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Change-Oriented Leadership and Employee's Participation in Decision Making. An empirical study of the Hospitals operating in KP, Pakistan

Wajid Mehmood *(Corresponding Author)

PhD Scholar,Qurtuba University of Science and Information Technology, Peshawar, PakistanLecturer, NCS University System Peshawar, Pakistan, Email: wmkhattak@gmail.com

Dr. Sadaf Khan

Assistant Professor, Faculty of Management, Business and Commerce, Sindh Madressatul Islam University Karachi

Tajneen Affnaan Saleh

PhD Scholar, Faculty of Management, Multimedia University, Malaysia

Jehanzeb Khan

PhD Scholar, Qurtuba University of Science and Information Technology, Peshawar, PakistanLecturer, Rana University, Kabul,

Misbahud Din

PhD Scholar, Qurtuba University of Science and information Technology Peshawar, Pakistan

Khyber Khan

PhD Scholar, Qurtuba University of Science and information Technology Peshawar, Pakistan

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Abstract: This study seeks to classify the collision of change-oriented leadership on two variables relevant to hospital services quality that is Physician job satisfaction and performance obstacles. Additionally, the study focuses to identify how is the mediating role of physician participation in decision making in response to change oriented leadership and how it mediates the association among Job satisfaction and performance obstacles. This study adapted cross-sectional survey and gathered data from health care units operating in Khyber Pakhtunkhwa, Pakistan (N=220).

PLS-SEM (Smart PLS 3.8.2) was implemented to investigate the hypothetical assumptions, data, reliability and validity of the assumed variables. The Study analysis founded that COL is Positive in relation with JS directly (H1), COL negatively associated with PO (H2), PIDM positively and significantly mediates the association among COL and JS (H3), PIDM did not mediates the association among COL and PO, (H4), COL directly positive in relation with PIDM (H5), PIDM and PO has been founded negative in relation (H6) and PIDM positively associated with JS (H7). These conclusion presents imminent information to existing and continuing enlargements in the healthcare ground and to the inquiry of how hospitals could deal with unremitting changes and leadership behavior (COL) in ways that could contribute positively towards results relevant to service quality.

Keywords: Change-Oriented Leadership, Job Satisfaction, Performance Obstacles, Employees participation in decision making and hospital management.

1. Introduction

As a consequence of a slew of state-owned reforms during the last four decades, hospitals throughout the world have seen substantial changes in their revenue, structure, administration, service delivery, and regulation. These reforms encompass mostly been labeled as "encouraged by new public management," implying with the aim of that they were motivated by a wish to pick up services competency and efficacy, as well as communal responsiveness and administrative responsibility, as well as decrease government expenses (Christensen &Lgreid, 2011). The priority of management and economic principles above bureaucratic and professional norms has been a recurrent issue in the interpretation of NPM changes (Byrkjeflot and Jespersen, 2014; Hood, 1991). Whereas elements of subsequent state institutions reforms and strategies are occasionally termed as post-New public management, indicating spotlight on reuniting systems that turn into scrappy seeing end result of new public management initiatives, the significance of administrative and economic principles has not diminished (Christensen and Lgreid, 2011a). These inspired changes and initiatives have targeted Pakistani hospitals. These strategies and innovations have strengthened managerial functions, introduced market mechanisms, and boosted transparency (Byrkjeflot, 2011). New processes of different ranges and at various levels in the organization have become the norm as hospitals attempt to satisfy emerging needs offered by changes and social expectations.(BernstrmandKjekshus,2015).

The overall scenario is one in which hospital staff must continually adjust to shaping organizatioal models and work patterns. We know that excellent management is important for providing highquality hos pital care, but we still don't know which techniques work for what purposes and how they operate (Lega et a l., 2013).We also identify hospitals middle managers situations where they are required to integrate, manage , and interpret ongoing change initiatives to their workforce, but itis difficult task to fill(Birken et al., 2012; Williamsson et al., 2016).

The current research study focuses particular leadership approach, change-oriented leadership (Yukl,1999), their link toward some most relevant ending variables, which we feel significant in an environment defined by continual change initiatives. Because change-oriented leadership isn't one of the mainly well-examined leadership principles in health sector (Gilmartin&D'Aunno, 2007), we have less understanding that how it could operates in hospitals context.

