<b>Grand total</b>					<b>582</b>

### 3.3 Sample and sampling

The researcher used proportional stratified sample as it was most suitable sampling for this population which are health care providers who are working at critical area at hospitals (Physicians, Nurses, and Paramedics -Anesthetists, OR Technicians- and Managerial positions - heads of departments, Supervisors, Nursing directors and medical directors - in three selected hospitals (Shifa medical complex, NMC and EGH). This expected to provide a true measure of the population and more representative sample without sampling errors.

The population of the study is 582. the sample size would be 232 participants were calculated on the basis of Raosoft® software (<http://www.raosoft.com>), but the researcher distributed questionnaires to 270 participants to have more accurate results of the study which had been distributed according the proportion of hospital population to the total population , (Table 3.2).

The number of respondents was 250 out of 270 (response rate was 92.6%), and that was higher than the sample size.

**Table (3.2): Sampling and Response rate**

The hospital	Population	Proportion of hospital pop. to the total Pop. (582)	No. questionnaires to be collected (distributed)	Returned questionnaire	Response rate
<b>Alshifa medical complex</b>	267	45.8%	124	105	84.6%
<b>NMC</b>	165	28.3%	76	75	98.6%
<b>EGH</b>	150	25.8%	70	70	100%
<b>Total</b>	<b>582</b>	<b>100%</b>	<b>270</b>	<b>250</b>	<b>92.6%</b>

### **3.4 Instrument of the study**

The researcher used two questionnaire developed by Anwar (2017) who had a study entitled " The Role of Effective Leadership in CM: Study of Private Companies in Kurdistan " and Kirilina (2017) who had a study entitled " Leadership approach in small size enterprises during crisis time–A case study of two enterprises operating in Russia " then the researcher has made his modifications to make it suitable to this study which will be conducted in Gaza and sent the questionnaire to two Bilingual translators to translate it to the Arabic language to make it more understandable for the participants.

The questionnaire consisted of four parts and each part consist of ten items. The first part contains questions about the transformational leadership, the second one covers questions about the transactional leadership, the third one contains questions about the charismatic leadership, and the last part covers questions about CM that shows the effectiveness of mentioned leadership styles in CM.

### **3.5 Validity and reliability of the Instrument**

#### **3.5.1 Validity of the Instrument**

##### **Face and content validity**

The questionnaire sent to a panel of expert persons (10 experts) (see Appendix 3) to assess the clarity and relevance of the questionnaire to the objectives of the study. All comments on the instruments were taken into consideration. In addition, a pilot study was conducted before starting the data collection.

#### **3.5.2 Reliability**

##### **A. Internal consistency**

The researcher evaluated the reliability of an instrument through evaluating the internal consistency. To check internal consistency, the researcher calculated the correlation between each statement and the dimension it belongs to, then calculated the correlation between each dimension and the total score of the scale. The results are illustrated in (tabe 3.4).

**Table (3.3):** Correlation between each statement and the dimension it belongs to.

Dimensions							
Transformational Leadership		Transactional Leadership		Charismatic Leadership		Crisis Management	
N0.	Correlation	No.	Correlation	No.	Correlation	No.	Correlation
1	0.807**	11	0.672**	21	0.554**	31	0.890**
2	0.801**	12	0.749**	22	0.788**	32	0.871**
3	0.736**	13	0.652**	23	0.843**	33	0.860**
4	0.844**	14	0.752**	24	0.632**	34	0.882**
5	0.780*	15	0.826**	25	0.781**	35	0.851**
6	0.788**	16	0.293//	26	0.748**	36	0.776**
7	0.622**	17	0.187//	27	0.614**	37	0.743**
8	0.642**	18	0.083//	28	0.807**	38	0.828**
9	0.737**	19	0.721**	29	0.619**	39	0.836**
10	0.731**	20	0.655**	30	0.749**	40	0.859**

\*\* = significance at 0.01    \* = significance at 0.05    // = not significant

**Table (3.4):** Correlation between each dimension and total score of scale

Dimension	Correlation	P value
Transformational Leadership	0.862	**
Transactional Leadership	0.871	**
Charismatic Leadership	0.932	**
Crisis Management	0.935	**

\*\* = significance at 0.01

From Tables (3.3) and (3.4), it was evident that excellent correlation existed between the statement and the dimensions of the scale.

### B. Split half

The researcher calculated the correlation coefficient between the total scores of odd statements and the total score of even statements, the correlation value was ( $R = 0.0.967$ ), then the researcher used equal length Spearman-Brown equation, the correlation value was ( $R = 0.983$ ).

### C. Cronbach alpha

A Cronbach alpha coefficient is used to measure the reliability of the questionnaire between each field and the mean of the whole fields of the questionnaire. The normal coefficient alpha value between 0.0 and + 1.0, and the higher value reflects a higher degree of internal consistency. The most purposes, reliability coefficient above 0.7 are considered satisfactory.

**Table (3.5): Cronbache alpha coefficient**

<b>Dimension</b>	<b>Alpha coefficient</b>
<b>Transformational Leadership</b>	0.953
<b>Transactional Leadership</b>	0.950
<b>Charismatic Leadership</b>	0.934
<b>Crisis Management</b>	0.945
<b>Total Scores</b>	0.920

As shown in the Table (3.5) above, the Cronbach alpha coefficient was calculated and the result illustrated that the range from 0.934 and 0.945 and the general reliability for all items equaling 0.920. This range is considered excellent; the result ensures the reliability of the questionnaire.

### 3.6 Pilot Study:

A pilot study conducted before starting the data collection to identify areas of vagueness and to test the validity and suitability of the questionnaire, point out

weaknesses in wording, predict response rate and determine the real time needed to fill the questionnaire. The researcher chose 10% of participants from the study target population to conduct the pilot study. So the pilot study was consisted of 30 participants.

According to feedback of panel of experts and after the results of instrument reliability, there was no need for any change in the questionnaire, as the domains and items were clear and there is no vagueness. The pilot sample was included in the total study sample.

### **3.7 Inclusion criteria**

All health care providers who are working in critical areas and who have been employed before the Israeli aggression on Gaza in 2014 and Managerial positions who are responsible for leading the health care providers directly at the critical areas at the three selected hospitals (Al shifa medical complex, NMC and EGH) were eligible for selection in this study.

- The selected critical areas in hospitals were:
  - 1- ED.
  - 2- OR.
  - 3- ICU
- The selected health care providers were:
  - 1- All health care providers who are working at critical areas (ED., OR, and ICU)
    - A. Physicians
    - B. Nurses
    - C. Paramedics (Anesthetists, OR Technicians)
  - 2- With managerial positions:
    - A. Heads of departments: who are responsible for leading the health care providers directly at the critical departments and have a direct clinical role in their departments beside his managerial tasks.
    - B. Supervisory managerial positions (Supervisors, nursing directors and medical directors) who are responsible for follow up and supervision on the three critical departments directly.

### **3.8 Place of study**

The study was carried out at the critical areas (ED., OR., ICU) at the three main hospitals in MoH which provide the core role of health CM in GS, Shifa complex, NMC and (EGH).

### **3.9 Ethical considerations**

The researcher committed to all ethical consideration required to conduct a research in the health field. Ethical approval was obtained from Helsinki committee in Gaza (See Appendix 5) Also an official approval was obtained from the MoH -Gaza, by the General Directorate of Human Resource Dept. (See Appendix 6), then General Hospitals Administrator and finally hospitals directors.

Every participant in the study was received a complete explanation about the research purposes and confidentiality. Every person in the study population was informed about the optional participation in the study.

All the ethical consideration, respect for people and human rights and respect for truth were observed. Confidentiality was given and maintained.

### **3.10 Period of the study**

The study was conducted from April to October 2018, it started by preparing research proposal, then getting the approval from the University to start the study, designing the data collection instruments in May and the approval from MoH to start data collection was in July. After pilot study, I start data collected in July and then data analysis and writing in August.

### **3.11 Limitation of the study**

- The target participants were preoccupied with medical tasks, which made the period of data collection longer.
- A large number of participants could not meet at the same time due to the diversity of their schedules
- Few previous studies to cover all variables.

- Difficulty in data collection because of some participants misunderstanding.
- Electricity interruptions

### **3.112 Statistical Analysis**

The researcher used Statistical Package for Social Science (SPSS) to analyse the collected data. Descriptive and analytical statistical tests were used. Simple statistics were used including Mean, Standard Deviation and Percentage. In addition, Pearson correlation test was used to find correlation between variables, T test, ANOVA and Scheffe test were used to find differences between variables



## **Chapter 4**

### **Results and Discussion**

## Chapter 4

### Results and Discussion

This study has been conducted at Al Shifa hospital, NMC and EGH to understand the leadership styles in health crisis management among health care providers at governmental hospitals in GS, using a modified questionnaire. This chapter presents the findings of statistical analysis of data. Descriptive analysis of demographic characteristics of study population is illustrated and the results of different variables and dimensions are identified, moreover, the differences between selected variables and correlations are explored using proper analytical statistical tests. The results are illustrated below. The study objectives were explained to all participants who submitted to the study.

According to literature review, few studies have been performed worldwide understanding leadership styles in health CM, and the findings show variation in appropriate styles in CM and this is related to health care system. In GS, health CM is a new branch developed to improve health system in crisis situation. This study is a crucial in that branch to demonstrated the outcomes arising from this study and compared them with other global and local fields.

#### **4.1 Socio-demographic characteristics of study participants**

The study sample consisted of 270 and the number of respondents was 250 who are health care providers working in the three selected hospitals; Al Shifa, NMC and EGH in the GS, 88.4% of them were male and 11.6% were female. Sample characteristics are illustrated in Table 4.1.

The reason for the low number of females compared to males is that the working in critical departments is difficult and exhausted for females, which drives females to avoid working at these departments. Therefore, the female representation in the sample was low. This results are consistent with Palestinian MoH that disseminated the percentage of males are higher than females in governmental hospitals (MOH, 2016).

About 26.8% of study participants were 30 years old and less while 73.2% were 31 years and above. Their age ranged between 22 – 60 years ( $m = 38.6 \pm 8.99$ ). And that

consistent with the inclusion criteria of the researcher which stated that they must be employed before 2014. And these selected departments are required high level of experience to meet its requirements which become fits by years of experience.

**Table (4.1): Socio-demographic characteristics of study participants'**

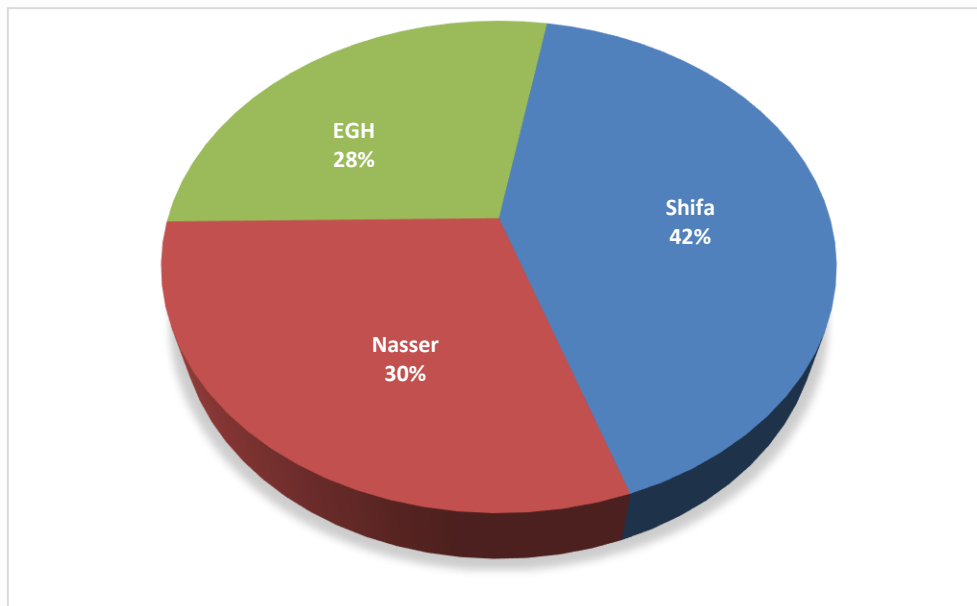
Variable	Categories	Frequency	Percent
<b>Gender</b>	Male	221	88.4
	Female	29	11.6
<b>Age group</b>	Mean=38.6 (SD=8.99)		
	≥ 30 years	67	26.8
	< 30 years	183	73.2
<b>Marital status</b>	Not-married	25	10
	Married	225	90
<b>Number of Sibling</b>	Mean=3.76 (SD=2.35)		
	≥ 4 siblings	138	61.3
	< 4 siblings	87	38.7
<b>Address</b>	North	13	5.2
	Gaza	80	32
	Mid-zone	40	16
	Khanyounis	74	29.6
	Rafah	43	17.2
<b>Qualification</b>	Diploma	27	10.8
	Bachelor	116	46.4
	Post-graduate	107	42.8

The vast majority of the study participants (90%) were married and only 10% were not-married (single, divorced or widowed). Of 90% married, 61.3% have more 4 siblings and less while 38.7% have more than 4 siblings. The number of siblings ranged between 0 – 12 ( $m = 3.76 \pm 2.35$ ).

Nearly half of study participants (46.4%) hold bachelor qualification and the same percentage 42.8% hold postgraduate studies, and only 10.8% have diploma degree.

