

Assessment of Relationship between Structural Empowerment and Resonant Leadership on the Performance of Healthcare Providers in Saudi Arabia 2024

Abdullah Abdulaziz Alharbi¹, Mohammed Abdullah Alghamdi², Fahad Mubarak Hassan Al-Qurashi³, Sultan Saad Alghamdi⁴, Ferdous Mohammad Altakrowni⁵, Fayez Hamoud Jurayyad Aladim⁶, Fatema Khalaf Alonazi⁷, Ibrahim Hassan H Alderhami⁸, Mansour Alhassan Almakrami⁹, Mohammad Saeed Alzahrani¹⁰

1Hospital management specialist, Health Affairs in Makkah, Saudi Arabia

2Senior health administration specialist, AlBaha Health Cluster, Saudi Arabia.

3Health Information Technician, King Abdulaziz Specialist Hospital in Taif, Saudi Arabia.

4Health Informatics Specialist, Hera General Hospital, Saudi Arabia.

5Health informatic, Makkah Haelth Cluster, Saudi Arabia.

6Director of Quality and Patient Safety, Aja Long -Term Care Hospital & Medical Rehabilitation Center, Saudi Arabia.

7Health Information Technology, Specialized Dental Center in Riyadh, Saudi Arabia.

8Duty manager, Maternity and Children hospital, Saudi Arabia.

9Medical devices, Maternity and Children's Hospital, Saudi Arabia.

10Health administration specialist, Makkah Al-Mukarramah Health Cluster, Saudi Arabia.

Abstract:

Background: There are longstanding and growing concerns about the demanding nature of work environments that affect healthcare providers' (HCP) health, job satisfaction and provision of quality care. Specifically in healthcare settings, there is the need for leaders to create supportive work environments to avoid these negative trends and increase HCPs job satisfaction. Effective work outcomes have been linked to resonant leadership, a positive relational leadership style that is primarily grounded in emotional intelligence. The ability to gather resources and accomplish objectives by gaining access to opportunities, resources, support, and information is known as structural empowerment. Combining structural empowerment with resonant leadership improves HCPs' performance.

This study aimed: To assess the relationship between resonant leadership and structural empowerment on the HCPs' performance.

Methods: A descriptive correlational, study design was conducted at Hospital in Saudi Arabia. Study sample 260 HCPs and healthcare manager working in Hospital. Three tools for data collection: the first tool consists of two parts: part one is personnel characteristics of the HCPs and healthcare manager. Part two is resonant leadership scale. The second tool: The Conditions of Work Effectiveness Questionnaire. The third tool: HCP performance using observational checklist.

Results: The findings demonstrated the high degree of structural empowerment and resonant leadership among study participants, as well as the magnitude of their influence on patient performance.

Conclusion: Resonant leadership and structural empowerment were positively correlated, and performance among HCPs was positively correlated with resonant leadership. However, the performance of HCPs was negatively correlated with structural empowerment.

Recommendation: Plan a training session to teach recently hired head HCPs how to apply resonant leadership methodologies. To generalize the findings, apply the study at various workplaces, such as colleges and hospitals that offer health insurance.

Keywords: Performance, Healthcare Providers, Managers, Resonant leadership, and Structural empowerment

Introduction:

Healthcare providers' executives globally are expected to articulate the contribution to patient care within the boardroom⁽¹⁾. This is becoming more important as healthcare organizations are under pressure to control costs. Healthcare leadership is often held to account for the quality of patient care⁽²⁾. HCPs and their professional capability play an important role in fulfilling the health system⁽³⁾. That's why their professional and caring capability is one of the concerns of the health care system and authorities in different countries. HCPs require power to affect patients and other health care practitioners⁽¹⁻⁵⁾. Powerless HCPs are ineffective and they are less satisfied with their jobs and also prone to exhaustion and depersonalization^(6,7).