Emphasizing on this particular leadership approach, we hope to learn more about whether it is a collection of middle management initiatives which can help to improve hospital service quality, as well as add to the still limited understanding of which practices work, for what purposes, and how they operate. In order for good change to occur, the research on health system reform reinforces the need of physicians being involved in organizational choices (Spurgeon et al., 2008), and physician involvement in decision-making effective strategy to ensure such engagement. The medical profession's power and influence have been modified and maybe weakened as a result of NPM-inspired changes (Noordegraaf and Steijn, 2014). Subsequent Pakistani hospital transformations, research have revealed that health workers had to engage in progressive groups to get dominance in policy making and hospital management (Byrkjeflot, 2011).

Furthermore, the impact of recent change initiatives on hospital physicians who were not in management roles has got less consideration in influencing decisions on success criterion, aims, initiative and other parts of their job.

More empirical study is also needed on how to develop the medical participation that we all know is necessary and how it leads to benefits (Baker,2015; Ahmad et al., 2022). Our ultimate goal is to determine how change-oriented leadership affects physician engagement in decision-making and how it mediates the association among Job Satisfaction (JS) and Performance obstacles (PO).

2. Theoretical framework and Hypothesis:

In this portion of study, we initially give reasons regarding importance of performance obstacles (PO) and job satisfaction (JS) and their consequences in connection with Health care unit's service value, after we present the hypothetical backdrop that comprise study scientific frame.

2.1 Change-Oriented Leadership, Job Satisfaction and Performance Obstacles

Change-oriented leadership (COL) is described as "the progression of persuading individuals to recognize and consent on what and how needs to do, the facilitation of folks along with community hard work to accomplish frequent goals" (Yukl, 2013& Khalid, et al;2021). Leadership, according to this definition, is a move or a collection of actions. It is not simply connected with senior administrative positions, but it may be performed out by anyone in a position where they have the tendency to shape others. Many leadership behaviors separate between leaders who emphasize production and work responsibilities and those who value employee connections (Borgmann et al., 2016&Raza et al; 2021).Recognizing the needs to develop the job–relationships duality of leadership behaviors, Distinguishing between task relationship and change behavior is significant since rest of the categories and leadership tasks add values to understand the efficient leadership. (Yukl et al., 2002, 2019&Saleh et al., 2022).

Task-oriented attitudes are affiliated by means of completing goals accurately, whereas relationship-oriented behaviors are concerned with developing trust relationships, teamwork, and worker affiliation with firm. Change-oriented leadership (COL) behaviors contain monitoring and evaluating the atmosphere, visualize new potential for entire organization, outlining call for transformation, developing innovative, workable ideas and coming up with creative approaches for meeting goals, taking an extended view of difficulties, and consulting deals with other workers in the part of department.

The leadership characteristics explored in the current were executed by hospital managers and executives. In their specific department, these managers are involved in coordinating personnel and patient care. Because hospitals have such a wide range of actors, competencies, interests, and power connections, this leadership position is considered as extremely difficult. (Denis and colleagues, 2010). They can perform several duties as they are in position where they control and treat the humankind while still placed at operational mechanism. The leadership practices of middle managers, on the other hand, may be rather change-oriented. While hospital middle managers are familiar with a range of processes in their departments, they are rarely the ones who begin change, institutional arrangements, or broad objectives. Changes at greater levels i.e. top management, local health agencies, and nationwide health strategy, are more often source for these kinds of changes. The leadership practices of middle managers, on the other hand, may be rather change-oriented. Their leadership function within these aspects of organizational

transformation is essentially that of mediators with both upper levels and divisional staff (Birken et al.,2012&Raza, W et al; 2020). In a continually altering workplace, leadership behaviors might have a huge influence on how people perceive, recognize, and react to transformation (Sanchez-Burks and Huy, 2009). Change-oriented leadership (COL) is instinctively connected with a leader initiating a vast sequence of changes. However, a leadership approach distinct by being attentive, adaptable to the climate, articulating the call for change, signifying equipped techniques of working that might assist in achieving certain goals, and being skilled at effective implementation procedures. Middle managers may be capable to execute the purpose of change mediator for their workers by displaying these leadership behaviors.