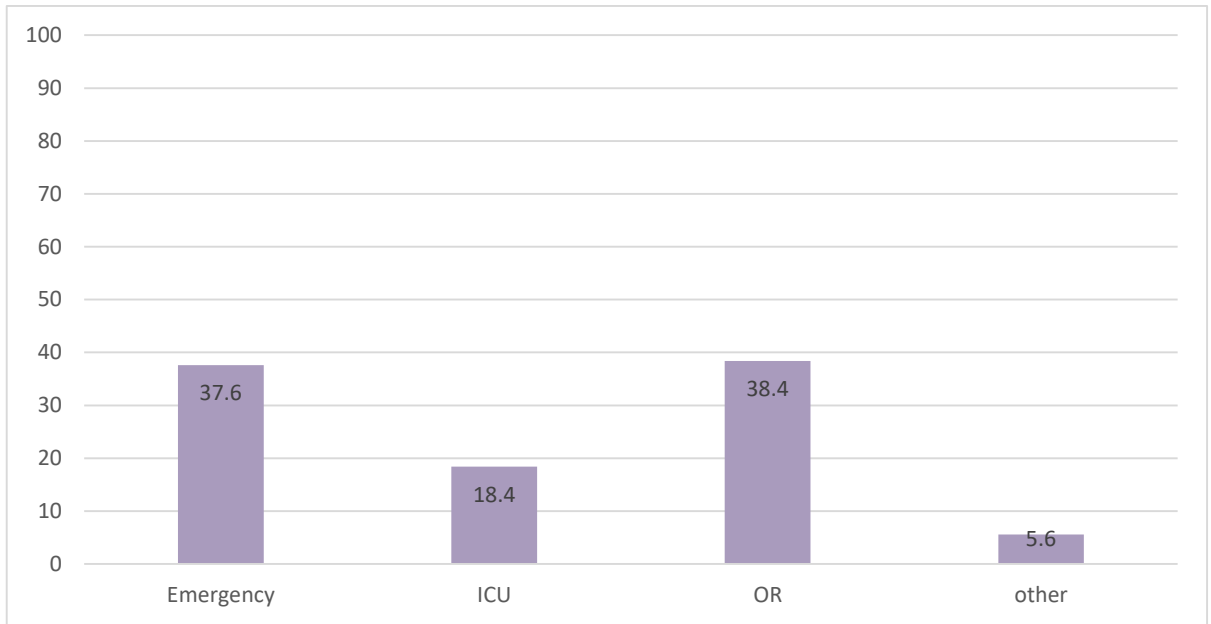
And that reflect the high educational qualification of the majority of health care providers at governmental hospitals in GS.

Finding showed that 5.2% of study participants were from the North province, 32% were from Gaza province, 16% were from the Middle province, 29.9% were from Khanyounis province, and 17.2% were from Rafah province.



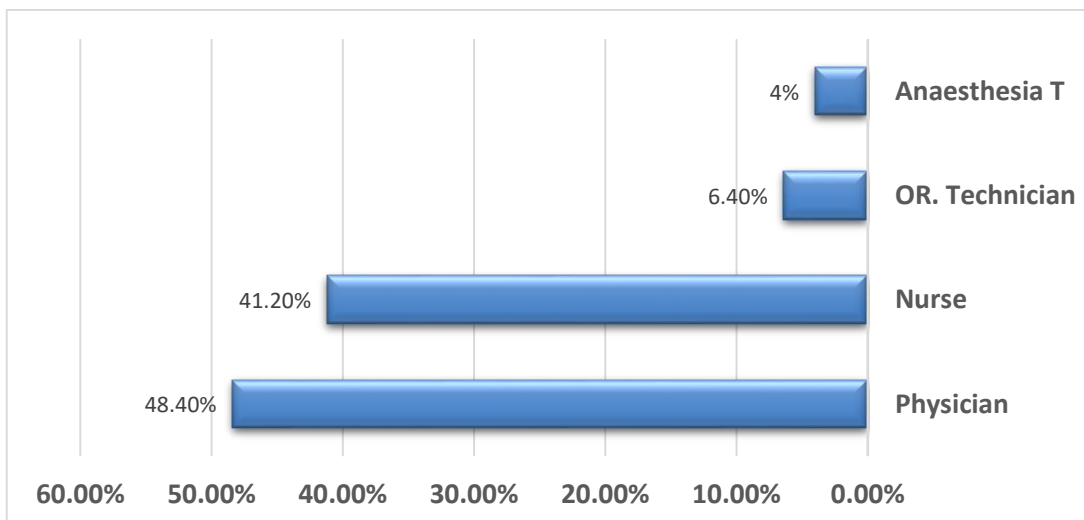
**Figure (4.1): Distribution of study participants by place of work**

As mentioned previously, the number of respondents was 250 health care providers working in the three selected hospitals; Al Shifa, Nasser and EGH in the GS, 42% of them working at Shifa hospital, 30% working at NMH and 28% working at EGH (Figure 4.1). This result is consistent with study population and sampling selection which has been illustrated in Table (3.2) in the previous chapter.



**Figure (4.2): Distribution of study participants by department**

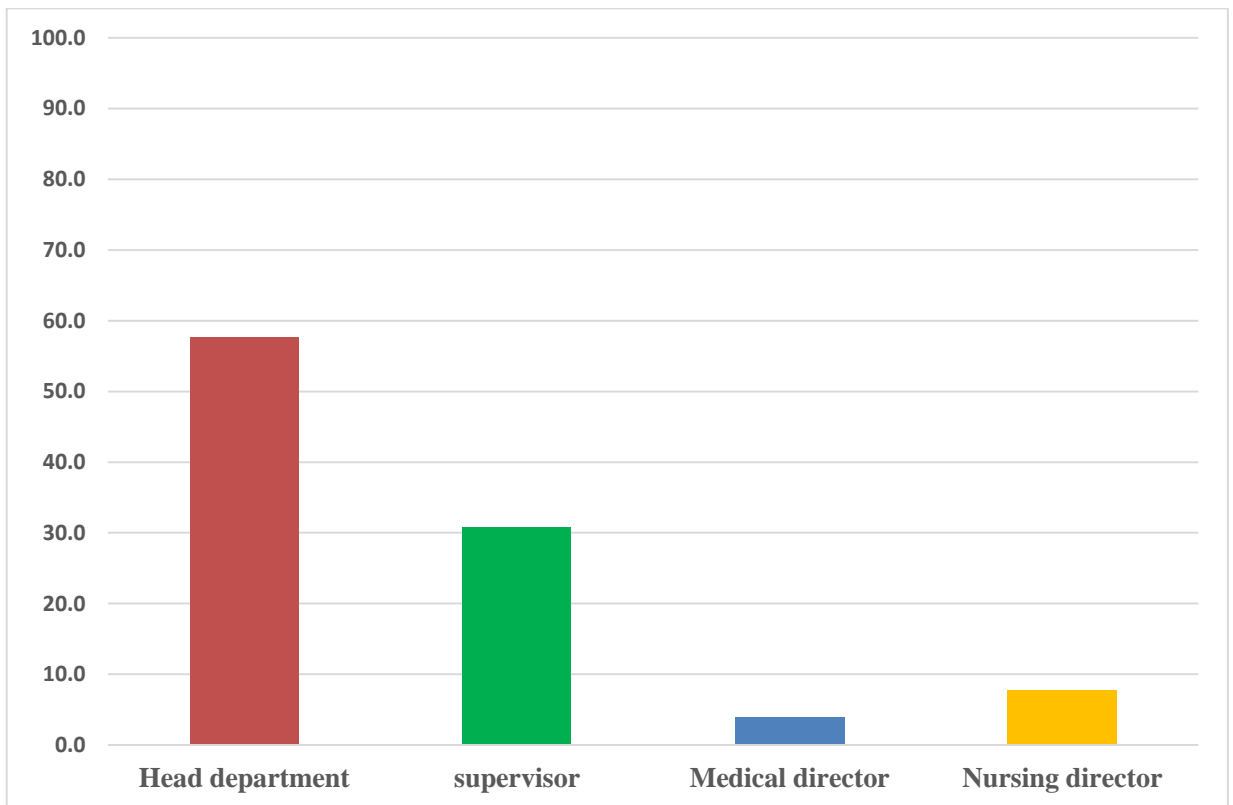
As illustrated in figure 4.2, 37.6% of the study population are working at ED., 38.4% are working at OR dept., 18.4% are working at ICU and 5.6% are other (supervisory managerial positions "supervisors, Nursing directors and Medical directors")



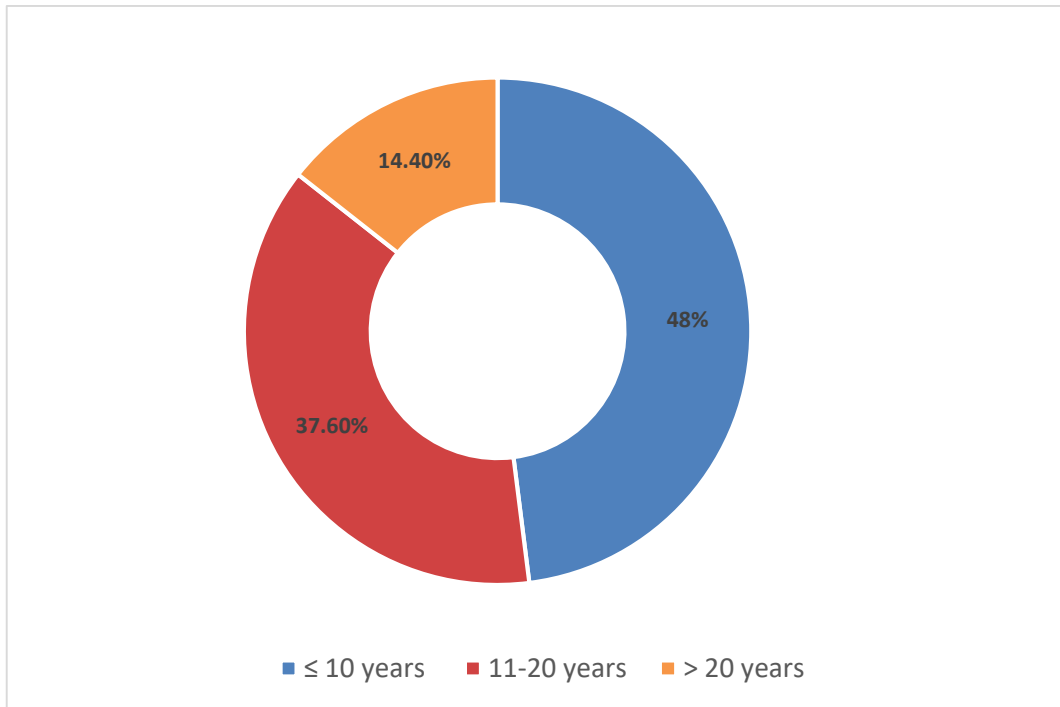
**Figure (4.3): Distribution of study participants by job description**

The Figure 4.3 presented the job description of participants, vast majority of them are physicians and nurses (48.4%-41.2% respectively), 6.4% are OR technicians and 4% are anesthesia technicians.

About 20.8% of the study participants have managerial position (heads of departments, Supervisors, nursing directors and Medical directors), more than half (57.7%) of them are head dept., 30.8% are supervisors, 3.8% are medical director, and 7.7% are nursing directors (Figure 4.4). When asking study participants who are responsible of you, 80% said head dept. are responsible, 10% inform nursing director, 8.4% medical director, and 1.6% are general director



**Figure (4.4): Distribution of study participants by managerial position**



**Figure (4.5): Distribution of study participants by years of experience**

Figure (4.5) showed that 48% of the study participants have been working in a hospital for 10 years and less, 37.6% have been working for 11 – 20 years, and 14.4% have been working for more than 20 years. The participants who have more than 20 **years of experience** are low in comparing with other two groups is due to two main reasons: The retirement at age 60 and the political division between Palestinian parties, which has forced many health care providers to stop working at the hospitals since 2007.

#### 4.2 Descriptive statistic of Leadership styles and health crisis management domains

This study subjected to three main leadership styles which are transformational leadership style, transactional leadership style and charismatic leadership style, in which the researcher attempt to know the effectiveness of leadership styles in the time of health crisis. The below tables present the opinion of study participants to leadership styles and health crisis management.

**Table (4.2): Opinion of the study participants about transformational leadership style**

Statement	Always	Often	Sometimes	Rare	Never	Mean	S.D.	Weighted %
<b>Transformational</b>								
Q1- Leaders instill genuine pride in employees for being associated with them	11.6	27.2	38.4	10.8	12.0	3.15	1.14	63.0
Q2- Leaders act in a way that builds and improves employees' respect	9.6	30.4	36.0	14.4	9.6	3.16	1.09	63.2
Q3- Leaders enjoy a high level of pride, respect and trust	11.2	30.8	35.6	10.8	11.6	3.19	1.13	63.8
Q4- Leaders communicate convincing values and goals	13.6	31.2	30.0	16.0	9.2	3.24	1.15	64.8
Q5- Leaders encourage people to think from a wider and broader perspective	6.0	22.4	35.6	20.4	15.6	2.82	1.12	56.4
Q6- Leaders see the future in an optimistic way	5.2	16.8	34.4	23.6	20.0	2.63	1.13	52.6
Q7- Leaders seek different perspectives during problem-solving	5.2	23.2	30.0	24.4	17.2	2.74	1.14	54.8



Q8- Leaders make innovative and positive suggestions	6.4	18.8	37.2	22.4	15.2	2.78	1.11	55.6
Q9- Leaders are trying to maximize their teams' capability and capacity	9.2	22.0	30.0	24.0	14.8	2.86	1.18	57.2
Q10- Leaders are working to change the system for performance development	10.8	22.4	34.8	17.6	14.4	2.97	1.18	59.4

When ask the study participants about their opinions regarding transformational leadership style, they informed that leader communicate convincing values and goals which elected the highest percentage (64.8%) Q4, followed by (Q3) leaders enjoy a high level of pride, respect and trust which account 63.8%. and (Q1) leaders instill genuine pride in employees for being associated with them accounting 63.0%. The lowest opinion percentage belonged to the (Q6) "Leaders see the future in an optimistic way" and statement "Leaders seek different perspectives during problem-solving" (52.6%-54.8 respectively)

**Table (4.3): Opinion of the study participants about transactional leadership style**

Statement	Always	Often	Sometimes	Rare	Never	Mean	S.D.	Weighted %
<b>Transactional leadership</b>								
Q1- Leaders provide employees with assistance for their efforts	6.0	18.0	27.2	25.6	23.2	2.58	1.19	51.6
Q2- Leaders express satisfaction when employees meet expectation	5.2	22.4	36.8	22.8	12.8	2.84	1.07	56.8
Q3- Leaders recognize people for their initiative-taking	4.8	21.2	32.8	26.8	14.4	2.75	1.09	55.0

Q4- Leaders are available when they are needed	12.4	32.0	28.8	15.6	11.2	3.18	1.17	63.6
Q5- Leaders lead their group in an effective way	8.8	26.0	42.0	15.2	8.0	3.12	1.03	62.4
Q6- Leaders do not forgive mistakes easily (r)	11.2	22.4	33.3	24.4	8.8	2.97	1.12	59.4
Q7- Leaders delay responding to urgent questions. (r)	5.6	20.8	43.6	21.2	8.8	3.06	0.99	61.2
Q8- Leaders avoid making decisions (r)	4.4	16.0	36.0	29.2	14.4	3.33	1.04	66.6
Q9- Leaders prefer to work within the system and to minimize variation of the health organization	9.2	32.4	32.8	18.0	7.6	3.17	1.07	63.4
Q10- Leaders focus on results and they measure success according to organization's system of rewards and Punishments	5.6	18.8	35.2	21.2	19.2	2.70	1.14	54.0

r = reverse statements

As presented in Table 4.3 about the opinions of transactional style, health care providers said that Leaders avoid making decisions which elected the highest percentage (66.6%) (Q8), followed by (Q4) Leaders are available when they are needed which account 63.6%. The lowest opinion percentage belonged to the (Q1) “Leaders provide employees with assistance for their efforts” and (Q10) “Leaders focus on results and they measure success according to organization’s system of rewards and Punishments” (51.6%-54.0 respectively).

