

## Leadership Behavior Impact on Safety Culture in Jeddah Eye Hospital

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**Abstract:** This study aims to investigate the relationship between leadership behaviour, safety culture, and safety performance in the healthcare industry as well as review recent articles on patient safety culture. to explore leadership practices within employee relationship, tasks done, openness of communication, organizational structure and teamwork and response to an error. Besides, the study aims to explore the degree of awareness of the safety culture among workers at Jeddah Eye Hospital and explore the leadership role in the Safety Culture at Jeddah Eye Hospital. The study followed the cross- sectional approach in which 350 questionnaires were delivered to hospital employees, with 195 valid responses; 55.7% valid response rate. Confirmatory factor analysis (CFA) was used to examine the factor structure and see if the composite reliability was significant with a factor loading of  $>0.5$ , resulting in an acceptable model fit. according to the results of a one- way ANOVA analysis, physicians have much more unfavourable patient safety culture perceptions and safety performance perceptions than non- physicians. The results of the route analysis demonstrate that leadership conduct has an impact on safety culture and performance in the healthcare industry. Contingency leadership and a favourable patient safety organization culture influenced and improved safety performance. The study also revealed that a well-managed system that combines leadership considerations, hospital staff training courses, and a reliable safety reporting system can improve safety performance.

**Keywords:** Leadership Behavior, Safety Culture, Hospital, Saudi Arabia.

## أثر السلوك القيادي على ثقافة السلامة في مستشفى العيون بجدة

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**المستخلص:** هدفت هذه الدراسة إلى التحقيق في العلاقة بين سلوك القيادة وثقافة السلامة وأداء السلامة في صناعة الرعاية الصحية بالإضافة إلى مراجعة المقالات الحديثة حول ثقافة سلامة المرضى. لاستكشاف ممارسات القيادة داخل علاقة الموظف، والمهام المنجزة، وانفتاح الاتصال، والهيكل التنظيمي والعمل الجماعي والاستجابة للخطأ. إلى جانب ذلك، هدفت الدراسة إلى استكشاف درجة الوعي بثقافة السلامة بين العاملين في مستشفى جدة للعيون واستكشاف الدور الريادي في ثقافة السلامة في مستشفى العيون بجدة. ولتحقيق ذلك، اتبعت الدراسة منهج المقطع العرضي حيث تم توزيع 350 استبانة على موظفي مستشفى العين في جدة حيث تم جمع 195 استبانة معبأة وصالحة للتحليل، حيث كان معدل الاستجابة 55.7%. وتم استخدام تحليل المعامل التأكيدي (CFA) لفحص هيكل العامل ومعرفة ما إذا كانت الموثوقية المركبة كبيرة مع عامل تحميل  $< 0.5$ ، وذلك للتأكد من ملاءمة النموذج. وفقاً لنتائج تحليل ANOVA أحادي الاتجاه، فإن لدى الأطباء تصورات غير مواتية لثقافة سلامة المرضى وتصورات أداء السلامة أكثر من غير الأطباء. وتظهر نتائج تحليل المسار أن سلوك القيادة له تأثير على ثقافة السلامة والأداء في صناعة الرعاية الصحية. كما أظهرت النتائج ان قيادة

الطوارئ وثقافة منظمة سلامة المرضى المواتية أثرت إيجابياً على أداء السلامة وحسنتهما. وأخيراً، كشفت الدراسة أيضاً أن النظام المُدار جيداً والذي يجمع بين اعتبارات القيادة ودورات تدريب موظفي المستشفى ونظام موثوق للإبلاغ عن السلامة يمكن أن يحسن أداء السلامة.

الكلمات المفتاحية: السلوك القيادي - ثقافة السلامة - المستشفى - المملكة العربية السعودية.

## 1- Background.

Ensuring the safety of patients is an indispensable requirement in modern healthcare firms. It is associated with several positive effects, including implementing improved practices for prevention and responding to risks surrounding patients. Therefore, it is important to cultivate a safe culture in hospitals. Cultivating this culture necessitates the presence of leadership behaviours that embrace the notion of patient safety. Several recent studies investigate the impact of leadership behaviour on patient safety culture in hospitals. The idea of maintaining safety has garnered increased attention within recent years. This has been accompanied by a rise in the interest in cultivating safety culture in organizations, including healthcare firms. A patient safety culture of a healthcare firm is the sum of competencies, perceptions, attitudes, values, and patterns of behaviour that define a hospital's practising of and success in safety management and provision of healthcare to patients (Mardon et al., 2010, p.226).