Higher levels of emotional and interpersonal intelligence are displayed by resonant leaders. A leader's effectiveness is determined by their relationship with the members of their team, not by their level of talent or ability^(4,8). When leaders show compassion for their employees throughout difficult times, personal crises, and layoffs, employees are more likely to trust them. Leaders encourage team cohesion and inspire followers toward a mission under tremendous strain. Leadership requires a higher level of emotional intelligence. A leader must possess high emotional intelligence as well as self-awareness, empathy, honesty, and effective communication abilities^(6,8).

Resonant leaders can also channel their emotions through optimism, compassion, and zeal in order to give the best resonance possible for fostering a positive company culture, claim⁽⁹⁾. According to Hassan & Qureshi (2019)⁽¹⁰⁾, leaders who possess the intuition to diligently cultivate self-awareness, self-management, social awareness management, and relationship management are capable of generating strong resonance. Resonant leaders must possess both intellectual and emotional intelligence to effectively manage an organization. Emotional intelligence is particularly important when making decisions that affect subordinates⁽¹¹⁾.

Ali & Kashif (2020)⁽¹²⁾ assert that executives who have a strong rapport with their team members must be conscious of these factors and avoid taking actions that could harm the corporate culture. Every circumstance or incident that a resonant leader comes across will be communicated and handled in line with their actions and behaviors since this is the main attitude that influences employee behavior⁽¹³⁾. Empowerment is regarded as one of the main leadership methods and is crucial in the professional practice settings of HCPs. Numerous theoretical perspectives are used to address the idea of empowerment. The theories of structural, collective, and psychological empowerment are a few of them. Because it sees empowerment as a political and social force that has the power to influence organizational policies and procedures⁽¹⁴⁾.

The ability of an organization to give staff members access to the tools they require to support their work is known as structural empowerment. Taking into consideration the features of formal or informal authorities, it refers to the particular social conditions and workplace policies that make it easier to access opportunities, information, support, and resources⁽¹⁵⁾. HCPs' motivation and output are influenced by their sense of empowerment at work. Higher motivation, a sense of self-assurance, autonomy, and positive views regarding their work, including lower

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attrition, job satisfaction, organizational commitment, and increased confidence, can all be outcomes of structural empowerment for HCPs. Additionally; it enhances the environment for patient safety, productivity, and the provision of superior patient care ⁽¹⁶⁾.

The performance of HCPs is enhanced when resonant leadership and structural empowerment are combined. Resonant leaders foster an environment that is conducive to the efficient use of structural empowerment measures. This makes HCPs feel inspired, involved, and capable of giving patients the best care possible. HCPs are more likely to exhibit higher levels of work performance, including better clinical results, patient satisfaction, and overall organizational success, when they feel respected and supported by their leaders and the organization ⁽¹⁷⁾.

Resonance in leadership and structural empowerment are essential to improve a HCP's performance in a hospital context. In order to promote a healthy work atmosphere, resonance leadership places a strong emphasis on emotional intelligence, empathy, and supportive communication. Resonant leaders connect with their team members on a deep level, fostering trust and inspiration. This strategy increases HCPs' job satisfaction and dedication to providing high-quality care by helping them feel appreciated, understood, and empowered ⁽¹⁸⁾.

There is no study conducted in Saudi Arabia about the effect of resonant leadership and structural empowerment on HCPs' performance. Therefore, the researchers were interested in conducting this study to find out the impact of resonant leadership and structural empowerment, and whether it is related to the performance of HCPs. This study aimed to determine the effect of resonant leadership and structural empowerment on the HCPs' performance.

Methods:

A descriptive correlational, study design was conducted at Hospital in Saudi Arabia from January to March 2024. Study sample 260 HCPs and healthcare manager working in Hospital. The tools used to collect data consisted of three tools: First tool is Resonant leadership consisted of two parts. First part: Personal sheet which consists of variables name age, gender, educational qualification, religion, marital status, area of working. Second part: Resonant leadership scale it was developed by Cummings et al. (2010) ⁽¹⁹⁾ to examines the opinion of HCPs about the resonant leadership Style. It was Included the four dimensions of resonant leadership styles: self-awareness (contains two items), social awareness (contains three items), self-management (contains three items), and relationship. Management (contains two items).