Our hypothetical model has two behavioral outcomes, one reflecting patients' health arrangement and the other indicating healthcare professional well-being. Well-being by addressing and explaining the first variable's significance. Hospitals' ability to offer high-quality treatment is based on employment structure which supports and makes possible the work of health-care personnel. Persons, activities, equipment, technology, the physical environment, and organizational circumstances make up hospital work systems. (Carayon et al., 2006; khattaket ., 2021). If critical system components are absent or poorly constructed, service quality might decrease since the structure obstructs somewhat assists physicians in their work.As structural quality indicators, the government structure of key pointers outlines the structure necess ties alongwith enough and effective medical, ICT,additional types of instruments, enoughand proficient per sonnel, and a work structure that ensures coordination, teamwork, and interaction (NDH, 2019). Modern medicine relies on the availability of materials and technology (Carayon etal.,2006). The necessity of workfo rce sufficiency in provisions of together numbers and skill for worth treatment is also widely supported in h ealth services research (Aiken et al., 2002).

The lack or inefficient functioning of these aspects is viewed as a performance obstacle by the work system viewpoint, which is described as "work proposed system features that cause harmful affects and are directly related with the current work situation" (PetersandO'Connor,1988). We believe performance obstacles is significant determines of the service quality that a hospital is capable to suggest, and consider it as imperative which realize how the regularity of institutional transformation is allied to their dominance, in accordance with the nationwide value indication system and the employment system perception.

"A pleasing exciting situation arising from the assessment of one's job experiences" is how job satisfaction is defined (Locke, 1976). According to a designing innovative research, there is a direct association between job satisfaction and work engagement (Bryson et al., 2017; Khan et al., 2021). This association might be addressed by processes such as higher work and focus as a result of enhanced general health or enhanced problem-solving abilities as a leading to improved mental skills (Diener and Chan, 2011; Fredrickson, 2001; Lin et al., 2014). In comparison to other less professionally competent groups, physicians have shown to classify more by means of their qualified peers and less with the organization where they works (Andersson, 2015; Johansen and Gjerberg, 2009). As a result, job happiness or discontent is seen to be closely tied to the employment (Cassalino and Crosson, 2015). Job discontent has been shown to have a detrimental influence on patients and service quality in previous studies. Condensed cognitive capability, focus, attempt, understanding, and professionalism are among the strategies proposed in this literature (Casalino and Crosson, 2015; Firth-Cozens, 2001; Williams and Skinner, 2003). We believe that employee satisfaction is a critical component in ensuring that healthcare institutions are apt to grant enough high efficient and effective services concern that healthcare plans, initiatives, and modifications at

the organizational level aspire to accomplish, based on evidence of its significance to employees' act in common, and for physicians in particular.

It has been proven that change-oriented leadership (COL) plays fairly significant role in performing work (Borgmann et al., 2016 and Mehmood et al., 2021). Such leaders might be efficient in dropping the frequency of performance obstacles (PO) because of their capability to seek out while give new solutions to departmental difficulties. When contrasted to task oriented and relational leadership, such leaders (COL) had great and positive impacts on job satisfaction (JS) (Borgmann et al., 2016). As a result, the study proposes the following hypothesis:

H1: *COL and JS would be positively associated in relation.*

H2: *COL and PO would be negatively linked in relation.*

2.2 Mediating role of employees Participation in decision-making:

The implication of physician engagement in decision-making in mediating the influence of continuous Change-Oriented leadership is of special interest to us. Job resources are those parts of an employment that are physically, emotionally, ethically, or organizationally effective in attaining employment objectives, decreasing job demands and expenses, or stimulating individual expansion and improvement (Demerouti et al., 2001 and Raza et al; 2021). They are useful tools for coping the job demands and having the capacity to motivate people, but they are also valuable in and of themselves. Job control is a job resource found at the level of the organization of work in the JD-R paradigm (Bakker &Demerouti, 2007&Zeb,A et al; 2021), and it involves not just independence over current tasks and time restrictions, but also involvement in decision-making (Alarcon, 2011&hayat,K et al; 2021). Job control has long been recognized as a valuable job resource for generating inspiration and commitment. Workplace possessions may also contribute to work happiness (Sousa-Poza and Sousa-Poza, 2000). For physicians, participation in decision-making and the ability to manipulate how work is done is a extremely esteemed resource. This implies we may anticipate it to be significantly linked to job satisfaction for this specific group, and it also highlights the need of investigating how frequently physicians undergo change initiatives is related to this precise employment resource. "Individuals attempt to gain, maintain, promote, and defend those things they fundamentally value," according to the COR theory of stress, which is basis of the JD-R model (Hobfoll et al., 2018). Individuals will be stressed if vital resources are confronted with loss, or if great attempt not succeed to fulfill anticipated benefits. In general, organizational change can be perceived as a danger since it entails the loss of valuable resources such as prestige, wealth, or pleasure (Dent and Goldberg, 1999, Van Den Heuvel et al., 2013). Organizational changes that occur as part of a larger gradual shift from physician independence and self regulation may result in the potential losses of the resource of decision-making participation, or at the very least be perceived as a risk to this desirable attribute, resulting in lower levels of well-being at work, lesser involvement, and depressive symptoms. Physician participation in decision-making is also a feature of what is referred to as medical engagement. In relation to being a job resource that may contribute to reducing the frequency of performance obstacles via employee motivation, employee engagement, and constructive feelings, as previously explained, physician participation in decision-making is also a factor of what is regarded to as medical engagement (Spurgeon et al., 2008). This type of engagement differs from work engagement in that it entails the "energetic and effective participation of doctors in their usual working positions to sustaining and improving the organization's performance," among other things

(Spurgeon et al., 2008). Medical involvement might help to disperse decision-making to a larger group of people, permitting for greater range of experience and abilities to be brought to bear on problem-solving (Denisand Baker, 2015). Allowing physicians who are not in prescribed administrative roles to make decisions may therefore help to reduce the occurrence of performance barriers. The function of employee participation as a mediator is not well defined in the research on change-oriented leadership outcomes (Borgmann et al., 2016). Because change-oriented leaders request employee opinion in discovering new keys and encourage participatory change processes, which leads to increased employee engagement, change-oriented leadership might be positively associated to independence (Bryson et al., 2013). As a result of this employees may get experience while participating in decision-making in the workplace. Therefore the study proposes:

H3: *PIDM mediates the relationship between COL and JS.*

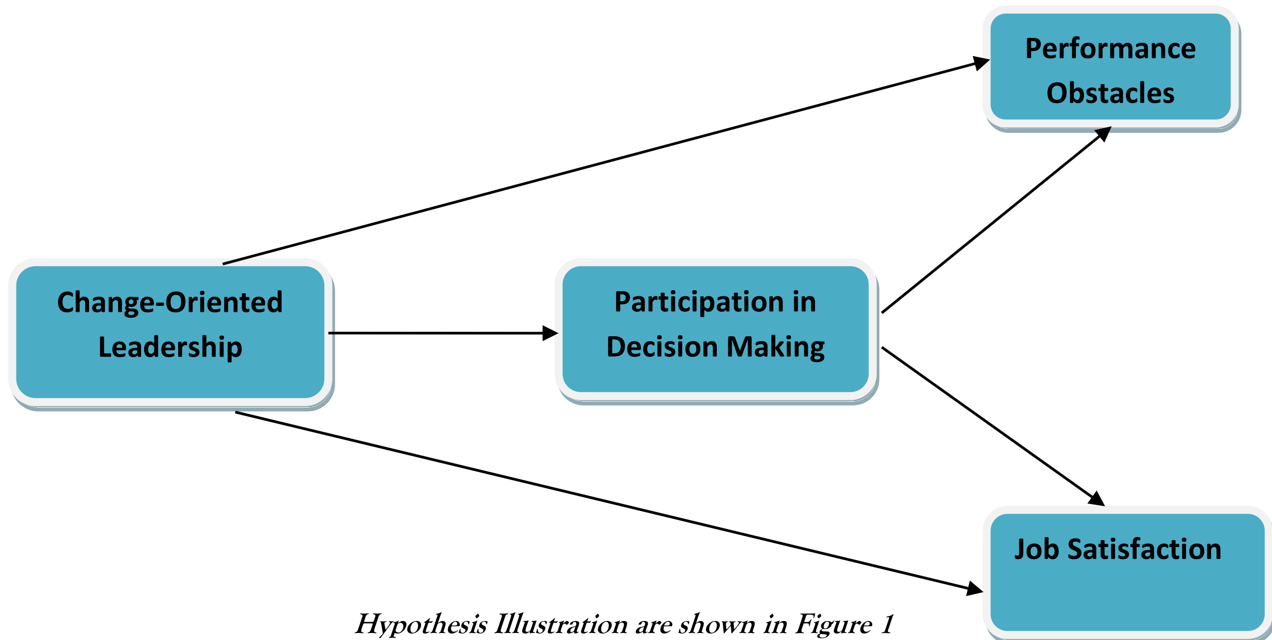
H4: *PIDM will not mediate the relationship between COL and PO.*