O'Connor & Carlson (2016) highlighted the significant role of the behaviour of senior leadership on the adoption and cultivation of a patient safety culture in hospitals. As per the results, effective communication by the senior leadership as well as the leadership's increased visibility is associated with increased inclination among healthcare staff to report events that may constitute a risk to patients. These results concur with what was indicated by Auer et al. (2014, p.26). The study explored the role of leadership in promoting a culture of patient safety among nurses. The results of the study show that leadership behaviours that support patient safety are positively correlated with the cultivation of patient safety culture and perceptions among nurses. These results highlight how leadership can improve a positive patient safety culture in healthcare firms.

At the same time, some other studies discussed the issues commonly found in leadership behaviour in hospitals and that may result in instilling a culture that does not emphasize patient safety.

## 2- Research Problem:

Patient safety culture in hospitals is of paramount significance, as the absence thereof is associated with a multitude of issues and risks threatening patients' health and safety. This is due to that maintaining patient safety is a key requirement for attaining the goals of healthcare. Failing to ensure and maintain patient safety is associated with negative outcomes that include, but are not limited to, committing medical errors. The occurrence of such problems is an outcome of an array of interlaced factors that are not merely linked to human error; the hospital's organizational culture and climate might be at play as well. Ensuring and maintaining the safety of patients requires the cultivation of a proactive

patient safety culture in the hospital. This is largely reliant upon the nature of leadership behaviours and practices. There are several leadership practices and characteristics that can promote patient safety and culture, and they include encouraging positive teamwork among members of the healthcare delivery team, viewing staff as effective actors rather than being potential committers of medical errors, and supporting practices of analyzing and reporting risk events. Moreover, the instilling of a patient safety culture requires the involvement of leadership and adopting a work philosophy that refrains from blaming and instead focuses on learning from mistakes (Alahmadi, 2010, p.5).

Several studies indicated that many hospitals adopt leadership practices that do not adequately adhere to the principles of patient safety. This issue warrants increased attention from both researchers and practitioners. However, almost no studies in Saudi Arabia approached this issue.

El- Jardali et al., (2014) investigated the safety culture in a hospital located in Riyadh, Saudi Arabia. The study concluded that the hospital's leadership style is responsible for several shortcomings in the hospital's safety culture, and these shortcomings include lack of openness in communication in the hospital environment, ineffective staffing policies, and weak systems for responding to medical errors. Therefore, the study recommended providing healthcare workers with not only continuous training opportunities but also adequate leadership support. These results corroborate those obtained by Farokhzadian et al. (2018).

### **3- Research Significance:**

The results of the study emphasize the significant role of leadership in the effective/poor cultivation of patient safety culture in a hospital. According to the results of this study, the main barriers to cultivating a strong patient safety culture include exclusionary decision- making practices, lack of support from the management, and weak commitment by the management. These results highlight the potential impact of leadership behaviour on patient safety culture, which contribute to the current medical practices in Saudi Arabia.

### **4- Research Questions:**

1. What are the leadership styles adopted at the Jeddah Eye Hospital?
2. What is the degree of awareness of safety culture among workers at the Jeddah Eye Hospital?
3. Is there a correlation between leadership behavior and the promotion of safety culture among workers at the Jeddah Eye Hospital?

### **5- Study Hypotheses:**

The present study aims at testing the following hypotheses:

1. There are no statistically significant differences on the leadership styles adopted by the management of the Jeddah Eye Hospital, from the perspectives of workers, as regards the variables (gender – educational qualification – years of experience).
2. There are no statistically significant differences on the degree of awareness of safety culture among workers at the Jeddah Eye Hospital, from the perspectives of workers, as regards the variables (gender – educational qualification – years of experience).
3. A statistically significant correlation exists between leadership styles adopted the management of the Jeddah Eye Hospital and safety culture, from the perspectives of workers.

#### **6- Study Objectives:**

The present research aims at attaining the following objectives:

1. Investigating the leadership styles adopted at the Jeddah Eye Hospital.
2. Investigating the degree of awareness of safety culture among workers at the Jeddah Eye Hospital.
3. Checking the existence, a correlation between leadership behavior and the promotion of safety culture among workers at the Jeddah Eye Hospital.

#### **7- Literature Review.**

In modern organizations, leadership is considered among the important factors linked to the attainment of success. The behaviour of the leader influences the behaviours and work philosophies adopted by subordinates. Thus, leadership behaviour influences all work processes and organizations across the organization. Therefore, the role of the leader should be given special attention in organizations in all fields, including the healthcare sector. The role of leadership behaviour in healthcare firms has attracted much attention in both research and practice. There are several domains in which leadership behaviour contributes to improving performance in healthcare firms, and these domains include communication, influence, professionalism, empowerment, and skill. A leader who adopts the behaviours meeting subordinates' needs and expectations are capable of inspiring higher levels of job satisfaction among them (Brown, 2010, p.44).