The resonant leadership scale has 10 items, each item is rated on a five point Likert scale of 1 (strongly disagree) to 5 (strongly agree). Scoring system was used according cut off point and includes the score ranged from 0 to 100% and was divided into three levels, low for less than 50%, and moderate ranged from 50% to 60%, and high for up to 70%. Second tool: The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) was developed by Laschinger et al. (2001) ⁽²⁰⁾ to measure structural empowerment. It was Included the four dimensions access to opportunities (contains three items), support (contains three items), resources (contains three items) and information (contains three items) of structural empowerment.

The CWEQ-II Questionnaire has 12 items, each of which is rated on a five-point Likert scale ranging from a low of 0 (none) to a high of 5 (a lot). Scoring system was used according cut off point the score ranged from 0 to 100% and was divided into three levels, low for less than 50%, and moderate ranged from 50% to 60%, and high for up to 70%. Third tool: HCPs performance by using observational checklist was developed by Schwirian (1978) ⁽²¹⁾ to assess HCPs performance. The tool consists of 52 items grouped into Six Dimension Scale of HCPs Performance, namely: Leadership (five items), critical care (seven items), teaching/collaboration

(eleven items), Planning/evaluation (seven items), Interpersonal relations/Communication (twelve items) and professional development (ten items) Liker point example done=1 not done =0. The total scores were calculated according to the average of the items per sub-scale. Performance is considered excellent if the score is equal to or more than (85%), Good if between (75 % < 85%), fair if between (60%-75%), and poor if less than (60%).

An official approval was obtained from the Director of Hospital and HCPs healthcare managers to collect the necessary data. Research proposal approved from Ethical Committee at the University. There was no risk for study participants during application of the research. After explain the purpose of the study and request participation; written agreement taken from the participants in the present study. Study participants had the right to refuse or to participate and/or withdraw from the study without any rational at any time. Confidentiality and anonymity assured which achieved when the study participants' privacy considered during collection of data. The study followed common ethical principles in clinical research.

Arabic translation of the study tools was done. Face validity of the study tools was done to assure accurate comprehension of the study tools. It was done through a jury expert committee. Also content validity was checked and analyzed by using confirmatory factor analysis test to assure (importance, clearness, and accountability of each items of the study tool) and all items in the study tool items was confirmed. A pilot study was done on 10 % from total study participants in Hospital to ensure the clarity, accessibility and understandability of the study tools. The data obtained from the pilot study was analyzed and no changes were done for the study tools. The study tools were tested for its reliability by using Cronbach's Alpha Coefficient test, It was ($\alpha=0.75$) for resonant leadership scale, and it was ($\alpha = 0.73$) for the conditions of work effectiveness questionnaire, and it was ($\alpha 0.93$) for HCP performance checklist. Thus indicates a high degree of reliability for the study tools.

All analyses were performed with the IBM SPSS 28.0 software. Categorical variables were described by number and percent (N. %), where continuous variables described by mean and standard deviation (Mean, SD). We are used Pearson correlation to appear the association between scores, univariate and multivariate linier regression used to determine the effect of resonant leadership and structural empowerment on nurse's performance a two-tailed $p < 0.05$ was considered statistically significant.

Results:

Table (1) displays that the occupations of study participants are about 42.7% have an age group (>30 years) with an average age of (35.21 ± 9.32), respectively. Regarding their gender, less than three-fifths (60.8%) are female. Nearly half (48.1% and 49.2%) had less than 10 years of experience. The majority (82.7% and 86.5%) of the study participants was married and had a diploma.