H5: *COL will be positively related to PIDM.*

H6: *PIDM will be negatively related to PO.*

H7: *PIDM will be positively associated to JS.*

2.3 Conceptual Framework:



Hypothesis Illustration are shown in Figure 1

3. Research Study Methodology:

3.1 Design, Data collection and study participants:

We gathered data for this study from three public sector hospitals of Khyber Pakhtunkhwa (KP), located in Peshawar City. The questionnaire was adapted for each of the variable in the study and distributed among the physicians as they do not hold administrative positions in the hospital were therefore included (N=220).

Change-oriented leadership was calculated using 6 items that are part of Yukl's (1999) framework of leadership styles. The objects were calculated with a five-point scale ranging from "I strongly disagree" (1) to "I strongly agree" (5).

Performance obstacles were calculated using 4 items developed from the structural quality indicators incorporated in the national system of hospital quality indicators (NDH, 2019). The objects were calculated using a five-point scale ranging from "no" (1) to "yes, almost every day"(5).

Job satisfaction was measured using three items from the Copenhagen Psychosocial Questionnaire (COPSOQ) (Kristensen and Borg, 2001). The items were calculated using a four-point scale ranging from "very dissatisfied" (1) to "very satisfied" (4).

Participation in decision-making was calculated using the independence scale of the Organization Assessment Survey (Dye, 1996). The items were calculated using a five-point scale ranging from "I strongly disagree" (1) to "I strongly agree" (5).

3.2 Data analysis Techniques

KMO and BTS test were analyzed using SPSS 23shown in Table 2, reliability statistics for Cronbach's alpha; AVE and CR were calculated using Smart PLS 3 shown in table 1. Cronbach's alpha was used to verify internal reliability of factorial dimensions. Test of theoretical model and hypothesis testing shown in table 3. Discriminant validity has been done following fornell-larcker criterion which is shown table 4 below. Additionally, the structural model was anticipated using structural equation modeling (SEM). Using SEM permitted us to assess the associations between the underlying factors in the hypothesized theoretical model. Bootstrap analysis (5000 bootstrapped resample) was executed to guess the indirect effects and the mediating role of participation in decision-making (Hayes, 2013).

Table 1 Reliability statistics

Names	Items	outer Loadings	CA	CR	AVE
Change Oriented Leadership	COL1	0.836	0.897	0.921	0.66
	COL2	0.82			
	COL3	0.838			
	COL4	0.793			
	COL5	0.772			
	COL6	0.813			
Job Satisfaction	JS 1	0.836	0.805	0.877	0.706
	JS2	0.917			
	JS3	0.76			
Performance Obstacle	PO1	0.872	0.823	0.864	0.616
	PO2	0.719			

	PO3	0.856			
	PO4	0.674			
Participation in Decision Making	PIDM1	0.848	0.848	0.898	0.687
	PIDM2	0.811			
	PIDM3	0.804			
	PIDM4	0.852			

PLS-SEM (Smart PLS 3.8.2) was implemented on to verify the hypotheses of the study, data, reliability and validity of assumed variables as well as investigate the association among COL, JS, PO and PIDM. All the foremost parts of structural equation model (SEM), measurement model and structural model were assessed (Hair et al., 2017). The measurement model was assessed by the use of convergent validity and discriminant validity to establish constructs reliability and validity. To launch this, current study investigated the factor loadings, average variance extracted (AVE) and composite reliability. The outcome signifies that the construct objects illustrated loadings more than 0.6 with AVE varying from 0.66 to 0.706. The composite reliability also demonstrated positive outcomes, ranging from 0.898 to 0.921, greater than the suggested threshold of 0.7 (Hair et al, 2017). The consequences again disclose that, the discriminant validity was satisfactory since the square root of AVE was greater than the inter-corelational values among constructs. Both composite reliability and Cronbach's alpha ranging from 0.805 to 0.897 are being accounted for upper and lower bounds to ascertain the actual reliability of the internal uniformity reliability. Hence, validity and reliability of the study was verified.