**Table (4.4): Opinion of the study participants about charismatic leadership style**

Statement	Always	Often	Sometimes	Rare	Never	Mean	S.D.	Weighted %
<b>Charismatic leadership</b>								
<b>Q1-</b> Leaders gather followers through dint of personality and charm, rather than any form of external power or authority	3.2	12.0	27.6	35.6	21.6	2.39	1.05	47.8
<b>Q2-</b> Leaders are effective in representing employees to higher authority	4.8	15.6	27.2	29.6	22.8	2.50	1.14	50.0
<b>Q3-</b> Leaders support employees who take calculated risks	1.6	18.4	39.2	26.4	14.4	2.66	0.98	53.2
<b>Q4-</b> Leaders consider the moral and ethical consequences of their decisions	3.6	24.0	41.6	21.6	9.2	2.91	0.98	58.2
<b>Q5-</b> The Leaders help employees to develop their strength points	6.0	18.8	34.8	26.0	14.4	2.76	1.10	55.2
<b>Q6-</b> Leaders show a sense of power and confidence	8.8	30.8	30.0	17.2	13.2	3.04	1.16	60.8
<b>Q7-</b> Leaders direct employees to look at managerial problems from many different perspectives	4.8	23.6	38.0	22.8	10.8	2.88	1.03	57.6
<b>Q8-</b> leaders have a vision of successful future for their followers	2.8	20.4	30.8	26.8	19.2	2.60	1.09	52.0
<b>Q9-</b> leaders are willing to sacrifice everything in order to show their commitment	5.6	12.8	31.2	26.8	23.6	2.50	1.14	50.0
<b>Q10-</b> Leaders have a verbal eloquence that qualifies them to communicate with their subordinates on a deep, and emotional level	6.4	26.4	31.2	19.2	16.8	2.86	1.17	57.2

About their opinions of health care providers regarding charismatic leadership style, they informed that leaders show a sense of power and confidence which elected the highest percentage (60.8%) (Q6), followed by(Q4) Leaders consider the moral and ethical consequences of their decisions which account 58.2%. and (Q7) Leaders direct employees to look at managerial problems from many different perspectives accounting 57.6%. The lowest opinion percentage belonged to the (Q1) “Leaders gather followers through dint of personality and charm, rather than any form of external power or authority”, (Q2) " Leaders are effective in representing employees to higher authority" and (Q9) “leaders are willing to sacrifice everything in order to show their commitment” (47.8%-50.0 respectively).

**Table (4.5): Opinion of the study participants about health crisis management**

Statement	Always	Often	Sometimes	Rare	Never	Mean	S.D.	Weighted %
<b>Health crisis management</b>								
Q1- Leaders have ability in identifying and predicting probable difficulties in crises.	4.4	25.6	36.8	22.0	11.2	2.90	1.04	58.0
Q2- Leaders take the required actions to coordinate and communicate with the various departments	9.6	31.2	32.0	15.6	11.6	3.11	1.14	62.2
Q3- Leaders take proper actions to set up health and safety system and evaluate the risk management	7.2	24.4	41.6	17.6	9.2	3.02	1.03	60.4
Q4- Leaders depend on qualified and experienced workforces in crisis	5.6	28.8	33.2	20.8	11.6	2.96	1.08	59.2
Q5- Leaders share information occurs	4.4	29.6	37.6	17.6	10.8	2.99	1.04	59.8

Q6- Leaders are gathering data from quality and quantity view for safety equipment in crisis	4.4	22.4	42.4	18.8	12.0	2.88	1.02	57.6
Q7- Leaders share information from managers to personnel and vice versa	4.0	22.8	36.8	24.0	12.4	2.82	1.04	56.4
Q8- Leaders can build and maintain good relations with employees at the time of crisis	6.8	26.4	39.6	17.6	9.6	3.03	1.04	60.6
Q9- The Leaders have the ability to take responsibility and act wisely	9.6	23.6	35.6	21.2	10.0	3.01	1.11	60.2
Q10- The Leaders remain steadfast in the field of work during the crisis	10.0	24.0	38.4	16.8	10.8	3.05	1.11	61.0

As presented in table 4.5 about the opinions of health care providers regarding health crisis management, they informed that leaders take the required actions to coordinate and communicate with the various departments which elected the highest percentage (62.2%)(Q2), followed by (Q10) the Leaders remain steadfast in the field of work during the crisis which account 61.0%. and (Q8) Leaders can build and maintain good relations with employees at the time of crisis accounting 60.6%. The lowest opinion percentage belonged to the (Q7) “Leaders share information from managers to personnel and vice versa” and (Q6) “Leaders are gathering data from quality and quantity view for safety equipment in crisis” (56.4%-57.6 respectively).

### 4.3 Inferential statistic

#### 4.3.1 The leadership styles and health crisis management in regard to socio-demographic characteristics

To find the study results, the researcher performed appropriate statistical procedures to analyze data. Simple statistics were used including Mean, Standard Deviation and Percentage. In addition, Pearson correlation test was used to find correlation between variables, t test, ANOVA and Scheffe test were used to find differences between variables. The results are illustrated below.

##### 4.3.1.1 The leadership styles and health crisis management in regard to gender.

**Table (4.6): Comparison of mean scores of the leadership styles and health crisis management regarding gender.**

Domains	Category	N	Mean	SD	t	P value
Transformational style	Male	221	2.95	0.94	0.227	0.821//
	Female	29	3.00	0.97		
Transactional style	Male	221	2.95	0.69	1.69	0.091//
	Female	29	3.18	0.65		
Charismatic style	Male	221	2.69	0.83	1.29	0.198//
	Female	29	2.90	0.90		
Health crisis management	Male	221	2.96	0.88	0.827	0.409//
	Female	29	3.11	0.86		

\* = significant at 0.05

// = not significant

Table 4.6 showed that both in the opinion of males themselves, as well as in the opinion of the females, the lowest mean for the leadership style of males belonged to the charismatic leadership style, and the highest mean was observed for the transformational and transactional style. While among females, the highest mean for the leadership style belonged to the transactional leadership style, and the lowest mean was observed for the charismatic style.

The student's t-test results showed that there was not a statistically significant difference between leadership styles and gender (Table 4.6).

For health crisis management, findings showed that females have a higher mean score of management than males (3.11-2.96 respectively). Nonetheless the difference between health crisis management and gender not reach significant level (Table 4.6). This result consistent with the study of AlJadaily (2006) which conducted at governmental hospital in GS and with the study of Abu Aziz (2010) which conducted in the Palestinian MoH, which stated that there were no statistically significant differences between respondents ' views about the crisis management attributable to gender.

While our result disagreed with a study carried out by Eagly et al (2003), which indicated that female leaders were more transformational than male leaders and also engaged in more of the contingent reward behaviors that are a component of transactional leadership. Male leaders were generally more likely to manifest the other aspects of transactional leadership. Moreover, Mano-Negrin, Sheaffer (2004) stated that women are more likely to employ a holistic approach that facilitates crisis preparedness. Regarding to that inconsistency with the last two studies, the researcher argues that the differences of the result in regard to participant's gender may be due to some causes as: that in our hospitals there is no discrimination between employees on the basis of their gender and may be that the culture of some foreign countries may affect the leaders' view to employees on the basis of their gender and vice versa. Or because of the lack of experience and administrative training courses of the staff, which caused the lack of differentiation between patterns for both males and females.

#### 4.3.1.2 The leadership styles and health crisis management in regard to Age.

**Table (4.7): Comparison of mean scores of the leadership styles and health crisis management regarding age group**

Domains	Category	N	Mean	SD	t	P value
Transformational style	Less-equal 30	67	3.00	0.83	0.498	0.620//
	More 30	183	2.94	0.98		
Transactional style	Less-equal 30	67	2.99	0.64	0.196	0.845//
	More 30	183	2.97	0.70		
Charismatic style	Less-equal 30	67	2.77	0.77	0.675	0.501//
	More 30	183	2.69	0.87		
Health crisis management	Less-equal 30	67	3.06	0.77	0.850	0.396//
	More 30	183	2.95	0.91		

\* = significant at 0.05

// = not significant

Finding showed in Table 4.7 that participants who have age 30 years and less have a high mean score in all leadership styles as well as in health crisis management. Then, the student's t-test results showed in the above table that there were no statistically significant differences in leadership styles related to age group including transformational style ( $t = 0.498$ ,  $P = 0.620$ ), transactional style ( $t = 1.196$ ,  $P = 0.845$ ), charismatic style ( $t = 0.675$ ,  $P = 0.501$ ), health crisis management style ( $t = 0.850$ ,  $P = 0.396$ ). Our result agreed with Abu Aziz (2010) who stated that there were no statistically significant differences between respondents' views about CM attributable to age. While disagreed with a study carried out by AlJadaily (2006) who stated that there were statistically significant differences between respondents' views averages in major Palestinian Health Ministry hospitals in the GS about the effectiveness of the CM system due to age. The researcher says that there is no statistical significance attributed to age, because there is no difference between the tasks and functions which performed by employees on the basis of age so that the leaders will deal with them in the same way.



#### 4.3.1.3 The leadership styles and health crisis management in regard to Marital status.

**Table (4.8): Comparison of mean scores of the leadership styles and health crisis management with marital status**

Domains	Category	N	Mean	SD	t	P value
Transformational style	Not-married	25	2.98	0.85	0.138	0.890//
	Married	225	2.96	0.95		
Transactional style	Not-married	25	3.00	0.53	0.169	0.866//
	Married	225	2.97	0.70		
Charismatic style	Not-married	25	2.70	0.78	0.087	0.930//
	Married	225	2.72	0.85		
Health crisis management	Not-married	25	3.08	0.72	0.623	0.534//
	Married	225	2.97	0.89		

\* = significant at 0.05

// = not significant

The Table 4.8 showed that transactional leadership style elected the highest mean among both not-married and married participants followed by transformational one (3.0-2.97 respectively). While the lowest score was observed in charismatic style in both not married and married participants. The student's t-test results showed that there were no statistically significant differences in leadership styles related marital status including transformational style ( $t = 0.138$ ,  $P = 0.890$ ), transactional style ( $t = 1.169$ ,  $P = 0.866$ ), and charismatic style ( $t = 0.087$ ,  $P = 0.930$ ).

For health crisis management, findings showed that not-married participants have a higher mean score of management than married (3.08-2.97 respectively), and the difference between health crisis management and gender not reach significant level (Table 4.8). The researcher states that there is no research that mentioned this point specifically, but he thinks that the reason for the absence of statistical significance attributable to the marital status is that both parties (married and not married) do the same tasks and no difference on the basis of the marital status. While from the researcher's viewpoint, the reason of higher mean score of management health crisis

management in favor for not-married participants because that the unmarried participants may have the same perception, way of problems solving and CM perception because they did not try to lead a family and face the life problems that make a difference in the way of problems solving from person to another.

#### 4.3.1.4 The leadership styles and health crisis management in regard to qualifications.

**Table (4.9): Differences in opinion about leadership styles and health crisis management of study participants according to qualifications**

Domains	Category	N	Mean	S.D.
Transformational style	Diploma	27	2.98	0.98
	Bachelor	116	2.98	0.81
	Post-graduate	107	2.93	1.07
Transactional style	Diploma	27	2.91	0.71
	Bachelor	116	3.00	0.63
	Post-graduate	107	2.96	0.74
Charismatic style	Diploma	27	2.76	0.90
	Bachelor	116	2.76	0.73
	Post-graduate	107	2.65	0.94
Health crisis management	Diploma	27	3.09	0.94
	Bachelor	116	3.02	0.75
	Post-graduate	107	2.91	0.98

Table 4.9 compares the opinion of participants in regard to qualification and leadership styles, the highest mean for the leadership style of diploma belonged to the transformational leadership style (mean= 2.98, SD=0.90), and the lowest mean was observed for the charismatic style (mean= 2.76, SD=0.94). For participants have a bachelor degree, the highest mean belonged to the transactional leadership style (mean= 3.00, SD=0.63), and the lowest mean was observed for the charismatic style (mean= 2.76, SD=0.73). On the other meaning, the opening of participants has post

graduate degree about leadership styles get the lowest scores in all styles in comparing with diploma and bachelor degree.

For health crisis management, participants have a diploma degree have a higher mean score (mean= 3.09, SD=0.94) than who have bachelor and post-graduate certificate.