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Table (1): Personnel characteristics of the study participants (n=260)

| Personnel characteristics | No | % |
|------------------------------------|-------------|-------------|
| Age group | | |
| Less than 30 years | 111 | 42.7 |
| From 30-40 years | 69 | 26.5 |
| More than 40 years | 80 | 30.8 |
| Mean ±SD | 35.21±9.32 | |
| Gender | | |
| Male | 102 | 39.2 |
| Female | 158 | 60.8 |
| Years of Experience | | |
| Less than 10 year | 125 | 48.1 |
| From 10 -20 years | 27 | 10.4 |
| More than 20 year | 108 | 41.5 |
| Mean ±SD(range) | 14.77±10.69 | |
| Marital Status | | |
| Married | 215 | 82.7 |
| Single | 42 | 16.2 |
| Divorced | 2 | .8 |
| Widow | 1 | .4 |
| Education qualification | | |
| Diploma | 128 | 49.2 |
| Bachelor of health science | 53 | 20.4 |
| Technical institute | 77 | 29.6 |
| Technical healthy institute | 2 | .8 |

Table (2) states that the mean and standard deviation for the four subdomains of resonant leadership and reports that the rate of resonant leadership is very high (4.41±0.28). Self-awareness was (4.28±0.64), social awareness was (4.42±0.44), self-management was (4.49±0.38), and relationship management was (4.41±0.5).

Table (2): Mean and standard deviation distribution of the resonant leadership dimensions for study sample (n=260).

| Resonant leadership dimensions | Mean ± SD | Mea n% | Sig |
|---|------------------|-------------|--------------------|
| Self-awareness | | | |
| My department supervisor (leader) looks for feedback on ideas and initiatives even when they are difficult to hear. | 4.3±0.7 | 86.0 | <0.001** |
| My supervisor in the department acts in accordance with the values, even if that on his personal account. | 4.27±0.75 | 85.4 | <0.001** |
| Total | 4.28±0.64 | 85.6 | <0.001** |
| Social awareness | | | |
| My supervisor in the department focuses on successes and potential rather than failures | 4.4±0.62 | 88.0 | <0.001** |
| My supervisor in the department supports teamwork to achieve objectives and results. | 4.51±0.52 | 90.2 | <0.001** |

| Resonant leadership dimensions | Mean ± SD | Mea n% | Sig |
|--|----------------------|-------------------|--------------------|
| My supervisor in the department deals with stressful situations calmly. | 4.35±0.76 | 87.0 | <0.001** |
| Total | 4.42±0.44 | 88.4 | <0.001** |
| Self-management | | | |
| My supervisor in the department listens carefully, and then acts constructively on requirements and interests. | 4.48±0.54 | 89.6 | <0.001** |
| My department supervisor actively guides and coaches individual and team performance. | 4.54±0.56 | 90.8 | <0.001** |
| My department supervisor effectively resolves conflicts that arise. | 4.47±0.54 | 89.4 | <0.001** |
| Total | 4.49±0.38 | 89.8 | <0.001** |
| Resonant leadership dimensions | | | |
| Relationship management | | | |
| My supervisor in the department engages others in working towards a common vision. | 4.42±0.59 | 88.4 | <0.001** |
| My supervisor in the department allows the nursing staff to take important decisions at work freely. | 4.39±0.63 | 87.8 | <0.001** |
| Total | 4.41±0.5 | 88.2 | <0.001** |
| Resonant leadership scale (Total) | 4.41±0.28 | 88.2 | <0.001** |

*Statistically Significant Level at P. value <0.05 **Statistically Significant Level at P. value <0.01

Table (3) illustrates that mean and standard deviation for the four dimensions of structural empowerment. This table indicated the total mean score of structural empowerment represents 17.22 mean scores ± 1.33). As well as the highest mean was found for opportunities 4.47 mean scores and followed by resources and information 4.44 and 4.24 mean scores respectively.

Table (3): Distribution of mean and standard deviation of the structural empowerment dimensions for study sample (n=260)

| Structural empowerment dimensions | Mean ± SD |
|---|------------------|
| Opportunities | |
| Healthcare personnel have the opportunity to work hard. | 4.49±0.53 |
| Healthcare personnel acquire new skills and knowledge on the job. | 4.46±0.54 |
| The Healthcare profession provides duties that lead to the use of the information and skills they have. | 4.45±0.62 |
| Total | 4.47±0.41 |
| Support | |
| Healthcare personnel have access to information about the current status of the organization. | 4.21±0.69 |
| HCP understands the values of senior management. | 4±0.79 |