Leadership behaviour helps the leader work on achieving the organization's goals. It is associated with setting outlined plans for performance expectations as well as with fostering creativity across the organization (Al- Dulaimi et al., 2019, p.2). Leaders of healthcare firms who adopt positive and suitable leadership behaviours are more capable to instill a culture of environmental safety and also attain and sustain high levels of quality of healthcare delivery outcomes (Brown, 2010, p.41). Moreover, leadership behaviour is an essential factor for promoting safety performance as well as safety culture in healthcare firms. It also encourages the idea of maintaining positive communication between the leader and

subordinates. Successful healthcare leaders adopt behaviours that create opportunities for developing subordinates' skills and that gives subordinates strong incentives for adopting and maintaining positive organizational behaviours (Brown, 2010, p.45).

The researcher notices that leadership behaviour is an important factor in organizational success today. Leadership behaviour has a large effect on the behaviours of subordinates in the healthcare firm, as the leader's behaviours define the outlines and expectations for subordinates' actions and behaviours. More importantly, the nature of behaviours of the leader plays an important role in cultivating the work cultures in the healthcare firm, including the safety culture. Therefore, the researcher believes that a healthcare firm leader's behaviour is the most important factor responsible for cultivating a safety culture among healthcare professionals.

As much as leadership is an important factor influencing organizational outcomes, it is also, in turn, influenced by a multitude of factors. These factors differ by the type and the context within which they influence the leader's behaviours. Investigating these factors is of utmost importance to understand why the behaviours of leaders in various healthcare firms differ. Leadership behaviour is influenced by three main factors, which are the set of competencies and skills possessed by the leader, environmental factors, and the immediate situation. First, with regards to the leader's competencies, they comprise the sum of abilities, expertise, and knowledge possessed by the leader. Some competencies that influence the effectiveness of leadership behaviour include the skills of decision making, problem- solving, team building, and communication. Other significant competencies include perseverance, integrity, flexibility, conflict management, effective listening, and team leadership. With regards to environmental factors, they are categorized into three groups, as follows (Pfister, 2011, p.34):

- I. The workgroup: there are two sub- groups of factors under this category, which are the structural and process- related aspects. The structural factors are those related to things such as the formation of the group, adopted values and rules in the group, and the goals of the group. Process- related factors are factors about the relationships in the group, including those between the group and the leader and those among members of the group, in addition to factors related to communication in these relationships.
- II. The organization: four groups of factors are included under this category, which is strategy, processes, structure, and climate/culture. The organization's strategy imposes certain confines within which the leader should act. Processes are related to aspects such as management processes and knowledge management. They define actions and behaviours the leader should perform concerning such aspects. Structures are pre- defined systems regulating the conduction of key areas of the leader's work, such as resource allocation, decision making, and management. Aspects under climate/culture include having an ethical climate, error management culture, etc. in the organization.

- III. General context: the context is the environment within which the organization is operating. Context-related factors are either static or dynamic. Static factors are those that remain unchanged over time, such as local culture and the nation's history. Dynamic factors, on the other hand, can witness changes, such as regulations, laws, etc.

The immediate situation also influences the type of behaviour that the leader adopts. Any situation that the leader encounters consists of three main elements, which are pressure, familiarity, and clarity. Pressures are the factors associated with a certain level of pressure, such as the pressure to make a certain decision, constraints of time and resources, and dangers, which result in creating psychological pressure for the leader. Familiarity is the extent to which the situation is familiar or novel. The more familiar the situation, the less required the cognitive demands for dealing with it, and vice versa. Clarity is reliant upon the availability of clear and relevant information about the situation (Pfister, 2011, p.40). Leadership behaviour is also influenced by social and cultural values (Deveshwar and Aneja, 2016, p.211). The effectiveness of leadership behaviours also heavily relies on the extent of acceptance of the leader. Acceptance of the leader is the extent to which subordinates are willing and ready to comply with the orders issued by the leader. It is associated with the subordinate feeling comfortable and content to work with the leader. Several factors can increase the acceptance of the leader among subordinates, such as engaging subordinates in decision- making activities. However, establishing acceptance of the leader's orders cannot be attained by simply engaging subordinates in decision- making activities, as other factors are influencing the acceptability of the leader and his/her orders. These factors include understandability, subordinates' capability to comply, compatibility between orders and subordinates' personal values, and congruence of orders with the organization's main objectives (Malik et al., 2014, p.170).

The above discussion shows that leadership behaviour is shaped as an outcome of the interactions among several factors found in the environment surrounding the leader. However, what the researcher finds particularly interesting is that most of the highlighted factors in this discussion are external to the leader. In other words, the bulk of components of leadership are determined through the factors found in the environment surrounding the leader. From this discussion, the researcher concludes that leadership behaviour is essentially acquired and selected by the leader, and he/she can adjust behaviours following the needs and problems found in the context in which the leadership occurs.