**Table (4.10): One-way ANOVA comparing leadership styles and health crisis management regarding qualification**

Domains	Source of variance	Sum of Squares	df	Mean Square	F	Sig.
<b>Transformational style</b>	Between	0.13	2	0.07	0.073	0.929//
	Within Groups	221.09	24	0.90		
	Total	221.22	24			
<b>Transactional style</b>	Between	0.16	2	0.08	0.173	0.841//
	Within Groups	116.56	24	0.47		
	Total	116.72	24			
<b>Charismatic style</b>	Between	0.76	2	0.38	0.531	0.589//
	Within Groups	175.79	24	0.71		
	Total	176.54	24			
<b>Health crisis management</b>	Between	1.08	2	0.54	0.705	0.495//
	Within Groups	189.69	24	0.77		
	Total	190.77	24			

\* = significant at 0.05

// = not significant

One-way ANOVA test was used to represent the differences between the scores of leadership styles domains of study participants regarding the qualifications as illustrated in table 4.10. Finding showed that there were no statistically significant differences ( $p\text{-value} > 0.05$ ) in leadership styles related to qualification including transformational style ( $F = 0.073$ ,  $P = 0.929$ ), transactional style ( $F = 0.173$ ,  $P = 0.841$ ), and charismatic style ( $F = 0.531$ ,  $P = 0.589$ ).

In addition, there were no statistically significant differences ( $p\text{-value} > 0.05$ ) in health crisis management related to qualification. Our result agreed with Abu Aziz (2010) who stated that there were no statistically significant differences between respondents' views about CM attributable to qualification.

The researcher believes that there is no statistically statistical significance attributable to the scientific qualification because the qualification is related mostly to the clinical field, not to leadership and managerial sciences so this will not make a variation in the participant perspectives. Also, in the majority of Palestinian Ministries, there is often no job entitlement based on the scientific qualification. In other words, the scientific qualification is not a requirement for all higher administrative degree and that what the part -This was the most the staff complaint during data collection -. Regarding that, the researcher recommends MoH to instruct whom with managerial position to have qualification related to the leadership and crises management science beside the clinical science, and to make some facilities and motivation for that. He also recommends MoH to establish a condition for the entitlement of managerial position, which is to obtain a scientific qualification or suitable training courses in the leadership and CM science.

It should be noted that although the number of few participant's comments on the open question that was included by the researcher at the end of the questionnaire, but it focuses on the dissatisfaction of the majority of participants with the leadership of most leaders during crises, as most views were showing that there is weakness in leadership, there are insufficient leadership competencies ,there are no statistically scientific expertise in leadership and CM within the hospital and there are no training courses in leadership and CM. This reflects that qualification is often related to the medical fields only.

#### 4.3.1.5 The leadership styles and health crisis management in regard to hospital.

**Table (4.11): Differences in opinion about leadership styles and health crisis management of study participants according to hospital**

Domains	Category	N	Mean	S.D.
<b>Transformational style</b>	Shifa	105	2.94	1.03
	Nasser	75	3.15	0.85
	EGH	70	2.80	0.87
<b>Transactional style</b>	Shifa	105	2.94	0.75
	Nasser	75	3.11	0.68
	EGH	70	2.89	0.56
<b>Charismatic style</b>	Shifa	105	2.66	0.92
	Nasser	75	2.90	0.73
	EGH	70	2.60	0.81
<b>Health crisis management</b>	Shifa	105	2.92	1.00
	Nasser	75	3.25	0.70
	EGH	70	2.78	0.78

Table 4.11 demonstrates the mean and standard deviation distribution of leadership styles by hospital, it shows that participants who are working at Nasser hospital have a highest mean score for all leadership styles domains in comparing with other hospitals. The highest opinion belonged to the transformational style (mean=3.15, SD= 0.85), followed by transactional and charismatic style (mean=3.11, SD= 0.68; mean= 2.90, SD= 0.73) respectively.

The participants working at Shifa hospitals have a good opinion of leadership styles after the opinion at Nasser hospital who elected a highest score. The highest mean for the leadership style belonged to the Transformational and transactional styles, and the lowest mean was observed for the charismatic style. The lowest mean scores were observed among participants working at EGH. Meaning that, the participants at both Nasser hospital and Shifa hospital have a good opinion of leadership style in comparing with EGH participants.

For health crisis management, the opinion of participants working at Nasser hospital is better (mean= 3.25, SD= 0.70) than the opinion of participants working at Shifa at EGH.

**Table (4.12): One-way ANOVA comparing leadership styles and health crisis management regarding hospital**

Domains	Source of variance	Sum of Square	df	Mean Squar	F	Sig.
<b>Transformational style</b>	Between	4.53	2	2.26	2.582	0.078//
	Within Groups	216.69	247	0.88		
	Total	221.22	249			
<b>Transactional style</b>	Between	1.96	2	0.98	2.106	0.124//
	Within Groups	114.76	247	0.46		
	Total	116.72	249			
<b>Charismatic style</b>	Between	3.82	2	1.91	2.731	0.067//
	Within Groups	172.72	247	0.70		
	Total	176.54	249			
<b>Health crisis management</b>	Between	8.53	2	4.26	5.780	0.004*
	Within Groups	182.24	247	0.74		
	Total	190.77	249			

\* = significant at 0.05

// = not significant

One-way ANOVA test was used to represent the differences between the scores of leadership styles regarding the hospitals as illustrated in Table 4.12. Finding showed that there were no statistically significant differences ( $p\text{-value} > 0.05$ ) in leadership styles related to hospital including transformational style ( $F = 2.582$ ,  $P = 0.078$ ), transactional style ( $F = 2.106$ ,  $P = 0.124$ ), and charismatic style ( $F = 2.731$ ,  $P = 0.067$ ). The researcher thinks that the reason for the absence of statistically significant differences in leadership styles related to hospital is that all government hospitals in the GS follow one administrative system belonging to the MoH, which has the same effects on the leaders in hospitals.

**Table (4.13): Post hoc Scheffe test (hospital)**

Domain	Job description	Mean difference	P value
Health crisis management	(Nasser) – (Shifa)	0.325	0.045*
	(Nasser) – (EGH)	0.468	0.005*
	(Shifa) – (EGH)	0.142	0.560//

\* = significant at 0.05

// = not significant

For health crisis management, there were statistically significant differences between participants ( $F=5.780$ ;  $p=0.004$ ) regarding hospital (Table 4.12). To determine the direction of differences in health crisis management related to hospital, the researcher performed Post hoc Scheffe test which showed that these differences were in favor of participants who worked at Nasser hospital in comparing with Shifa and EGH (Table 4.13).

Our result disagreed with a study carried out by AlJadaily (2006) who reported that there was a similarity in the participants' views on the reality of CM systems at all mentioned governmental hospitals and there was a low level generally at all hospitals. The researcher believes that the reason for the existence of statistical differences in favor of Nasser Hospital is due to several reasons, including:

- The clarity of the administrative and medical structure within the Nasser complex and the coordination and consistency between the three hospitals inside NMC (Al Tahreer Hospital, Nasser Hospital, and Al Yasin Hospital)
- When the researcher collected data from the managerial positions at Nasser complex, the researcher finds ease of accessibility, good collaboration and greater attention compared to Al Shifa Hospital and the EGH, and this reflects the behaviors of leaders with their employees.
- The number of managerial positions who responsible for supervision of the critical departments within NMC are suitable for the total number of employees of the complex more than other hospitals. This was evident in Table (3.1) in the previous chapter.

On the other hand, and specifically to this point, as well as based on previous studies, the researcher recommends the MoH to activate the department of crisis management and supply it with an appropriate number of competent people, as well as benefit from its employees who graduated with Master degree of Crisis and Disaster Management, which the MoH have been contributed to its success.

#### 4.3.1.6 The leadership styles and health crisis management in regard to department.

**Table (4.14): Differences in opinion about leadership styles and health crisis management of study participants according to dept.**

Domains	Category	N	Mean	S.D
<b>Transformational style</b>	Emergency	94	2.98	0.95
	ICU	46	2.83	0.93
	OR	96	2.86	0.92
	Other (supervisory managerial positions)	14	3.91	0.61
<b>Transactional style</b>	Emergency	94	2.93	0.70
	ICU	46	2.82	0.67
	OR	96	3.00	0.65
	Other (supervisory managerial positions)	14	3.59	0.56
<b>Charismatic style</b>	Emergency	94	2.64	0.83
	ICU	46	2.62	0.86
	OR	96	2.73	0.82
	Other (supervisory managerial positions)	14	3.42	0.71
<b>Health crisis management</b>	Emergency	94	2.93	0.86
	ICU	46	2.77	0.86
	OR	96	3.02	0.87
	Other (supervisory managerial positions)	14	3.71	0.73

Table 4.14 demonstrates the mean and standard deviation distribution of leadership styles by dept., it shows that participants with supervisory managerial positions (for example supervisors, medical director and nursing director) have a highest mean score for all leadership styles domains. The highest opinion belonged to the



transformational style (mean=3.91, SD= 0.61), followed by transactional and charismatic style (mean=3.59, SD= 0.65; mean= 2.42, SD= 0.71) respectively.

The participants working at OR department hospitals have a good opinion of transactional and charismatic leadership styles in comparing with participants working at ED and ICU.

The opinion of participants who are working in ED about transformational style was highest in comparing with other styles (mean=2.89, SD= 0.95), while the lowest styles were observed in charismatic style (mean=2.64, SD= 0.83). The same results, the participants working at other departments have a good opinion of health crisis management than other working at emergency, ICU and OR (Table 4.14).

**Table (4.15): One-way ANOVA comparing leadership styles and health crisis management regarding dept.**

Domains	Source of variance	Sum of Squares	Df	Mean Squar	F	Sig.
<b>Transformational style</b>	Between	14.4	3	4.81	5.728	0.001*
	Within	206.8	24	0.84		
	Total	221.2	24			
<b>Transactional style</b>	Between	6.7	3	2.22	4.954	0.002*
	Within	110.1	24	0.45		
	Total	116.7	24			
<b>Charismatic style</b>	Between	8.0	3	2.68	3.913	0.009*
	Within	168.5	24	0.68		
	Total	176.5	24			
<b>Health crisis management</b>	Between	9.9	3	3.29	4.481	0.004*
	Within	180.9	24	0.74		
	Total	190.8	24			

\* = significant at 0.05

// = not significant

One-way ANOVA test was used to demonstrate differences between the scores of leadership styles domains of study participants regarding dept. which participants worked as illustrated in table 4.15. Findings showed that there were statistically significant differences (p-value>0.05) between the means of all leadership styles due to dept.

**Table (4.16): Post hoc Scheffe test (Dept.)**

<b>Domains</b>	<b>Dept.</b>	<b>Mean difference</b>	<b>P value</b>
<b>Transformational style</b>	(ED) – (ICU)	0.147	0.850//
	(ED) – (OR)	0.114	0.865//
	(Other " supervisory managerial positions" ) – (ED)	0.936	0.006*
	(Other ) – (OR)	1.050	0.001*
	(Other)– (ICU)	1.083	0.002*
<b>Transactional style</b>	(ED) – (ICU)	0.110	0.840//
	(OR) – (ED)	0.066	0.927//
	(Other) – (ED)	0.660	0.009*
	(Other) – (OR)	0.594	0.023*
	(Other)– (ICU)	0.771	0.003*
<b>Charismatic style</b>	(ED) – (ICU)	0.018	0.999//
	(OR) – (ED)	0.097	0.884//
	(Other) – (ED)	0.785	0.013*
	(Other) – (OR)	0.688	0.040*
	(Other)– (ICU)	0.804	0.019*
<b>Charismatic style</b>	(ED) – (ICU)	0.164	0.768//
	(OR) – (ED)	0.092	0.908//
	(Other) – (ED)	0.775	0.021*
	(Other) – (OR)	0.683	0.054//
	(Other)– (ICU)	0.939	0.006*

\* = significant at 0.05

// = not significant

For transformational leadership style, there were statistically significant differences between participants ( $F=5.728$ ;  $p=0.001$ ) regarding working dept. To determine the direction of differences in transformational leadership style related to age groups, the researcher performed Post hoc Scheffe test which showed that these differences were in favor of participants whose supervisory managerial positions in comparing with emergency, ICU and OR, which means that participants whose supervisory managerial positions have higher scores in the transformational leadership style (Table 4.16). For transactional leadership style, there were statistically significant differences between participants ( $F=4.954$ ;  $p=0.002$ ) regarding working dept. To determine the direction of differences in transactional leadership style related to age groups, the researcher performed Post hoc Scheffe test which showed in Table 4.16 that these differences were in favor of participants whose supervisory managerial positions in comparing with emergency, ICU and OR, which means that participants whose supervisory managerial positions have higher scores in the transactional leadership style.

For charismatic leadership style, there were statistically significant differences between participants ( $F=3.913$ ;  $p=0.009$ ) regarding working dept. To determine the direction of differences in charismatic leadership style related to age groups, the researcher performed Post hoc Scheffe test which showed in Table 4.16 that these differences were in favor of participants whose supervisory managerial positions in comparing with emergency, ICU and OR, which means that participants whose supervisory managerial positions have higher scores in the charismatic leadership style. For health crisis management, there were statistically significant differences between participants ( $F=4.481$ ;  $p=0.004$ ) regarding working dept. To determine the direction of differences in health crisis management related to dept., the researcher performed Post hoc Scheffe test which showed in Table 4.16 that these differences were in favor participants whose supervisory managerial positions in comparing with ED and ICU (Table 4.16).

The researcher thinks from his own perspective that the results, which showed that there are differences were in favor participants whose supervisory managerial positions in comparing with other departments employees in all domains are logical for several reasons, including: Supervisors often have leadership and management

experience that enables them to see things from a wider perspective, Some administrative supervisors have qualifications and training courses in administrative and managerial sciences, The interaction between the supervisory managerial positions is often based on strict respect and personal relationship, and there are no strict and unjust orders between them, so their assessments of leaders - in the questionnaires- were similar and finally, there is often no great work load on supervisory managerial positions, which makes them more accurate in answering and understanding the questionnaire.