Table 2 KMO and BTS results

Variables	**Names**	**KMO**	**BTS**
Independent variable	COL	.866	Chi-square (738.067) ***P= .000***
Dependent variables	JS	.793	Chi-square (306.128) ***P= .000***
	PS	.709	Chi-square (210.903) ***P= .000***
Mediating variable	PDM	.801	Chi-square (360.525) ***P= .000***

The above table 2 shows the KMO and BTS analysis of the study variables. If the value of KMO is greater than .50 shows that the sample used in the study is appropriate. Hence, in this case, the values of KMO of the study variables are above of the standard value, which clearly indicates that sample is appropriate. Similarly, the values of BTS analysis are also significant which shows alternative hypothesis accepted.

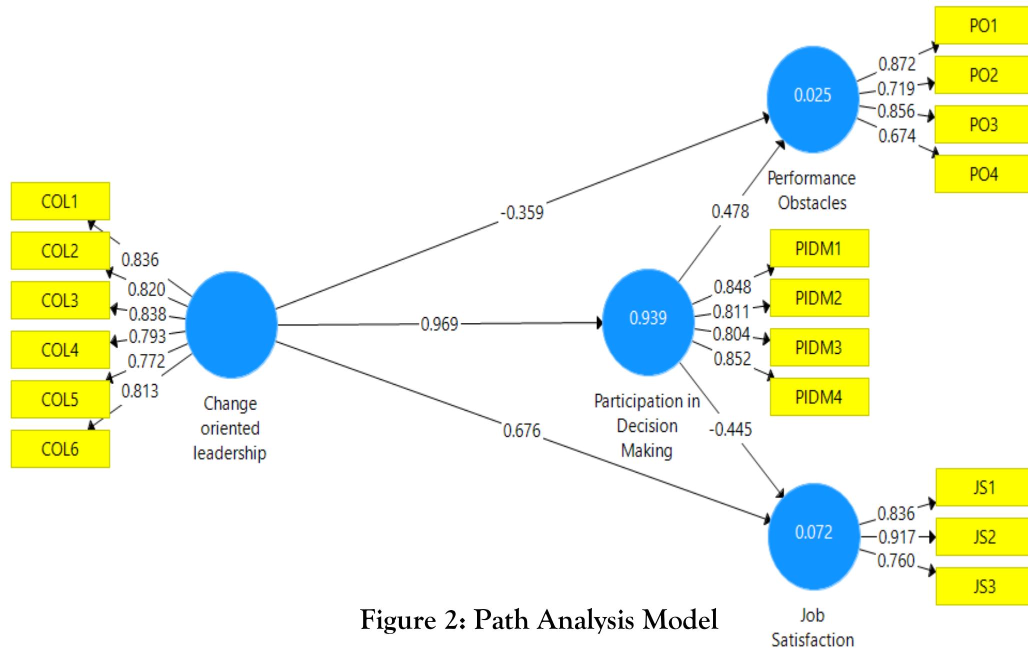


Figure 2: Path Analysis Model

Table 3 Hypothesis Testing

Hyp.	Regression weights	Beta	F	T	P	Remarks
H1	COL -> JS	0.211	12.053	3.472	0.001	Accepted
H2	COL -> PIDM	0.842	69.175	8.317	0.001	Accepted
H3	COL->PIDM ->JS	0.035	11.03	2.884	0.003	Accepted
H4	PIDM->PO	-0.008	.022	-0.147	0.883	Rejected
H5	COL-> PO	-0.018	.035	-0.186	0.853	Rejected
H6	COL->PIDM-> PO	0.001	0.019	0.055	0.955	Rejected
H7	PIDM->JS	0.191	0.372	3.851	0.049	Accepted

H1: COL will be positively allied to JS.