- IV. Change- Oriented Leadership

The main area of focus in change- oriented leadership behaviour is the formation of the organization's strategic vision. It pays attention to affecting change within the organization and upholds the notions of innovation and flexibility for leading change as expected and hoped. There are several key aspects of this approach of leadership, such as idealized influence, intellectual stimulation, facilitating conditions, and the influencing process. Moreover, there are three main behaviours characterizing leaders adopting this leadership approach. The first is to work on influencing the organizational culture. This

behaviour is exhibited in various actions, such as changing the adopted standards for hiring and dismissing employees, role modelling behaviours, approaches of responding to crises, changing the approaches of carrying out work processes across the organization. The second behaviour of change-oriented leadership is the development of vision. This behaviour revolves around the idea of creating a unified perspective for the future of the organization and introduces coordination into the decision-making and actions of members of the organization. The third behaviour is the implementation of change. Performing this behaviour necessitates carrying out many actions, such as the identification of individuals who facilitate or inhibit change in the organization, selecting the most competent individuals for doing each task, monitoring the organization's progress toward affecting the sought change, and preparing members of the organization for change (Özşahin, 2019, p.10).

#### V. Task- Oriented Leadership

The task- oriented leadership approach places its main emphasis on performing work tasks in the organization. To that end, it prioritizes the use of the organization's available financial and human resources in the most efficient manner. There are many behaviours associated with this leadership approach, such as experimenting with new ideas and problem- solving, paying attention to the methods and systems of carrying out work, and provision of direction. Three behaviours are characterizing the task-oriented leadership approach. The first behaviour is planning, which is the making of decisions cornering several areas of the organization's work, such as resource allocation, distribution of work responsibilities, strategies, priorities, and goals. The second behaviour is clarifying, which is concerned with the communication of information about organizational strategies and goals as well as work procedures to members of the organization. The third behaviour is monitoring, which is concerned with seeking information about several areas of concern, such as the progress of work, quality of performance, evaluation of employees, and factors influencing the efficiency of work. Monitoring is important in other areas such as problem- solving and seizing opportunities (Özşahin, 2019, p.12).

#### VI. Relationship- Oriented Leadership

The relationship- oriented leadership approach mainly aims at enhancing the quality of relationships and communication across the entire organization. It adopts the belief that the most effective way to promote teamwork, job satisfaction, and the sense of organizational belonging among employees is through improving the quality of interpersonal relationships. This approach places heavy emphasis on employee- centred leadership behaviours, such as inspiration, motivation, and paying attention to employees' needs. Three main behaviours are characterizing the relationship- oriented leadership approach. The first behaviour is supporting, which encompasses behaviours that include acceptance, friendly consideration, active socializing, patience, and supportiveness. The second behaviour is developing, which emphasizes the provision of coaching to employees to impart them with new skills and help them develop and advance professionally. Effective developing leads to raising the levels of

satisfaction and performance among employees. The third behaviour is recognizing, which is concerned with the expression of appreciation of employees for their contributions and work achievements. Recognizing is associated with higher levels of satisfaction among employees. There are various ways through which a leader can practice recognizing, which include verbal praising, holding special ceremonies, or presentation of awards (Özşahin, 2019, p.15).

#### VII. External Leadership

What sets external leadership apart from other leadership styles is that it focuses on behaviours involving interactions with external parties. It is interested in gathering external information, acquiring assistance and resources, serving the interests of the organizational unit, and enhancing the reputation of the work unit. Three main behaviours are characterizing this leadership approach. The first behaviour is networking, which is concerned with the behavioural aspect of forming and improving relationships with several parties, including external parties, superiors, and peers. Networking includes actions such as attendance of ceremonies and/or conferences, informal/formal socialization, etc. The second behaviour of the external leadership approach is external monitoring, which is concerned with analyzing data of any changes in the organization or firm's external environment to identify any potential opportunities or threats. The data is gathered from external sources, such as publications, reports, etc. This behaviour may also include the monitoring of the activities of other work units within the organization. The third behaviour of the external leadership approach is representing, which is concerned with actions in which the leader represents subordinates in a variety of activities and occasions. Representation may be practised in the form of coordination in carrying out activities, lobbying for receiving resources, and negotiating the terms of agreements (Yukl, 2012, p.478).

### 8- Methods and Procedures.

The study relies on a quantitative approach to treat the research problem and test hypotheses; a Cross-sectional study used a questionnaire to collect data for Investigating the leadership styles adopted at the Jeddah Eye Hospital. Investigating the degree of awareness of safety culture among workers at the Jeddah Eye Hospital. and checking the existence of a correlation between leadership behaviour and the promotion of safety culture among workers at the Jeddah Eye Hospital.