#### 4.3.1.7 The leadership styles and health crisis management in regard to job description.

**Table (4.17): Differences in opinion about leadership styles and health crisis management of study participants according to job description**

Domains	Category	N	Mean	S.D.
<b>Transformational style</b>	Physician	121	2.85	1.01
	Nurse	103	3.11	0.90
	OR Technician	16	2.81	0.67
	Anesthesia Technician	10	2.96	0.79
<b>Transactional style</b>	Physician	121	2.91	0.74
	Nurse	103	3.04	0.63
	OR Technician	16	3.00	0.65
	Anesthesia Technician	10	3.02	0.55
<b>Charismatic style</b>	Physician	121	2.56	0.90
	Nurse	103	2.88	0.79
	OR Technician	16	2.77	0.64
	Anesthesia Technician	10	2.78	0.58
<b>Health crisis management</b>	Physician	121	2.84	0.92
	Nurse	103	3.10	0.85
	OR Technician	16	3.19	0.70
	Anesthesia Technician	10	3.04	0.64

Table 4.17 demonstrates the mean and standard deviation distribution of leadership styles by job description. It shows that nurses have better opinion of all leadership styles than other health care providers. The highest mean for the leadership style of nurses belonged to the transformational leadership style (mean= 3.11, SD= 0.90), and the lowest mean was observed for the charismatic style (mean= 2.88, SD= 0.79). Anesthesia technicians elected the second highest opinion leadership styles scores after nurse's opinion, the highest mean belonged to the transactional leadership style (mean= 3.02, SD= 0.55) followed by transformational style (mean= 2.96, SD= 0.75), and the lowest mean was observed for the charismatic style (mean= 2.78, SD= 0.58). Among physicians, the highest mean belonged to the transactional leadership style (mean= 2.91, SD= 0.74), and the lowest mean was observed for the charismatic style (mean= 2.56, SD= 0.90). Among OR technicians, the highest mean belonged to the transactional leadership style (mean= 3.00, SD= 0.65), and the lowest mean was observed for the transformational style (mean= 2.77, SD= 0.64). Among health crisis management domain, the highest score was observed among OR technician (mean= 3.19, SD= 0.70).

**Table (4.18): One-way ANOVA comparing leadership styles and health crisis management regarding job description**

Domains	Source of variance	Sum of Square	df	Mean Squar	F	Sig.
<b>Transformational style</b>	Between	4.06	3	1.35	1.532	0.207//
	Within Groups	217.17	246	0.88		
	Total	221.22	249			
<b>Transactional style</b>	Between	1.07	3	0.36	0.757	0.519//
	Within Groups	115.65	246	0.47		
	Total	116.72	249			
<b>Charismatic style</b>	Between	5.71	3	1.90	2.741	0.044*
	Within Groups	170.83	246	0.69		
	Total	176.54	249			
<b>Health crisis management</b>	Between	4.49	3	1.50	1.977	0.118//
	Within Groups	186.28	246	0.76		
	Total	190.77	249			

\* = significant at 0.05

// = not significant

One-way ANOVA test was used to demonstrate differences between the scores of leadership styles domains of study participants regarding job description as illustrated in table 4.18. Findings showed that there were no statistically significant differences ( $p\text{-value} > 0.05$ ) between the means of the domains of transformational and transactional styles due to job description. Furthermore, there were no statistically significant differences ( $p\text{-value} > 0.05$ ) between the means of the health crisis management domain due to job description (Table 4.18).

For charismatic leadership style, there were statistically significant differences between participants ( $F=2.741$ ;  $p=0.044$ ) regarding job description (Table 4.18). To determine the direction of differences in charismatic leadership style related to job description, the researcher performed Post hoc Scheffe test which showed that these differences were in favor of the nurses, which means that nurses have higher scores in the charismatic leadership style than other participants (Table 4.18).

**Table (4.19): Post hoc Scheffe test (job description)**

Domain	Job description	Mean difference	P value
Charismatic style	(Nurse) – (Physician)	0.317	0.047*
	(Nurse) – (OR technician)	0.109	0.971//
	(Nurse) – (Anesthesia technician)	0.098	0.988//

\* = significant at 0.05

// = not significant

Our result which revealed that nurses have higher scores in the charismatic leadership style than other participants disagreed with Obeidat (2012) who found that the transformational leadership was the closest concept to the nursing management regarding nature of leadership at Jordanian hospitals.

But regarding our result - which demonstrates the mean and standard deviation distribution of leadership styles by job description and shows that nurses have better opinion of all leadership styles than other health care providers- Obeidat (2012) who reported that nurses were sometimes highly qualified in their technical and managerial specializations and nurses were more aware of clinical leadership because of the sensitive modules and academic disciplines which was taught at their

universities and training institutions and international conferences held in international and Jordanian universities in order to discuss clinical leadership topics and management of hospitals. Moreover, the researcher believes that there are other reasons as: The scientific curriculum of nursing contains theoretical and practical materials in the management and leadership science more than the curriculum of other medical specialties, and the doctors often focus on the clinical functions at the departments, while nurses is concerned with the administrative and logistical beside of the clinical tasks. This is consistent with Obeidat (2012) as he reported that doctors were the most skillful personnel when it comes to technical knowledge. Furthermore, nurses were sometimes highly qualified in their technical and managerial specializations. According to this result and the previous studies that revealed that nurses have high competence in the field of leadership and management in comparing with other clinical specialties, the researcher recommends MoH and the hospital`s administrations to give the nursing staff more administrative powers in the field of Leadership and CM.

#### 4.3.1.8 The leadership styles and health crisis management in regard to receiving training program in the CM.

**Table (4.20): Comparison of mean scores of the leadership styles and health crisis management among receiving training program**

Domains	Category	N	Mean	SD	t	P value
<b>Transformational style</b>	Yes	52	3.35	0.130	3.431	0.001*
	No	198	2.86	0.070		
<b>Transactional style</b>	Yes	52	3.29	0.090	3.872	0.000*
	No	198	2.89	0.050		
<b>Charismatic style</b>	Yes	52	3.08	0.110	3.654	0.000*
	No	198	2.62	0.060		
<b>Health crisis management</b>	Yes	52	3.38	0.120	3.767	0.000*
	No	198	2.88	0.060		

\* = significant at 0.05

// = not significant

Table 4.20 showed that both in the opinion of health care providers receiving training, as well as in the opinion of the providers not attend training, the highest mean for the leadership style of providers receiving training belonged to the transformation leadership style, and the lowest mean was observed for the charismatic style. For health crisis management, the highest mean was observed among participants receiving training course.

The student's t-test results showed that there was a statistically significant difference between all leadership styles; transformational, transactional and charismatic style and training course as well as health crisis management ( $p < 0.01$ ; Table 4.20).

This results are logical from the researcher perspective, whereas is shows that the participant who received a training courses in CM had a clear opinion at all levels of the study and was statistically significant with all the domains and because of their experience in the field of leadership and CM they were more capable to understand the statements than others and to answers more accurately. On the other hand, the results showed that only 20% of participants have courses in CM, which is a major problem in the wake of recurrent health crises on hospitals.

Regarding to this result, the researcher recommends the MoH and the General Directorate for Human Resources Development in the MoH to implement training courses in the field of CM targeting employees who are working at the critical departments in general and whose have managerial positions in particular.



#### 4.3.1.9 The leadership styles and health crisis management in regard to years of experience

**Table (4.21): Differences in opinion about leadership styles and health crisis management of study participants according to years of experience**

Domains	Category	N	Mean	S.D.
<b>Transformational style</b>	less-equal 10 years	120	2.90	0.83
	11-20 years	94	2.88	1.00
	21 and more	36	3.36	1.05
<b>Transactional style</b>	less-equal 10 years	120	2.91	0.63
	11-20 years	94	2.96	0.70
	21 and more	36	3.25	0.77
<b>Charismatic style</b>	less-equal 10 years	120	2.67	0.73
	11-20 years	94	2.67	0.95
	21 and more	36	2.96	0.89
<b>Health crisis management</b>	less-equal 10 years	120	2.96	0.74
	11-20 years	94	2.86	0.98
	21 and more	36	3.34	0.93

Table 4.21 showed the opinion of the study participants about leadership styles according to their age group, generally the highest mean of leadership styles was observed among the participants whose have more than 21 years of experience followed by participants whose have years of experience range between 11-20 years. The highest mean for the leadership style of participants whose have more than 21 years of experience belonged to the transformational leadership style (mean= 3.36, SD= 1.05), and the lowest mean was observed for the charismatic style (mean= 2.96, SD= 0.89). Among participants whose have years of experience 11-20 years, the highest mean for the leadership style belonged to the transactional leadership style (mean= 2.96, SD= 0.70), and the lowest mean was observed for the charismatic style (mean= 2.67, SD= 0.59).

The study results in the above table showed that a highest mean of health crisis management belonged to participants whose have more than 21 years of experience (mean=3.34, SD=0.93).

**Table (4.22): One-way ANOVA comparing leadership styles and health crisis management regarding years of experience**

Leadership styles	Source of variance	Sum of Squares	df	Mean Square	F	Sig.
<b>Transformational style</b>	Between	6.72	2	3.36	3.870	0.022*
	Within	214.50	247	0.87		
	Total	221.22	249			
<b>Transactional style</b>	Between	3.27	2	1.64	3.564	0.030*
	Within	113.45	247	0.46		
	Total	116.72	249			
<b>Charismatic style</b>	Between	2.45	2	1.23	1.741	0.177//
	Within	174.09	247	0.70		
	Total	176.54	249			
<b>Health crisis management</b>	Between	5.92	2	2.96	3.952	0.020*
	Within	184.86	247	0.75		
	Total	190.77	249			

\* = significant at 0.05

// = not significant

One-way ANOVA test was used to demonstrate differences between the scores of leadership styles domains of study participants regarding years of experience as illustrated in table 4.22. Findings showed that there were no statistically significant differences ( $p\text{-value} > 0.05$ ) between the means of the charismatic styles due to years of experience.

For transformational leadership style, there were statistically significant differences between participants ( $F=3.870$ ;  $p=0.022$ ) regarding years of experience (Table 4.22). To determine the direction of differences in transformational leadership style related to years of experience, the researcher performed Post hoc Scheffe test which showed that these differences were in favor of participants whose have years of experience 21 years and above in comparing with other both groups, which means that participants whose have years of experience 21 years and above have higher scores in the transformational leadership style than other participants (Table 4.22).

For transactional leadership style, there were statistically significant differences between participants ( $F=3.564$ ;  $p=0.030$ ) regarding years of experience. To determine the direction of differences in transactional leadership style related to years of experience, the researcher performed Post hoc Scheffe test which showed in table 4.22 that these differences were in favor of participants whose have years of experience 21 years and above in comparing with participants whose have years of experience 10 years and less, which means that participants whose have years of experience 21 years and above have higher scores in the transactional leadership style than that comparing group.

For health crisis management, there were statistically significant differences between participants ( $F=3.952$ ;  $p=0.020$ ) regarding years of experience. To determine the direction of differences in health crisis management related to years of experience, the researcher performed Post hoc Scheffe test which showed in table 4.22 that these differences were in favor of participant's opinions whose have years of experience 21 years and above in comparing with participants whose have years of experience 11-20 years (Table 4.22).

**Table (4.23): Post hoc Scheffe test (years of experience)**

Domains	Years of experience	Mean difference	P value
<b>Transformational style</b>	(10 years and less) – (11-20 years)	0.019	0.988//
	(21 years and above) – (11-20 years)	0.477	0.034*
	(21 years and above) – (10 years and less)	0.457	0.037*
<b>Transactional style</b>	(10 years and less) – (11-20 years)	0.050	0.864//
	(21 years and above) – (11-20 years)	0.290	0.093//
	(21 years and above) – (10 years and less)	0.341	0.031*

<b>Health crisis management</b>	(10 years and less) – (11-20 years)	0.098	0.711//
	(21 years and above) – (11-20 years)	0.470	0.021*
	(21 years and above) – (10 years and less)	0.375	0.076//

\* = significant at 0.05

// = not significant

The researcher through the results, finds that the long years of experience added experience and understanding in the field of leadership and CM in general.

Our result was agreed with Abu Aziz (2010) who stated in his study that there is a significant differences attributable to years of experience. While our result was disagreed with AlJadaily (2006) who reported that there were no statistically significant differences between the average respondents ' opinions on major Palestinian Health Ministry hospitals in the GS on the effectiveness of CM system due to years of experience

On the other hand, the researcher mentioned previously that the low number of participants who have years of experience more than 20 years which represents only 14.4%, is due to two main reasons: The retirement at age 60 and the political division between Palestinian parties, which has forced many health care providers to stop working at the hospitals since 2007. This may affect the MoH in general and government hospitals in particular as they lose some expert employees who have long experience in the field of leadership and management of crises, and this issue needs to be reconsidered. Regarding that The researcher recommends MoH. to extend the period of service of some employees who have high competence and experience beyond the age of 60 years - according to their desire and other considerations allowed - under the name (consultant) to benefit from their experience in leadership and CM, and distribute them to the hospitals at time of crisis, and that is similar to UNRWA and some INGOs in GS.

### 4.3.2 The effectiveness of the three leadership styles in health crisis management.

**Table (4.24): Correlation between health crisis management and the predictor variables (leadership styles)**

Variables	Mean	SD	Crisis management	Transformational leadership	Transactional leadership	Charismatic leaders
<b>Crisis management</b>	2.98	0.87	1			
<b>Transformational leadership</b>	2.95	0.94	0.784*	1		
<b>Transactional leadership</b>	2.97	0.68	0.815*	0.786*	1	
<b>Charismatic leadership</b>	2.71	0.84	0.849*	0.795*	0.826*	1

\* P <0.01.

The researcher attempted to find the association among variables, therefore the correlation analysis was implemented (Table 4.24). It was found that the value of Pearson correlation for charismatic leadership = 0.849\*,  $p < 0.01$  therefore there is a positive and significant association between charismatic leadership with health crisis management, the value of Pearson correlation for transformational leadership = 0.784\*,  $p < 0.01$  therefore there is a positive and significant association between transformational leadership with health crisis management, and the value of Pearson correlation for transactional leadership = .0.815\*,  $p < 0.01$  therefore there is a positive and significant association between transactional leadership with health crisis management.