| Structural empowerment dimensions | Mean ± SD |
|---|-------------------|
| Providing information regarding the goals of senior management to health. | 4.02±0.81 |
| Total | 4.07±0.64 |
| Resources | |
| Providing specific information about the things I do well. | 4.49±0.54 |
| HCPs use feedback about what can be improved. | 4.32±0.63 |
| I am provided with advice to solve problems. | 4.52±0.52 |
| Total | 4.44±0.41 |
| Information | |
| I have enough time to do the necessary paperwork. | 4.11±0.77 |
| I have the time necessary to fulfill my job requirements. | 4.04±0.78 |
| I get temporary help when needed. | 4.56±0.55 |
| Total | 4.24±0.51 |
| Structural Empowerment (CWEQ-II) (Total) | 17.22±1.33 |

Table (4) shows the mean and standard deviation for the six dimensions of performance and reports that the rate of performance is very high (16.12±0.44). Leadership was (2.46±0.1), critical care was (2.75±0.14), and teaching / collaboration was (2.66±0.08) planning / evaluation were (2.59±0.08), interpersonal relations / communication were (2.81±0.09) and professional development was (2.86±0.11).

Table (4): Distribution of mean and standard deviation of the performance dimensions for study sample (n=260)

| performance dimensions | Mean ± SD | Mean% | Level |
|---|------------------|--------------|--------------|
| Leadership | 2.46±0.1 | 81.98 | Good |
| critical care | 2.75±0.14 | 91.56 | excellent |
| teaching/collaboration | 2.66±0.08 | 88.61 | excellent |
| Planning/evaluation | 2.59±0.08 | 86.27 | excellent |
| Interpersonal relations/Communication | 2.81±0.09 | 93.73 | excellent |
| professional development | 2.86±0.11 | 95.26 | excellent |
| Nursing performance using observational checklist | 16.12±0.44 | 89.57 | excellent |

Discussion:

Resonance leadership, a positive relational leadership style that focuses primarily on emotional intelligence, has been associated with effective work outcomes. Effective resonant leadership encourages nurses to think creatively at every level of the healthcare system ⁽²²⁾. Leaders and their leadership style can have a big impact on promoting a healthy work environment and a stronger sense of empowerment among healthcare employees. Resonant leaders, who provide nurses with greater autonomy, support, and responsibility over their work increase employee engagement, motivation, and accountability all of which are essential elements of empowerment ⁽²³⁾. The ability to mobilize resources and accomplish goals by having access to

opportunities, resources, support, and information is known as structural empowerment.

Access to information includes both the technical know-how needed to finish the task and knowledge about organizational changes and regulations. The guidance and input that nurses receive from superiors, peers, and subordinates enables them to make decisions on their own. Access to resources refers to the nurses' capacity to obtain the equipment, supplies, and resources needed to fulfill organizational goals. The prospects relate to the potential for career progression and education for nurses ⁽¹⁴⁾. This study set out to define the relationship between structural empowerment and resonant leadership as well as the degree to which they affect HCPs performance.

Concerning the resonant leadership in the study sample, It was observed that the rate of resonant leadership was very highly positive statistical significant for the four dimensions of resonant leadership. According to the researchers' point of view, the contrast between the four dimensions in resonant leadership emphasizes the importance of recognizing one's strengths and weaknesses and help in managing emotions and behaviors effectively. This finding is consistent with that of Boyatzis & McKee (2024) ⁽²⁴⁾, who stated that leaders need to cultivate emotional intelligence in both themselves and their groups in order to establish a resonant leadership culture. This includes enhancing relationship management, self-regulation, self-awareness, and social awareness.

However, this finding runs counter to a study by Da Fonseca et al. (2022) ⁽²⁵⁾ that found damaging leadership results from leaders who lack self-awareness influencing followers' attitudes, behaviors, and involvement. Effective leaders must be conscious of both their own and others' feelings. Leaders are completely aware of how their emotions affect how they connect with others. Additionally, Thomas (2020) ⁽²⁶⁾, expressed disagreement with the study's findings, pointing out that effective resonant leaders at the strategic level are less self-aware than leaders at any other level. However, ineffective resonant leaders are less self-aware than effective ones at the operational, business, management, and senior management levels.