#### Data Collection Method:

The survey responses were collected based on Google Forms where a link was provided for a month, and the link was sent to the respondents based on the email registered to workers at the Jeddah Eye Hospital, or by sending the link on one of them. Social media channels and Google Forms allow the ability to follow immediate responses, and it was reached at least 107 responses, the responses were subjected to statistical analysis, which was expected to last for 15 days.



### **Sampling:**

The population of the study included all workers at Jeddah Eye Hospital in Saudi Arabia (147 workers). For the study sample, this will be selected using the random sample method of choosing a random sample of Jeddah Hospital for Eye. With the need to represent all demographic variables for study, including (Gender Educational Qualification – Years of Experience). The research sample was calculated using Raosoft calculator<sup>(1)</sup>.

### **Data Analysis Process:**

The researcher used a set of statistical tools that include descriptive statistics, which include frequencies, percentages, and graphs that display and describe the demographic characteristics of the study sample, including Gender Educational Qualification- Years of Experience. A set of trend measures, the centre of the arithmetic mean and the standard deviation, will be relied upon to measure the trends of a sample's opinions about the study variables, where the weighted average represents the weighted sum of the responses of the study sample towards each question of the questionnaire relative to the number of the study sample, and it represents the most popular measures used to estimate opinion trends Where the answers are weighted by a weighting factor that starts from one for the least response to the five for the highest response, and the use of the standard deviation reflects the degree of dispersion for the answers of the study sample, and the higher this scale, the less reliable the results of the weighted average because it indicates the high dispersion between the responses and the absence. There is one opinion among the respondents, but the responses are scattered.

To test the hypotheses of the study, a set of statistical tests and measures were relied on, such as the Cronbach Alpha coefficient, which indicates the degree of stability enjoyed by the paragraphs and axes of the questionnaire, and the higher the value of the parameter, this indicates the stability of each of the questions and axes of the questionnaire. For his sake, and the answers do not change if they are answered by the same respondents and in the same circumstances.

The hypothesis test of the study was based on the T- test to examine the significance of the differences between the respondents according to the binary demographic variables such as gender and which have a binary answer (male, female) and the significance level of 5% will be relied upon, and the results of the ANOVA test will also be relied on to test the extent of a relevant relationship. Statistical significance between each of the characteristics of the study sample and the independent variable of the study represented by the questionnaire elements. Consequently, it examines the significance of the differences between the responses of the study sample and each of the demographic variables that are not binary classification.

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(1) <http://www.raosoft.com/samplesize.html>

## 9- Results.

The demographic variables of the study include five variables, respectively (Age, Gender, Educational Qualification, Position, Years of Experience). Concerning the Age variable, it is divided into five age groups, as 36.5% of the study sample is in the first age group (25- 30), while there are 26.2% in the second age group (31- 39), while the third age group is 17.8% of The study sample, while the last age group, we find that 19.6% of the study sample has an age group (greater than 50 years). Thus, it can be concluded that the first age group (25- 30) is the most represented in the study, followed by the second age group (31- 39). The second demographic variable of the study is represented in the gender variable, where we find a. 67.3% of the study sample are males, while 32.7% of the study sample are females. This makes us conclude that two- thirds of the study sample is male, while a third of the sample is female. The third variable of the study variables is Educational Qualification, and it is divided into four categories, as we find that 52.3% of the study sample is Bachelor's, while 8.4% of the sample is Master's, and 11.2% of the sample is Doctorate, and the fourth category is Diploma, it constituted 28% of the study sample. Thus, it could be said that more than half of the sample is Bachelor. The fourth demographic variable is Position, and it is divided into three categories, the first category is Administrative, and we find that their percentage reached 52.3% of the study sample, while we find that 13.1% of the study sample is from Executive, and 20.6% of the study sample is from Leadership. Thus, it can be said that the sample is more representative of Administrative. The fifth demographic variable is represented in Years of Experience, and it is divided into three categories, as we find that there are 46.7% of the first category Less than 5 years, while there are 35.5% of the second category between 5 and 10 years, and the third category has Their percentage was 17.8%. Thus, it can be said that the most representative category is the first category Less than 5 years.