**Table (4.25): Linear regression to find the most effective and suitable leadership style during health crisis management.**

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std.	Beta	t	Sig.
1	(Constant)	0.075	0.120		0.630	0.530
	Transformational style	0.183	0.050	0.197	3.649	0.000*
	Charismatic style	0.480	0.061	0.462	7.807	0.000*
	Transactional style	0.357	0.074	0.279	4.800	0.000*

a. Dependent Variable: Health crisis management

\* = significant at 0.001

The researcher utilized multiple linear regression analysis to find the most effective and suitable leadership style during health crisis management in order to manage the crisis (Table 4.25). It was found that the value of B for transformational leadership 0.183,  $p < 0.001$  this indicated that transformational leaders are suitable and effective leader during health crisis management at hospitals, accordingly the first research objective was supported which stated that ‘Transformational leaders are effective during health crisis in hospitals’.

The value of B for charismatic leadership 0.480,  $p < 0.001$  this indicated that charismatic leaders are suitable and effective leader during health crisis management at hospitals, accordingly the second objective was supported which stated that ‘Charismatic leaders are effective during health crisis in hospitals’.

Finally, the value of B for transactional leadership 0.357,  $p < 0.001$  this indicated that transactional leaders are suitable and effective leader during health crisis management at hospitals, accordingly the third objective was supported which stated that ‘transactional leaders are effective during health crisis in hospitals’.

In fact, the results of our study at this point that aims the most effective and suitable leadership style during health crisis management are inconsistent with several previous studies whereas Anwar K. (2017) found that the transformational leadership

had the highest value among all leadership styles during CM in private businesses. Also Alkharabsheh et al (2014) reported that transformational leaders were more effective than their transactional counterparts in his study which was conducted to investigate the mediating role of leadership styles on the relationship between characteristics of crisis and decision making styles and subjected 847 Jordanian Civil Defense officers, and The study of Salih and Al-Mubaidin (2013) which aimed to identify the effect of transactional and transformational leadership approaches on the implementation of strategic objectives for Jordanian Ministry of Environment and subjected 63 industrial companies, concluded that the effect of transformational leadership approach was more than the effect of transactional leadership approach .

Regarding the transactional leadership, Kirilina (2017) stated that the analysis of case study of two small size enterprises representing food trade sector and business travel sector during crisis time revealed similarities in leadership style and behaviors and transactional style was found in both enterprises. Finally, Hassan & Rjoub (2017) revealed that the charismatic leadership was the dominant leadership style during CM in the ministry of planning in Erbil.

However, from the researcher's point view, the result of this study is consistent with the basic leadership styles principles, that revealed that there is no leadership style is better than another as there are several variables that determine the leadership style such as the nature of the situation, the nature of the subordinates as well as the leader attributes. And this was illustrated earlier in the literature review. Also, even if the nature of the situation is similar to the study of patterns of leadership in times of crisis, but may be due to our study of the diversity in the environments of the departments within the government hospitals of the MoH as well as the diversity of attributes of leaders and followers, which requires diversity in leadership styles.

Finally, there is no theory or author can guarantee that there is a particular leadership style itself leads to effective CM and another style don't, but there are key factors which can be a guidance in determine the most suitable style so, a variety of leadership styles is recommended.

## **Chapter 5**

### **Conclusion and Recommendations**



## Chapter 5

### Conclusion and Recommendations

#### Introduction

This chapter lists the conclusions, findings, some recommendations based on these findings, and suggestions for future researches in order to improve the leadership and health crisis management at governmental hospitals in GS.

#### 5.1 Conclusion

It is necessary for hospitals to have effective leaders, who can manage and lead hospital's response appropriately to any crisis surround them, the response of an effective leader is vital for the continuity of the performance of during the crisis period and leader's leadership style in the hospitals may play an essential role in the crisis response process and quality of health care provided. Few studies have been performed worldwide understanding leadership styles in health crisis management. This study was carried out to explore the leadership styles in health crisis management, to describe the effectiveness of transformational, transactional and charismatic leadership in health crisis management and to examine the association between leadership styles and health crisis management in regard to socio-demographic characteristics among health care providers who are working at the critical departments at governmental hospitals in GS (Al Shifa, NMC and EGH). The design of the study The observational analytical cross sectional design and the number of respondents was 250 out of 270 (response rate was 92.6%).

The study found that the majority of participants were male and married, their age ranged between 22 – 60 years ( $m = 38.6 \pm 8.99$ ), more than eighty-nine percent of them had bachelor degree and more, vast majority of them were physicians and nurses and half of them were with (10 and less) years of experience.

This research results revealed that there are no statistically significant differences in both leadership styles and health crisis management related to gender, age, qualification and marital status – however, not-married participants have a higher mean score of health crisis management than married-. On the other hand, findings

showed that there are statistically significant differences in both leadership styles and health crisis management due to dept. were in favor participants whose supervisory managerial positions in comparing with other departments employees, also there is a statistically significant difference between all leadership styles and training course as well as health crisis management, but the results showed that only twenty percent of participants have courses in CM. For job description, there are no statistically significant differences between the domains of transformational, transactional styles and health crisis management due to job description but for charismatic leadership style, but there are statistically significant differences in favor of the nurses. For type of hospital, there are no statistically significant differences in leadership styles related to hospital. however, the participants who are working at NMC have a highest mean score for all leadership styles domains and in comparing with other hospitals, but in the health crisis management there are statistically significant differences between participants regarding hospital, that these differences were in favor of participants who worked at NMC in comparing with Al Shifa and EGH. For years of experience, but findings showed that there are no statistically significant differences between the means of the charismatic styles due to years of experience, but for transformational leadership style, transactional leadership style and health crisis management there were statistically significant differences in favor of participants whose have years of experience 21 years and above. Finally, this study stated that all of transformational, transactional and charismatic leadership styles are effective during health crisis in hospitals.

## 5.2 Recommendations:

In light of the study results, the researcher suggests the following recommendations:

For decision-makers in MoH.

- To extend the period of service of some employees who have high competence and experience beyond the age of 60 years - according to their desire and other considerations allowed - under the name (consultant) to benefit from their experience in leadership and CM, and distribute them to the hospitals at time of crisis, and that is similar to UNRWA and some INGOs in GS.
- To instruct whom with managerial position to have qualification related to the leadership and crises management science beside the clinical science, and to make some facilities and motivation for that.
- To establish a condition for the entitlement of managerial position, which is to obtain a scientific qualification or suitable training courses in the leadership and crisis management science
- To activate the department of crisis management and supply it with an appropriate number of competent people, as well as benefit from its employees who graduated with Master degree of Crisis and Disaster Management, which the MoH have been contributed to its success.

For hospital administration.

- To give the nursing staff more administrative powers in the field of leadership and CM according to this result and the previous studies that revealed that nurses have high competence in the field of leadership and management

For the General Directorate for Human Resources Development in the MoH.

- To implement training courses in the field of CM targeting employees who are working at the critical departments in general and whose have managerial positions in particular.

### **5.3 Suggestions for Further Studies.**

- To carry out a study aiming to explore the leadership styles in health crisis management in of field hospitals in the GS during the 2014 aggression and major return marches.
- To carry out a study aiming to evaluate the quality of health crisis management in the MoH between 2007-2017
- To carry out a study aiming to assess the impact of the crisis of "the division of the Palestinian parties" on the governmental hospitals in GS
- To carry out a study aiming to assess the impact of the siege crisis on government hospitals in the GS.

## The Reference List

## The Reference List

- Abu Aziz, S. (2010). Crisis Management Constraints in The Palestinian Ministry of Health Under Siege: A Case Study of the Gaza Strip. Thesis, *The Islamic University of Gaza*. Retrieved From [Http://Library.Iugaza.Edu.Ps/Book](http://Library.Iugaza.Edu.Ps/Book) .(Retrieved In Sep. 13 , 2018. At 6 PM).
- Abu Sharekh, M., (2014) The Role of Leadership in Strategy Implementation in Ngos in Gaza Strip. Central Library - *Islamic University of Gaza*. Retrieved From [Http://Library.Iugaza.Edu.Ps/Book\\_Details.aspx?Edition\\_No=126887](http://Library.Iugaza.Edu.Ps/Book_Details.aspx?Edition_No=126887) (Retrieved In September 3, 2018 . 9:00 Am).
- Abu El-Aish, H., (2015) Managing Crises Resulting After Wars- Case Study: Managing Housing Crisis After Wars in Gaza Strip- *Thesis, The Islamic University of Gaza*. Retrieved from: [Http://Library.Iugaza.Edu.Ps/Book\\_Details.aspx?Edition\\_No=130514](http://Library.Iugaza.Edu.Ps/Book_Details.aspx?Edition_No=130514) . (Retrieved in Sep. 13, 2018. At 4 PM).
- Abu Nqeirah F., (2014). Using A Simulation Model For Crisis And Emergency Management. B.Sc. *Thesis, The Islamic University of Gaza*. Retrieved From: [Http://Library.Iugaza.Edu.Ps/Thesis/112796.Pdf](http://Library.Iugaza.Edu.Ps/Thesis/112796.Pdf).( Retrieved in Sep. 13 , 2018. At 3 PM) .
- Al Banna, E. (2017). The Important Factors in Crisis Management for Ingos in The Gaza Strip from Employees' Perspective. *Thesis, The Islamic University of Gaza*. Retrieved From: [Http://Library.Iugaza.Edu.Ps/Book](http://Library.Iugaza.Edu.Ps/Book) .( Retrieved In Sep. 13 , 2018. At 3 PM) .
- Alexakis, G. (2011). Transcendental Leadership: The Progressive Hospitality Leader's Silver Bullet. *International Journal of Hospitality Management*, 30 (3), 708-713.
- AlJadaily, R. (2006). The reality of the use of crisis management methods in major governmental hospitals in the Gaza Strip Thesis, The Islamic University of Gaza. Retrieved From [http://library.iugaza.edu.ps/book\\_details.aspx?edition\\_no=73599](http://library.iugaza.edu.ps/book_details.aspx?edition_no=73599) . (Retrieved in Sep. 13, 2018. At 9 PM).
- Alkharabsheh, A., Ahmad, Z. A., & Kharabsheh, A. (2014). Characteristics of Crisis and Decision Making Styles: The Mediating Role of Leadership Styles. *Procedia-Social and Behavioral Sciences*, 129, 282-288.

- Alsamaray, H. A. (2014). Impact of Leadership Styles On Crisis Management According to Module H. *European Journal of Business and Management*, 6(2), 37-44).
- Anwar, K., (2017) The Role of Effective Leadership Styles in Crisis Management: Study of private companies in Kurdistan. *Qalaai Zanist Scientific Journal*, 2(4)326-338.
- Anwar, K. (2015). Impact of Transformational and Transactional Leadership Styles on Job Satisfaction: A Study of Agricultural Businesses in Erbil. *Journal of Global Academic Institute Business & Economics*, 1(1), 1-8.
- Barton, L. (1994). "Crisis Management: Preparing for and Managing Disasters", *The Cornell and Restaurant Administration Quarterly*, 35(2), 59.
- Balios, D., Daskalakis, N., Eriotis, N., & Vasiliou, D. (2016). Smes Capital Structure Determinants During Severe Economic Crisis: The Case of Greece. *Cogent Economics & Finance*, 4(1), 1-11.
- Boin, A., P. 'T Hart, E. Stern, And B. Sundelius. 2005. *The Politics of Crisis Management: Public Leadership Under Pressure*. Cambridge, UK: Cambridge University Press.
- Booker Jr, L. (2014). Crisis Management: Changing Times for Colleges. *Journal of College Admission*, (222)17-23.
- Bundy, J.; Pfarrer, M. D.; Short, C. E.; Coombs, W. T. (2016). "Crises and crisis management: Integration, interpretation, and research development". *Journal of Management*. 43 (6):1661.
- Canhoto, I. A., Lehn, V. D., Kerrigan, F., Yalkin, C., Braun, M., And Steinmetz, N. (2015). Fall and Redemption: Monitoring and Engaging in Social Media Conversations During a Crisis. *Cogent Business & Management*, 2(1), 1-16.
- Celik, A., Akgemci, T., & Akyazi, T. E. (2016). A Comparison Between the Styles of Transformational Leaders and Authentic Leaders in Crisis Management. *International Journal of Academic Research in Business and Social Sciences*, 6(2), 183-196
- Changing Mind.Org. (Transformational Leadership). On Line. Retrieved From [http://Changingminds.Org/Disciplines/Leadership/Styles/Transformational\\_Leadership\\_.Htm](http://Changingminds.Org/Disciplines/Leadership/Styles/Transformational_Leadership_.Htm) (Retrieved In August 5, 2018 At 2 PM.).

- Changing Mind.Org. (Transactional Leadership). On Line. Retrieved From [Http://Changingminds.Org/Disciplines/Leadership/Styles/Transactional Leadership .Htm](http://Changingminds.Org/Disciplines/Leadership/Styles/Transactional_Leadership.Htm) (Retrieved In August 5, 2018 At 2 PM.).
- Changing Mind.Org. (Charismatic Leadership). On Line. Retrieved From) [Http://Changingminds.Org/Disciplines/Leadership/Styles/Charismatic Leadership .Htm](http://Changingminds.Org/Disciplines/Leadership/Styles/Charismatic_Leadership.Htm) (Retrieved In August 5, 2018 At 3 PM.).
- Coombs, T. W. (2007), "Ongoing Crisis Communication: Planning, Managing And Responding", 2nd Ed, Los Angeles, London, *New Delhi And Singapore: Sage*.
- Dmour, I., Abu Saleh, M. & Al-Ali, A. (2010). The Effects of Transactional and Transformational Leadership on Acquisition of Critical Thinking of Employees in Jordanian Hospitals. University of Jordan. *Administrative Sciences*.37(2).521-543.
- Eagly, A. H., Johannesen-Schmidt, M. C., & Van Engen, M. L. (2003). Transformational, transactional, and laissez-faire leadership styles: A meta-analysis comparing women and men. *Psychological bulletin*, 129(4), 56.
- EGH, (2009). The EGH is a great success story.MOH Retrieved from <http://www.moh.gov.ps/portal/> [Retrieved in sep. 2, 2018 . 3:00 pm].
- El Qadoud, T. (2018). Assessment of Health System Crisis and Disaster Preparedness among Governmental Hospitals in Gaza Strip, Palestine. Thesis, The Islamic University of Gaza. Retrieved From [http://library.iugaza.edu.ps/book\\_details.aspx?edition\\_no=137182](http://library.iugaza.edu.ps/book_details.aspx?edition_no=137182) .( Retrieved In Sep. 20 , 2018. At 4 PM).
- Euro-Mediterranean Center for Human Rights, Comprehensive Outcome of the Israeli Attack on Gaza, 28 August 2014. Retrieved from <http://euromedmonitor.org/ar/article/609/> [Retrieved in sep. 2, 2018 . 11:00 Am].
- Fenera, T., & Cevik, T. (2015). Leadership In Crisis Management: Separation Of Leadership And Executive Concepts. *Procedia Economics and Finance*, 26, 695-701.
- Fink, S. (1986), "Crisis Management: Planning For The Inevitable", New York, Amacom.
- General directorate of hospitals, (2014). *Annual report of hospitals performance*. MoH.