According to total resonant leadership scale, the current study's findings, a high degree of resonant leadership was exhibited by most of the participants. This may be due to; this could be explained by the emotional intelligence abilities that are mentioned as a necessary characteristic of a competent leader or nurse. healthcare supervisors had high level of resonant leadership because they might seek feedback, focus on success rather than failure, support teamwork to achieve goals and effectively resolve conflicts that arise.

This result was similar to Reynolds et al. (2022) ⁽²⁷⁾ who found that highly percentage of studied participants perceived high level of resonant leadership. This study results is agreed with Fathy et al. (2023) ⁽²⁸⁾ who revealed that more than half of studied participants had high level perception of resonant leadership. But the findings of this study were in contrast with those of a study conducted by Azizi-Nejad (2019) ⁽²⁹⁾, which discovered that resonant leadership was used in the hospital's acute care setting on a moderate level. But, the study's conclusions were at disagreements with those of a study by El-Sayed et al. (2023) ⁽²²⁾ which found that healthcare managers exhibited a low degree of resonant leadership knowledge and practice, and that none of the HCPs had reported high resonant leadership practices from their healthcare managers.

This study found that the rate of structural empowerment in the sample under study is quite high, with opportunities and resources being the highest dimension and support being the lowest. This could be because structural empowerment is crucial because it promotes advocacy and

innovation, allowing HCPs to help improve healthcare system policies and practices. Although opportunities and resources are important, peer, leadership, and organizational culture support offer the professional and emotional support required to overcome obstacles and sustain high performance. This support is linked to better role outcomes, especially for those with higher negative work effects.

This result is consistent with a study by Aggarwal et al. (2018)⁽³⁰⁾, which discovered that HCPs had a high degree of structural empowerment. This finding may be the consequence of organizations encouraging a professional atmosphere and encouraging dedication. But disagree with Moura et al. (2020)⁽¹⁴⁾ who found that, in a study to assess the level of structural empowerment of HCPs working in hospital, that had a moderate level of access to opportunities, resources, support, and information. The opportunity dimension received the highest value, followed by the resources and informal power dimensions, while the scores for support, formal power, and information were lower. In addition on contrast, Monje-Amor et al. (2021)⁽³¹⁾ found the same outcome in a study carried out in the United Kingdom to look into the mediating role of empowerment in the positive relationship between structural empowerment and work engagement among employees in the UK and Spain. This relationship was linked to better task performance and a lower intention to quit.

The current study found a strong statistically significant relationship and a very high rate of performance with regard to the HCP performance in the sample under consideration. The management and supervisors' observations and the hospital round could be the cause of this outcome. This might be the case since the results highlight how important shift scheduling is in determining nursing efficacy and how crucial schedule optimization is to improving overall performance. This outcome is in line with that of Vitale et al. (2022)⁽³²⁾, who showed that work led to notable variations in the "critical care-frequency," with nurses reporting better performance levels. Furthermore, higher performance was observed by nurses who worked with "interpersonal relations-frequency" ratings.

In terms of the six-dimension scale measuring HCP performance reported having a high level of performance. Al-Hasnawi & Aljebory (2023)⁽³³⁾ disagreed with this result, stating that there was no statistically significant relationship regarding nursing performance; but incongruent with Di Muzio, et al. (2019)⁽³⁴⁾ who found that no significant statistical correlation between various nurse work and performance levels.

Conclusion:

According to the study's findings, the great majority of participants exhibited a high degree of resonant leadership. Resonant leadership was positively correlated with both structural empowerment and nursing performance. Both were positively correlated with each other. On the other hand, structural empowerment and HCP performance were negatively correlated. According to the current study's findings, it is advised that: Plan an orientation program for recently hired healthcare managers that covers resonant leadership implementation techniques. More performance, productivity, and higher-quality treatment may result from an enhanced work environment that inspires healthcare personnel and raises HCPs' job satisfaction.

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