First Part: The Current State of Standard Leadership Practices in Jeddah Eye Hospital

**Table (1) The Current State of Standard Leadership Practices in Jeddah Eye Hospital**

First Domain: Leadership practices with employee relationship	Mean	Std. Deviation	Direction
The leadership is relationship- focused in inspiring and motivating employees to take action	3.99	1.49	High
The leadership has a clear understanding of the needs, interests and abilities of staff, and relates to them on a personal level	3.86	1.59	High
The leadership pays more attention to each employee's strengths, weaknesses and professional goals in the process.	4.18	1.47	High
Employees enjoy greater job satisfaction and are less likely to quit for greener pastures.	3.87	1.63	High
Team building and professional growth strike a balance between high-quality work and work that's submitted on time.	3.99	1.57	High
Subordinates participate in the selection of new employees for hiring	4.19	1.20	High
Subordinates participate in the selection of their manager	3.21	1.00	Moderate

First Domain: Leadership practices with employee relationship	Mean	Std. Deviation	Direction
Subordinates are involved in making decisions about the allocation of necessary materials and equipment in the hospital	3.25	1.01	Moderate
Leadership practices with employee relationship	3.82	0.83	High

Table (1) shows that the average attitudes of the respondents towards the part "Leadership practices with employee relationship" is "High" with a mean of 3.82 and a standard deviation of 0.83.

**Table (2) Leadership practices with how tasks are done**

Second Domain: Leadership practices with how tasks are done	Mean	Std. Deviation	Direction
The leadership sets an example for employees by focusing on the necessary procedures with how tasks are completed.	3.35	1.06	Moderate
The leadership delegates work and make sure that tasks are completed on time to a high standard.	3.37	1.10	Moderate
The leadership defines the roles of the whole team, supporting them and provides specific work tools, resources, and other tools to get the tasks done.	3.39	0.96	Moderate
The leadership decides in times of crises on their initiative without hesitation	3.55	1.03	High
Leadership practices with how tasks are done	3.42	0.86	High

Reflecting on table (2), it becomes clear that the average attitudes of the respondents towards the domain "Leadership practices with how tasks are done" is "High" with a mean of 3.42 and a standard deviation of 0.86.

**Table (3) Leadership practices with Openness of Communication**

Third Domain: Leadership practices with Openness of Communication	Mean	Std. Deviation	Direction
The leadership grants subordinate relevant information for accomplishing work tasks	4.31	0.46	Very High
Sharing data and information regularly leads to making timely decisions	3.72	1.24	High
The leadership consults many subordinates who possess decision- making skills	4.38	0.49	Very High
Participation of subordinates in decision- making is defined through role clarity	4.36	0.48	Very High
The leadership does a good job of sharing information about Safety events	4.42	0.49	Very High
The leadership respects suggestions from staff members	4.41	0.49	Very High
Staff feel comfortable discussing events with supervisors	4.44	0.50	Very High
The leadership grants subordinate relevant information for accomplishing work tasks	4.29	0.27	Very High
Leadership practices with Openness of Communication	4.31	0.46	Very High

Table (3) shows that the average attitudes of the respondents towards the domain "Leadership practices with Openness of Communication" is "Very High", with an average of 4.31 and a standard deviation of 0.46.

**Table (4) Leadership practices with Organizational structure and Teamwork**

Fourth Domain: Leadership practices with Organizational structure and Teamwork	Mean	Std. Deviation	Direction
Decisions open for being made through participation are defined through procedure setting	4.37	0.48	Very High
Participation in decision making is an outcome of the formal organizational structure	4.50	0.50	Very High
The alignment between the goals of subordinates and those of the hospital helps in making effective decisions	4.46	0.50	Very High
The leadership seriously considers staff suggestions for improving safety culture	4.47	0.50	Very High
Leadership practices with Organizational structure and Teamwork	4.45	0.27	Very High

Through table (4), it becomes clear that the average attitudes of the respondents towards the domain "Leadership practices with Organizational Structure and Teamwork" is "Very High" with a mean of 4.45 and a standard deviation of 0.27.

**Table (5): Leadership practices concerning response to an error**

Fifth Domain: Leadership practices concerning response to an error	Mean	Std. Deviation	Direction
When an error occurs, the follow- up team looks at each step in the process to determine how the error happened	3.58	1.12	High
The leadership uses a fair and balanced system when evaluating staff involvement in errors.	3.40	1.00	High
Staff members are usually blamed when involved in an error.	3.36	1.11	Moderate
Leadership practices concerning response to the error	3.45	0.97	High

From the table (5), it becomes clear that the average attitudes of the respondents towards the domain "Leadership practices concerning error response" is "High" with a mean of 3.45 and a standard deviation of 0.97.