- Greenleaf, R. (2018). Leadership Theories and Styles.
- Goethals, R. Et Al (2001) Encyclopedia of Leadership. V 1. London: Sage Reference Publication.
- Harwati, L. N. (2013). Crisis Management: Determining Specific Strategies and Leadership Style for Effective Outcomes. *CRISIS*, 2(2).
- Hassan, A., Rjoub, H., (2017) The Role of Effective Leadership Styles in Crisis Management: A Study of Erbil, Iraq. *International Journal of Economics, Commerce and Management*, 4(4), 107-121.
- Hopkins, N. S. (2011). Charisma and Responsibility: Max Weber, Kurt Eisner, And The Bavarian Revolution of 1918. *Max Weber Studies*, 7(2), Pp. 185–211.
- ISDR. 2006. Lessons for a Safer Future: Drawing on the Experience of the Indian Ocean Tsunami Disaster – Eleven Key Actions for Building nation's and communities' Resilience to Disasters, Geneva, ISDR.
- James, E.H., And L.P. Wooten. 2005. "Leadership as (Un)Usual: How to Display Competence in Times of Crisis." *Organizational Dynamics*, 34(2):141-52.
- Jordan, A.T., Upright, P. & Tice-Owens, K. (2016). Crisis Management in Non-Profit Organizations - A Case Study of Crisis Communication and Planning. *Journal of Non-Profit Education and Leadership*, 6(2), 159–177.
- Jaques, T. (2010). Embedding Issue Management As A Strategic Element Of Crisis Prevention, *Disaster Prevention And Management: An International Journal*, 19(4), 469 – 482.
- Jaques, T. (2012). Crisis Leadership: A View from The Executive Suite. *Journal of Public Affairs*, 12(4), 366-372.
- Kargas, A. D., & Varoutas, D. (2015). On The Relation Between Organizational Culture and Leadership: An Empirical Analysis. *Cogent Business & Management*, 2(1), 1-18.
- Kelly, M. L. (2005). Academic Advisors As Transformational Leaders. *The Mentor: An Academic Advising Journal*. Retrieved From [Http://Dus.Psu.Edu/Mentor/Old/Articles/030101mk.Htm](http://Dus.Psu.Edu/Mentor/Old/Articles/030101mk.Htm) (Retrieved In Sep 20, 2018 At 9 PM.).
- Kotterman, J. (2006). Leadership Versus Management: What's The Difference? *The Journal for Quality and Participation*, 29(2), 13.

- Kirilina, Y. (2017). Leadership Approach In Small Size Enterprises During Crisis Time—A Case Study Of Two Enterprises Operating In Russia. . Turku University Of Applied Sciences Thesis,1-66
- Lipman-Blumen, J. (2005). *The Allure Of Toxic Leaders*. New York: Oxford University Press.
- Macmillan dictionary (On line) URL: <https://www.macmillandictionary.com> [Retrieved in March 6, 2018 . 1:00 pm]
- Macneil, W. & Topping, K. (2007). Crisis Management In Schools: Evidence-Based Prevention. *Journal of Educational Inquiry*, 7(1), 64-94.
- Mano-Negrin, R., & Sheaffer, Z. (2004). Are women “cooler” than men during crises? Exploring gender differences in perceiving organizational crisis preparedness proneness. *Women in Management Review*, 19(2), 109-122.
- Martin, J. (2015). Transformational and Transactional Leadership: An Exploration Of Gender, Experience, And Institution Type. *American Academy Journal*, 15(2), 331-351.
- Mcintosh, B., & Ferretti, F. (2015). Pandora Box: The Eurozone and The Euro Crisis. *Cogent Economics & Finance*, 3(1), 1-9.
- Moe, T. L., And Pathranarakul, P. (2006). An Integrated Approach to Natural Disaster Management: Public Project Management and Its Critical Success Factors. *Disaster Prevention and Management*, 15(3), 396-413
- MoH, (2013). A Report On the Health Conditions in The Occupied Palestinian Territor ". *Annual Report March 2013*.
- MoH, (2013). Hospital annual report.
- MoH, (2017). Statistical reports of hospitals ,Al shifa medical complex (On line) URL: <http://www.moh.gov.ps/mohStatL/mohStat.html> [Retrieved in sep. 2, 2018 . 2:00 pm]
- Mitroff, I. I. (1994), “Crisis Management And Environmentalism: A Natural Fit”, *California Management Review*, 36 (2)101-113.
- Nawaz, A. Kenan, Z., & Khan, I. (2016). Leadership Theories and Styles: A Literature Review. *Journal of Resources Development and Management*. (16),1-7.

- Nasser medical hospital, (2012). About the hospitals (On line) URL: <http://sites.moh.gov.ps/nasser/> [Retrieved in sep. 2, 2018 . 3:30 pm]
- Nasser medical hospital, (2017). *annual report.2017*.
- Newstrom, J.W., Davis, K. (1993). *Organizational Behavior: Human Behavior at Work*. New York: McGraw-Hill.
- Nilsson, S., Alvinus, A. & Enander, A. (2016). Frames of Public Reactions in Crisis. *Journal of Contingencies & Crisis Management*, 24(1),14-26.
- Northouse, P. G. (2007). Transformational Leadership. *Leadership: Theory And Practice*, 4, 175-206.
- Northouse, Peter G. 2010. *Leadership: Theory and Practice*: SAGE. Retrieved From [https://books.google.ps/books/about/Leadership.html?id=Biqt\\_Czbbegc&redir\\_esc=y](https://books.google.ps/books/about/Leadership.html?id=Biqt_Czbbegc&redir_esc=y) (Retrieved In Sep. 19 ,2018 At 3 PM).
- Obeidat, A. S. (2012). Clinical Leadership in Jordanian Hospitals: The Clinicians' Perspective.
- Ozdemir, L., & Balkan, M. O. (2010) The Positive and Negative Effects of Crisis on Organizations: An Application. Conference Paper. Retrieved from <https://www.researchgate.net>. [Retrieved in september 1, 2018 . 7:00 Am].
- Palestinian Central Bureau of Statistics (PCBS) On the Eve of the International Population (2017).
- Palestine Health Information Centre, *Health Annual Report: Palestine*; 2016.
- Pathirage, C., Seneviratne, K., Amaratunga, D., Haigh, R. (2012), "Managing Disaster Knowledge: Identification of Knowledge Factors And Challenges", *International Journal Of Disaster Resilience In The Built Environment*. 3(3), 237-252.
- Popper, M., & Zakkai, E. (1994). Transactional, Charismatic And Transformational Leadership: Conditions Conducive To Their Predominance. *Leadership & Organization Development Journal*, 15(6), 3-7.
- Prewitt, J.E. & Weil, R. (2014). Organizational Opportunities Endemic In Crisis Leadership. *Journal of Management Policy and Practice*, 15(2), 72-87.
- Renand, F. (2015). Genuine Leadership and The Global Financial Crisis. *International Journal of Peace and Development Studies*, 6(1), 10-20.

- Refaai, M. & Jpreel, M.(2007). Crisis Management. Ain Shams University-Business School. Retrieved From [Www.Dr-Mamdouhrefaiy.Com/Book/Edart\\_Azmat.Doc](http://www.Dr-Mamdouhrefaiy.Com/Book/Edart_Azmat.Doc) .( Retrieved In Sep. 13 , 2018. At 6 PM).
- Salih, A. And Al-Mubaidin, M., (2013). Administrative Leadership Between Transactional and Transformational Leadership and Its Impact in The Implementation of the Strategic Objectives of the Ministry of Environment of Jordan- A Field Study in The Large Industrial Companies -: *Administrative Sciences*, 161(721), 1-33.
- Shah, T. A., & Nisar, M. (2011). Influence of Transformational Leadership On Employee's Outcomes: Mediating Role of Empowerment. *African Journal Of Business Management*, 5(21), 8558-8566.
- Surbhi, S.(2014). Difference Between Leader and Manager. (Key differences.com) Retrieved from <https://keydifferences.com/difference-between-leader-and-manager.html> (Retrieved in Sep. 9 ,2018 at 8 PM)
- Surbhi, S.(2015). Difference Between Transactional and Transformational Leadership. (Key Differences.Com) .Retrieved From <https://Keydifferences.Com/Difference-Between-Transactional-And-Transformational-Leadership.Html> (Retrieved In Sep. 9 ,2018 At 9 PM).
- Tafra-Vlahović, M. (2013). Leadership in Crisis Management. In First International Conference On Management, Marketing, Tourism, Retail, Finance And Computer Applications. Retrieved From [Http://Bib.Irb.Hr/Datoteka/806802.MATREFC-12.Pdf](http://Bib.Irb.Hr/Datoteka/806802.MATREFC-12.Pdf) (Retrieved In September 9, 2018 . 6:00 Pm).
- Tutar, H., (2004). Crisis and Stress Management. Ankara: Seckin Publishing.p.105-148.
- UNRWA., 2005- *Annual report of the Department of health*, Headquarters, Amman.
- UNRWA, Where we work, 2017 .Retrieved <https://www.unrwa.org/where-we-work> [Retrieved in Sep. 2, 2018 . 1:00 pm].
- Wiktionary.Org,(2018) (On Line) URL: <https://En.Wiktionary.Org/Wiki/Crisis> [Retrieved In Sep. 17, 2018 . 6:00 Pm].

- WHO, 2006- Health Systems Profile-Regional Health Systems Observatory - Palestine. Eastern Mediterranean region.
- Yukl, G. (1999). An Evaluation of Conceptual Weaknesses in Transformational and Charismatic Leadership Theories. *The Leadership Quarterly*, 10(2), 285-305
- Zaqout, E. M., & Al-Habil, W. I. (2016). Leadership Competencies of Middle Managers at Palestinian Media Enterprises and Its Impact on Employees' Job Performance.

# Appendix

Appendix 1: leadership style in health crisis management Questionnaire (Arabic version)

استبانة بحثية

أنماط القيادة في إدارة الأزمات الصحية: دراسة المستشفيات الحكومية في قطاع غزة

سيدي العزيز / سيدتي العزيزة

بداية أهديكم أفضل تحية، وبالإشارة إلى الموضوع المذكور أعلاه فإنني طالب ماجستير في إدارة الكوارث والأزمات في الجامعة الإسلامية في غزة. تهدف هذه الدراسة إلى فهم أنماط القيادة في إدارة الأزمات الصحية بين مقدمي الرعاية الصحية في المستشفيات الحكومية في قطاع غزة، ومعرفة أسلوب القيادة الأكثر فعالية في إدارة الأزمات. هذا الاستطلاع مخصص للأغراض الأكاديمية فقط، يرجى ملء المربع أو الدائرة التي تمثل رأيك. يرجى أخذ الوقت الكافي للإجابة على الأسئلة التالية بصدق ودقة قدر المستطاع. شكرا لأخذ الوقت لملء هذه الاستبانة؛ لن يستغرق منك سوى 10 دقائق فقط. سيتم التعامل مع إجاباتك بسرية تامة، وستكون مجهول الهوية تمامًا. إذا كان لديك أي أسئلة حول هذه الاستبانة، يرجى الاتصال ببلال الجمل.

وقتكم ومساعدتكم لي محل تقدير كبير

أطيب التحيات،

بلال عدنان الجمل

ماجستير في إدارة الكوارث والأزمات - الجامعة الإسلامية في غزة

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البيانات الديموغرافية الشخصية: يرجى وضع علامة (√) على الخانة الصحيحة وتعبئة الفراغات عنك. ❖

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الحالة الاجتماعية		.....			
عدد الأبناء		.....			
الدخل الحالي (بالشيكل)		.....			
مكان السكن		الشمال	غزة	الوسطى	خانيونس
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المستوى التعليمي		دبلوم	بكالوريوس	دراسات عليا	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
المستشفى		مجمع الشفاء الطبي	مجمع ناصر الطبي	مستشفى غزة الأوروبي	
القسم الذي تعمل فيه أوقات الأزمات		الاستقبال	العناية المكثفة	العمليات	غير ذلك <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
المسمى الوظيفي		طبيب (التخصص).....	ممرض	فني عمليات	فني تخدير <input type="checkbox"/>
اجمالي سنوات الخبرة (بالسنوات)		.....			
هل لديك منصب إداري في المستشفى؟		نعم <input type="checkbox"/>	لا <input type="checkbox"/>		
إذا كانت الإجابة للسؤال السابق نعم، الرجاء تحديد المنصب		رئيس قسم	مشرف	مدير طبي	مدير تمريض
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ما هو المسمى الوظيفي للشخص المسؤول عنك مباشرة في أوقات الأزمات والطوارئ؟.....					
هل تلقيت دورات في إدارة الأزمات؟		نعم <input type="checkbox"/>	لا <input type="checkbox"/>		



يرجى وضع علامة (√) على خانة واحدة لكل عنصر، بحيث يعكس السلوك الذي يتعامل به القائد المسؤول عنك مباشرة في أوقات الأزمات والطوارئ.