The hypothesis tests if COL carries a significant impact on JS. The dependent variable JS was regressed on predicting variable COL to test the H1. COL extensively predicted JS, $f\ (1,218) = 12.053$, $p < 0.001$, which indicates that COL plays a significant role in shaping JS ($b = 0.211$, $p < 0.001$). Hence, the result clearly directs the positive effect of the COL.

H2: COL will be positively linked to PIDM.

The hypothesis tests if COL carries a significant impact on PIDM. The dependent variable PIDM was regressed on predicting variable COL to test the H2. COL considerably predicted PIDM, $f(1, 218) = 69.175$, $p < 0.001$, which shows that COL plays a significant role in shaping PIDM ($b = 0.842$, $p < 0.001$). Hence, the result clearly directs the positive affect of the COL.

H3: PIDM mediates the relationship among COL and JS.

The hypothesis tests if PIDM mediates the relationship between COL and JS. According to Sobel test (Preacher & Hayes, 2008) COL has a direct affect on JS [Se 0.107 (0.068)]. COL and PIDM significantly predicted JS $f(2, 217) = 11.030$, $p < 0.001$, which indicates that PIDM mediates the relationship between COL and JS.

H4: PIDM will be negatively associated to PO.

The hypothesis tests if PIDM carries a noteworthy collision on PO. The dependent variable PO was regressed on predicting variable PIDM to check H4. PIDM does not predicted PO, $f(1, 218) = 0.022$, $p > 0.001$, which indicates that PIDM does not play any role in shaping PO ($b = -0.018$, $p > 0.001$). Hence, the result clearly indicates a negative effect on the PO.

H5: COL will be negatively correlated to PO.

The hypothesis tests if COL carries a considerable collision on PO. The dependent variable PO was regressed on predicting variable COL to test the H5. COL does not predicted PO, $f(1, 218) = 0.035$, $p > 0.001$, which indicates that COL does not play any specific role in shaping PO ($b = -0.018$, $p > 0.001$). Hence, the result clearly indicates a negative effect on the PO.

H6: PIDM does not arbitrate the affiliation among COL and PO.

The hypothesis tests if PIDM mediates the relationship between COL and PO. According to Sobel test (Preacher & Hayes, 2008) COL has no affect on PO [Se -0.018 (0.096)]. COL and PIDM does not predict PO $f(2, 217) = 0.019$, $p > 0.001$, which indicates that there is no mediation affect between the relationship of COL and PO.

H7: PIDM will be positively associated to JS.

The assumption tests if PIDM carries a momentous collision on JS. The dependent variable JS was regressed on predicting variable PIDM to check H7. PIDM predicted JS, $f(2, 218) = 0.0372$, $p < 0.049$, which indicates that PIDM plays an important role in shaping JS ($b = 0.0191$) . Hence, the result clearly indicates a Positive effect of PIDM on JS.

Discriminant Validity Results:

Table 4 Fornnel- Larcker Criterion

COL	PO	JS	PIDM	
COL	**0.812**			
PO	0.245	**0.84**		
JS	0.969	0.21	**0.829**	
PIDM	0.105	0.266	0.13	**0.785**

Discriminant validity (DV) based on Fornell-Larcker criterion was also reported in the research study. Following Fornell-Larcker criterion, the squ-root of each construct AVE is bigger than its utmost association with any other replica of the study. The painted diagonal values and the association among the constructs

in the off diagonal position indicate (0.812, 0.84, 0.829 and 0.785). When applying Fornell and Larcker, an appropriate threshold level is 0.702 (Hair et al., 2017).