Second Part: The Degree of Awareness of the Safety Culture among Workers at Jeddah Eye Hospital

**Table (6) The Degree of Awareness of the Safety Culture among Workers at Jeddah Eye Hospital**

Statements	Mean	Std. Deviation	Direction
The leadership is keen on playing a part in motivating workers to exhibit excellent performance	3.36	1.15	Moderate
The leadership provides workers with an appropriate climate for thinking that drives them to work hard	4.34	0.84	Very High

Statements	Mean	Std. Deviation	Direction
The leadership informs workers of the achievements of the creative ones to benefit from their experience with regards to patient safety	4.35	0.82	Very High
The leadership constantly seeks to propose new methods for achieving patient safety	3.90	0.55	High
The leadership supports new ideas and motivates subordinates to accomplish tasks to achieve patient safety	3.94	0.69	High
Patient Safety is achieved through new ideas generated from workers' brainstorming	3.93	0.58	High
The leadership takes into consideration individual differences among workers, thereby making them perceive attention	4.04	0.63	High
The leadership is keen on directing workers' efforts toward the achievement of patient safety with an appropriate degree of efficiency	3.94	0.59	High
The leadership is keen on providing modern equipment that can be used for maintaining patient safety in the hospital	3.77	1.03	High
The leadership is keen on ensuring that provided healthcare services are fast, efficient, and of high quality	3.89	0.91	High
The Degree of Awareness of the Safety Culture among Workers at Jeddah Eye Hospital	3.94	0.50	High

Table (6) shows the statistical analysis of the second domain, "The Degree of Awareness of the Safety Culture among Workers at Jeddah Eye Hospital", as it is clear that the sample responses tended towards "High" with a mean of 3.94 and a standard deviation of 0.50.

Third Part: The leadership role in the Safety Culture at Jeddah Eye Hospital

**Table (7): The leadership role in the Safety Culture at Jeddah Eye Hospital**

Statements	Mean	Std. Deviation	Direction
Undergoing formal training to gain an understanding of safety culture concepts and practices	3.80	0.94	High
Ensuring that safety is addressed as a priority in the strategic plans	3.90	0.89	High
Having facility- wide patient safety policies and procedures that delineate clear plans for supervisor responsibility and accountability and enable each employee to explain how his or her performance affects patient safety	3.85	0.97	High
Regularly reviewing the safety policies of the organization to ensure their adequacy for current and anticipated circumstances	3.91	0.92	High
Including safety as a priority item on the agenda for meetings	3.64	1.41	High
Encouraging employees to have a questioning attitude on safety issues	3.76	1.39	High
Having personal objectives for directly improving aspects of safety in managers' areas of responsibility	3.46	1.63	High

Statements	Mean	Std. Deviation	Direction
Monitoring safety trends to ensure that safety objectives are being achieved	3.72	1.33	High
Taking a genuine interest in safety improvements and recognizing those who achieve them—not restricting interest to situations in which there is a safety problem	3.31	1.40	Moderate
Reviewing the safety status of the organization on a periodic (e.g., yearly) basis and identifying short- and long- term safety objectives	3.26	1.49	Moderate
The Degree of Awareness of the Safety Culture among Workers at Jeddah Eye Hospital	3.66	0.89	High

Through table (7), we find that the sample responses to the third part of the study and related to the variable "The leadership role in the Safety Culture at Jeddah Eye Hospital" had a mean of 3.66 and a standard deviation of 0.89.

While there are significant differences between male and female responses according to the second part, the t- test showed that "The Degree of Awareness of the Safety Culture among Workers at Jeddah Eye Hospital," while the third part, "The leadership role in the Safety Culture at Jeddah Eye Hospital," no significant differences were statistically proven. In responses for both males and females, at a 5% significance level. The following figure shows the average responses of both males and females to the second variable, "The Degree of Awareness of the Safety Culture among Workers at Jeddah Eye Hospital." Besides, the t- test showed that there are significant differences between the three axes according to the respondents according to the Educational Qualification variable, where we find the level of morale is less than the tabular level of morale 5%, for the variables (the first part). According to the second part, "The Degree of Awareness of the Safety Culture among Workers at Jeddah Eye Hospital," and the Third Part, "The Leadership in the Safety Culture at Jeddah Eye Hospital."

The application of ANOVA test showed that there are significant differences between the three axes according to the years of experience variable, where we find the level of morale less than the tabular level of 5% for the variables (the first axis) "The Current State of Standard Leadership Practices in Jeddah Eye Hospital." According to the second axis, "The Degree of Awareness of the Safety Culture among Workers at Jeddah Eye Hospital," and the Third Axis, "The Leadership in the Safety Culture at Jeddah Eye Hospital". Besides, it was found that there is a strong direct relationship between the axes of the questionnaire, as the correlation coefficients were all greater than 0.857. This can be explained by the fact that there is a strong positive relationship between each of the variables (The Current State of Standard Leadership Practices in Jeddah Eye Hospital- The Degree of Awareness of the Safety Culture among Workers at Jeddah Eye Hospital- The leadership role in the Safety Culture at Jeddah Eye Hospital).