العناصر	أبداً 1	نادراً 2	أحياناً 3	غالباً 4	دائماً 5
<b>المجال الأول : القيادة التحويلية (Transformational leadership)</b>					
يفتخر القادة بالموظفين لارتباطهم بهم.					
يتصرف القادة بطريقة تبني احترام الموظفين.					
يتصف القادة بالفخر والاحترام والثقة.					
تسمو القيم الإنسانية عند اتصال وتواصل القادة مع غيرهم لتحقيق الأهداف المرجوة .					
يهتم القادة بتنمية وتوسيع الإدراك والتفكير الإبداعي لدى العاملين.					
ينشر القادة التفاؤل بالمستقبل بين العاملين.					
يتبنى القادة وجهات النظر المتعددة لمواجهة الإشكاليات التي يتعرضون لها.					
يقدم القادة اقتراحات مبتكرة.					
يحاول القادة أن يطوروا من قدرات وامكانيات فرقهم.					
يعمل القادة على تطوير أنظمة العمل من أجل تحسين الأداء.					
<b>المجال الثاني : القيادة التبادلية (Transactional leadership)</b>					
يقدم القادة المساعدة للموظفين في مقابل الجهود التي يبذلونها.					
يعبر القادة عن رضاهم عن أداء الموظفين وما يصدر منهم في مجال تنفيذ المهام.					
يستطيع القادة الاهتمام بالمبادرات التي يقدمها الآخرون.					
يسهل الوصول للقادة وقت الشدائد والأزمات.					
يقود ويوجه القادة فرقهم ومجموعاتهم بفاعلية.					
القادة لا يغفرون أخطاء فرقهم وزملائهم بسهولة.					
يستغرق القادة أوقات طويلة في الردود على الأسئلة والمعاملات العاجلة.					
يتجنب القادة اتخاذ القرارات.					
يهتم القادة بتنفيذ المهام وفق الأنظمة واللوائح التي تحددها المؤسسة الصحية دون الخروج عنها أو التغيير فيها.					
يهتم القادة بمتابعة المخرجات والنتائج، وقياسون النجاح وفقاً لنظام المكافآت والعقوبات في المؤسسة الصحية.					

العناصر	أبداً 1	نادراً 2	أحياناً 3	غالباً 4	دائماً 5
<b>المجال الثالث : القيادة الملهمه (Charismatic leadership)</b>					
يتبع القادة أساليب ساحرة لإقناع العاملين وتغيير مساراتهم ، أكثر من أي شكل من أشكال القوة الخارجية والسلطة.					
القادة بارعون في تمثيل الموظفين لدى السلطة العليا.					
يساهم القادة في تبني الأفكار التي يقدمها الموظفين في المخاطر المتوقعة.					
يهتم القادة بما يمكن أن تؤول إليه القرارات من الناحية الأخلاقية والمعنوية.					
يعزز القادة نقاط القوة لدى الموظفين.					
القادة يُظهرون إحساساً بالقوة والثقة.					
يحث القادة الموظفين للنظر على المشاكل من عدة زوايا.					
القادة لديهم رؤية لمستقبل ناجح لاتباعهم.					
القادة على استعداد للتضحية بكل شيء من أجل إظهار التزامهم مهما كلفهم الأمر.					
لدى القادة بلاغة لفظية، وهم أيضاً قادرين على التواصل مع أتباعهم على مستوى عميق وعاطفي.					
<b>المجال الرابع : إدارة الأزمات (Crisis management)</b>					
يمتلك القادة القدرة على تحديد وتوقع الصعوبات المحتملة في الأزمات.					
يتم التنسيق بين الأقسام و المستويات الإدارية في المنظمة للتواصل المستمر في الأزمات.					
يتبع القادة المعايير المناسبة لإدارة أنظمة السلامة والصحة المهنية وتقييم وتحليل المخاطر.					
يعمل القادة على استخدام قوى عاملة مؤهلة وذات خبرة في الأزمات.					
يعمل القادة على تبادل المعلومات خلال الأزمات.					
يقوم القادة بجمع البيانات من منظور كمي وكمي لمعدات السلامة في الأزمات.					
يشارك القادة المعلومات من المدراء إلى الموظفين والعكس.					
يستطيع القادة أن يبنوا ويحافظوا على علاقات جيدة من الثقة مع العاملين في أوقات الأزمات.					
يتصف القادة بالحكمة والعمل بروح المسؤولية.					
القادة لديهم القدرة على الشعور بالأزمة والبقاء "ثابتين في ميدان العمل".					

• هل لديك أي ملاحظات أخرى؟ .....

Appendix 1: leadership style in health crisis management Questionnaire (English version)

❖ Sociodemographic data

Gender	Male <input type="checkbox"/>		Female <input type="checkbox"/>		
Age	.....				
Marital status	.....				
No. children	.....				
Current Income (NIS)	.....				
Address	The North	Gaza	Middle province	Khanyounis	Rafah
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualification	diploma degree		Bachelor degree		postgraduate studies
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
The hospital	Al shifa complex		Nasser medical comp;ex		EGH
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Department where you work at time of crisis	ED	ICU	OR.	other	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job description	physician	nurse	OR technicians	Anesthesia technician	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
years of experience	.....				
Do you have a managerial position in the hospital?			yes <input type="checkbox"/>	No <input type="checkbox"/>	
If the answer to the previous question is yes, please specify the position	Head of dept.	supervisor	Medical director	Nursing director	other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is the job title of the person responsible for you directly in times of crisis and emergency?			.....		
Have you received crisis management courses?			yes <input type="checkbox"/>	No <input type="checkbox"/>	

<b>Domains</b>	<b>Items</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Transformational leadership</b>	Leaders instill genuine pride in employees for being associated with them					
	Leaders act in a way that builds and improves employees' respect					
	Leaders enjoy a high level of pride, respect and trust					
	Leaders communicate convincing values and goals					
	Leaders encourage people to think from a wider and broader perspective					
	Leaders see the future in an optimistic way					
	Leaders seek different perspectives during problem- solving					
	Leaders make innovative and positive suggestions					
	Leaders are trying to maximize their teams' capability and capacity					
	Leaders are working to change the system for performance development					
<b>Transactional leadership</b>	Leaders provide employees with assistance for their efforts					
	Leaders express satisfaction when employees meet expectation					
	Leaders recognize people for their initiative-taking					
	Leaders are available when they are needed					
	Leaders lead their group in an effective way					
	Leaders do not forgive mistakes easily					
	Leaders delay responding to urgent questions.					
	Leaders avoid making decisions					
	Leaders prefer to work within the system and to minimize variation of the health organization					
	Leaders focus on results and they measure success according to organization's system of rewards and Punishments					

Domains	Items	1	2	3	4	5
<b>Charismatic leadership</b>	Leaders gather followers through dint of personality and charm, rather than any form of external power or authority					
	Leaders are effective in representing employees to higher authority					
	Leaders support employees who take calculated risks					
	Leaders consider the moral and ethical consequences of their decisions					
	The Leaders help employees to develop their strength points					
	Leaders show a sense of power and confidence					
	Leaders direct employees to look at managerial problems from many different perspectives					
	leaders have a vision of successful future for their followers					
	leaders are willing to sacrifice everything in order to show their commitment					
	Leaders have a verbal eloquence that qualifies them to communicate with their subordinates on a deep, and emotional level					
<b>Crisis management</b> إدارة الأزمات	Leaders have ability in identifying and predicting probable difficulties in crises.					
	Leaders take the required actions to coordinate and communicate with the various departments					
	Leaders take proper actions to set up health and safety system and evaluate the risk management					
	Leaders depend on qualified and experienced workforces in crisis					
	Leaders share information occurs					
	Leaders are gathering data from quality and quantity view for safety equipment in crisis					
	Leaders share information from managers to personnel and vice versa					
	Leaders can build and maintain good relations with employees at the time of crisis					
	The Leaders have the ability to take responsibility and act wisely					
The Leaders remain steadfast in the field of work during the crisis						

### Appendix 3: List of experts

Name	Place of work
Dr. Khalil Shuaib	Palestine collage of nursing
Dr.Mohammed Elmougher	Palestine university
Dr. Hamza Abdeljawad	Al Quds University
Dr. Motasem Salah	MoH
Dr. Akram Abu Salah	Palestine collage of nursing
Dr. Azam Abu Habib	UNRWA
Dr. Ayman Abu Mostafa	General Directorate of Human Resources Development - MoH
Mr.Hammoda Abu-Odah	European Gaza Hospita
Mr. Yamen Qeshta	Palestine collage of nursing

Appendix 4: Approval letter from the Islamic University – Gaza

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

 **الجامعة الإسلامية غزة**  
The Islamic University of Gaza

FACULTY OF SCIENCE

كلية العلوم  
Ref: \_\_\_\_\_ الرقم  
ج م ع / 150/64 تاريخ  
Date: 2018/7/15 التاريخ

المسيد / د. رامي العيادلة  
مدير عام تنمية القوى البشرية بوزارة الصحة  
حفظه الله،

الموضوع / تسهيل مهمة

بدايةً نهنئكم عمادة كلية العلوم بالجامعة الإسلامية بغزة أطيب تحياتها، ولرجو من سيادتكم لتكرم بتسهيل مهمة الباحث/ يلال عبدنان الجمل تخصص ماجستير (إدارة الأزمات والكوارث) في الحصول على المعلومات اللازمة لإتمام رسالة الماجستير، وذلك لغرض البحث العلمي.

شاكرون لكم حسن تعاونكم معنا،،،،

  
عميد كلية العلوم  
أ.د. أمعد يوسف أمعد



- نسمة للتد.

+9782644400 +97082544850 pub@iugaza.edu.ps www.iugaza.edu.ps iugaza iugaza iugaza  
P.O Box 108, Fimat, Gaza, Palestine غزة - فلسطين 108 الترمال - غزة

## Appendix 5: Approval letter from Helsinki Committee.



**المجلس الفلسطيني للبحوث الصحي**  
**Palestinian Health Research Council**

تعزيز النظام الصحي الفلسطيني من خلال مؤسسة استخدام المعلومات البحثية في صنع القرار  
Developing the Palestinian health system through institutionalizing the use of information in decision making

**Helsinki Committee**  
For Ethical Approval

**Date:** 06/08/2018                      **Number:** PHRC/HC/409/18

**Name:** Belal Adnan S. Aljamal                      **الاسم:**

We would like to inform you that the committee had discussed the proposal of your study about:                      نفيكم علماً بأن اللجنة قد ناقشت مقترح دراستكم  
حول:

**Leadership Styles in Health Crisis Management: Study of Governmental Hospitals in Gaza Strip**

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/409/18 in its meeting on 06/08/2018                      و قد قررت الموافقة على البحث المذكور عاليه  
بالتاريخ والتاريخ المذكوران عاليه

**Signature**

**Member**                      **Member**

*د. نورا رمانة*                      *2018*                      *2018*

**Chairman**                      **Member**

*2018*                      *2018*

**General Conditions:-**

1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

**Specific Conditions:-**

E-Mail: [pai.phrc@gmail.com](mailto:pai.phrc@gmail.com)

Gaza - Palestine                      غزة - فلسطين  
شارع النصر - مفترق العيون



## Appendix 6: Approval letter from General Directorate of Human Resource Department

**دولة فلسطين**  
**وزارة الصحة**

**السيد: رامي عبد سليمان العبداله المحترم**

التاريخ: 19/07/2018  
رقم المراسلة: 230151

مدير عام بالوزارة/الإدارة العامة لتنمية القوى البشرية - /وزارة الصحة

السلام عليكم

**الموضوع/ تسهيل مهمة الباحث/ بلال الجمل**

**التفاصيل //**  
بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحث/ بلال عدنان الجمل  
الملتحق ببرنامح ماجستير إدارة الأزمات والكوارث - كلية العلوم - الجامعة الإسلامية بغزة في إجراء بحث بعنوان:-  
"أنماط القيادة في إدارة الأزمات الصحية: دراسة المستشفيات الحكومية في قطاع غزة"  
حيث الباحث بحاجة لتغطية استيانة من عدد من العاملين في أقسام (الاستقبال - العنايه - العمليات) في مجعبي الشفاء وناصر  
الطبيب ومستشفى غزة الأورثي، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، ودون تحمل الوزارة أي أعباء  
أو مسئولية  
وتفضلوا بقبول التحية والتقدير،  
ملاحظات:

1- تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة 3 شهر من تاريخه.

محمد ابراهيم محمد السرساوي  
مدير دائرة/الإدارة العامة لتنمية القوى البشرية -

**التحويلات**

إجراءاتكم بالخصوص (19/07/2018)	← رامي عبد سليمان العبداله (مدير عام بالوزارة)	■ محمد ابراهيم محمد السرساوي (مدير دائرة) ملاحظات التأشير :: يرجى ارسال الكتاب لمدير عام المستشفيات ونسخة لمدير عام الرقابة الداخلية
إجراءاتكم بالخصوص (22/07/2018)	← عبد اللطيف محمد محمد الحاج (مدير عام بالوزارة)	■ رامي عبد سليمان العبداله (مدير عام بالوزارة) ملاحظات التأشير ::
إجراءاتكم بالخصوص (22/07/2018)	← منحت عباس خضر حسن (مدير عام بالوزارة)	■ عبد اللطيف محمد محمد الحاج (مدير عام بالوزارة) ملاحظات التأشير ::
إجراءاتكم بالخصوص (22/07/2018)	← محمد خليل محمد زقوت (مدير)	■ عبد اللطيف محمد محمد الحاج (مدير عام بالوزارة) ملاحظات التأشير ::
إجراءاتكم بالخصوص (22/07/2018)	← يوسف فوزي اسماعيل المقاد (مدير مستشفى)	■ عبد اللطيف محمد محمد الحاج (مدير عام بالوزارة) ملاحظات التأشير ::
إجراءاتكم بالخصوص (22/07/2018)	← حسن محمد خليل حافظ اللوح (مدير)	■ منحت عباس خضر حسن (مدير عام بالوزارة) ملاحظات التأشير ::

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