4. Results and Discussions:

Improving resources of jobs, participation in decision making in greater demand perspective is highly significant, while the current study results recommend that COL may adds valuable contributions to do so. Leadership is usually left out of JD-R Model (Schaufeli, 2015), however the model's confirmation in the current study recommends that change-oriented leadership might be termed as job resource. The current study is significant in light of previous research on job demands and job resources, as well as COL and management practices. We predicted COL to be absolutely associated with JS and unfavorably linked to PO based on previous research study. The current study found a significant direct link among COL and JS. This might be due to the fact that physician work pleasure is linked to their proficient job. Additional leadership approaches, like those which do not exclusively administrative however they are more directly associated to physician's specialized activity and having higher direct link with physicians work pleasure. This study also founds unfavorable association among COL and PO. Hence, the study examined that PIDM has significant mediating role among both variables. This study contributes valuable information's to literature since it was not been thoroughly established before as autonomous function with COL.(Borgmann et al., 2016). In fact, the association among COL and autonomy in the shape of PIDM is strongest element in our study, implying that change-oriented middle managers give freedom their subordinates to participate in decision making process which affect their work and work place as well. This study results reinforce the case for COL in work place where expectations are greater, transformation is constant, in fact frequently contradictory, moreover individuals value independence as a source of job satisfaction and a supplier to institutional performance.

In conclusion, although more strictly professional leadership of physicians may had a greater undeviating association with job satisfaction, hospital middle managers have major, management duties in their leadership roles. They are supposed to act as bridges between the worlds of controls and cures, and we feel that establishing strategies to effectively execute this leadership is important.

Our research focuses on departmental results. When middle managers demonstrate leadership traits effectively in response workers learn more about their chances in decision making, work satisfaction and job challenges are confronted.

Lastly, our findings have two unique but linked management implications. First and foremost, medical engagement entails physicians' involvement in organizational concerns and their professional duties of treating patients. PIDM is one part of such involvement, hospital leadership ought to foster and protect it in both change processes and other activities. platform for participation and affect the organizational decisions suggest that leadership is distributed to a broader range of actors than just formal managers, and that diversified ideas and competencies may be brought in decisions on topics that affect quality results (Denis and Baker, 2015). Previous study has shown that there is a positive association between medical participation and quality outcomes (Spurgeon et al., 2011). The current study results the similar consequence. It may therefore be argued that, in order to improve service quality, Leadership ought to encourage rather than obstruct physician engagement in decision-making. However, filling the gap between

the management, Health sectors and including health workers decisions in organization on departmental conflicts is relatively difficult.

Leaders who manage change must be aware of, accept the distinctiveness and mentality of health workers (Baathe and Norb€ack,2013) while communicate change scheme to working physicians in behavior which emphasize the probable advantages toward professionals' work (ygarden andMikkelsen,2019).

The findings of the current study recommends that providing hospital middle managers with the skills and chances to drive change at the department level might be a useful way for achieving this gratitude. While implementing, Managers must be given adequate management schooling, the organizational boundaries under their supervision including duties, tasks should be assessed properly and modified them to act as change oriented leaders.

5. Practical Implications and Future Directions

This study entails certain limitations. First, cross-sectional design's prevents us from determining the contributory course of the investigated correlations. Whereas the hypothetical construction this study utilized in order to establish our hypothetical model and past investigations back up our findings, a longitudinal approach examining changes in excess of time might provide additional reliable results. 2nd, the total reaction rate of 20% shows that the sample of workers that answered may not be entirely representative of all hospital physicians. We found no systemic biases in the sample after analyzing the response against known hospital demographics. It's possible that individuals who answered correctly had a higher level of loyalty toward institution than others. This study sample size includes physicians who works inside the public sector hospitals located in Khyber Pakhtunkhwa, Pakistan. Furthermore, there are few similarities in the progress of the healthcare institutions throughout the world, and we believe that the concerns raised in this research will be relevant in other contexts. Self-reported assessments of change have limitations as well, because individuals encounter and interpret change in various traditions (Rafferty and Griffin, 2006). Future work that includes more particular and purposeful appraise of institutional transformation might provide useful and improved awareness keen on the links examined in our representation. 3rd, we were unable to comprise an dependent variable that directly measured division or character performance due to the limitations of the data set. Future research that incorporates this variable will shed light on the precise impact of COL resting on hospitals presentation. to end with, this study do not included other job demands, commitment, and engagement as intervening role in this study, the assumed associations this study presented are based on past investigation on these intermediaries and balance existing literature on the collision of COL on both workers and their performance in Health care units. According to current tested model, the link between PIDM and PO is one of the considerable components. Quantitative studies to include more intervening variables such as job motivation, job engagement, and positive emotions as well as qualitative studies could provide us more useful information's on how workers engagement and freedom of participation in decision making process add values to health services sectors.

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