## 10-Findings and Discussion.

The notion of safety culture emphasizes the role of human, rather than technical, factors in attaining safety. It consists of several subcultures, which include the cultures of justice, learning, communication, communication, teamwork, among others. Therefore, understanding and implementing this notion is of importance in healthcare firms (Saleh et al., 2015, p.340).

In the context of healthcare, safety culture is a complex construct encompassing several dimensions of behaviours aiming at maintaining the safety of patients. Cultivating a patient safety culture necessitates having a solid awareness of the nature of behaviours and attitudes that lead to supporting the safety of patients. This makes it imperative that healthcare firms adjust their work culture as so to uphold the notion of patient safety culture adequately (Chen and Li, 2010, p.2).

The results showed that there is a high acceptance tendency for the fact that Leadership practices with employee relationships, with an average of 3.82. The leadership is relationship- focused in inspiring and motivating employees to take action with an average of 3.99, the leadership has a clear understanding of the needs, interests and abilities of staff and relates to them on a personal level with a high and medium acceptability score of 3.86. The leadership pays more attention to each employee's strengths, weaknesses and professional goals in the process. Trend, medium up, 4.18. Employees enjoy greater job satisfaction and are less likely to quit for greener pastures. A high average acceptance score of 3.87. Team building and professional growth strike a balance between high- quality work and work that's submitted on time. With a high average acceptance score of 3.99. Subordinates participate in the selection of new employees for hiring, with a high acceptance score of 4.19. Subordinates participate in the selection of their manager, with a medium acceptability, and an average value of 3.21. Subordinates are involved in making decisions about the allocation of necessary materials and equipment in the hospital, with a high acceptance score while the average value was 3.25.

By reviewing the results contained in the second domain, we find that there is a trend among the respondents with a degree of "high", with an average of 3.42. Through the review of the paragraphs, we find that leadership sets an example for employees by focusing on the necessary procedures about how tasks are completed. While the leadership delegates work and make sure that tasks are completed on time to a high standard, towards a medium and an average value of 3.37. The leadership defines the roles of the whole team, supporting them and provides specific work tools, resources, and other tools to get the tasks done. The trend of respondents to this paragraph was average, with an average value of 3.39. While the leadership decides in times of crises on their initiative without hesitation, the direction of respondents was high, with a mean of 3.55.

Through the results, it is evident that there is a tendency among respondents with a "very high" level to accept Leadership practices with Openness of Communication, where the average value was 4.29. By reviewing the average value of the paragraphs forming the axis, we find that there is a very high

tendency to accept the leadership grants subordinates relevant information for accomplishing work tasks, as the average value is 4.31. Sharing data and information regularly leads to making timely decisions, with an average value of 3.72. The leadership consults many subordinates who possess decision- making skills, with a mean value of 4.38. Participation of subordinates in decision- making is defined through role clarity, with a mean value of 4.36. The leadership does a good job of sharing information about Safety events, with an average value of 4.42. The leadership respects suggestions from staff members were also very high, with a mean value of 4.41. The trend of respondents was also very high. Staff feel comfortable discussing events with supervisors, with an average value of 4.44.

Through the results of the statistical analysis of the fourth dimension, we find that the vocabulary of the sample tended to respond to a very high level of acceptance towards Leadership practices with Organizational Structure and Teamwork, with an average of 4.45. By reviewing the results of the paragraphs composing the axis, we find that there is a tendency to accept a very high level. Decisions open for being made through participation are defined through procedure setting, where the mean value became 4.37.

The responses in the vocabulary of the sample came at a very high level. Participation in decision making is an outcome of the formal organizational structure, where the mean value was 4.5. The alignment between the goals of subordinates and those of the hospital helps in making effective decisions, with an average value of 4.46. The leadership seriously considers staff recommendations for improving safety culture were also very high, with an average value of 4.47.

Through the results of the statistical analysis of the fifth dimension, we find that the sample vocabulary tended to respond to a high level of acceptance towards Leadership practices with error responses, with an average of 3.45. By reviewing the results of the paragraphs that make up the axis, we find that there is a tendency to accept a high level.

The leadership uses a fair and balanced system when evaluating staff involvement in errors. Where the average value was 3.4. The vocabulary responses of the sample were medium- level. Staff members are usually blamed when involved in an error. Where the average value was 3.36.

By reviewing the results of the axis analysis, we find that the respondents' opinions of the degrees towards The Degree of Awareness of the Safety Culture among Workers at Jeddah Eye Hospital were at a high level, with an average of 3.94. Through a review of the paragraphs that make up the axis, we find that: There is a medium- level trend towards the leadership is keen on playing a part in motivating workers to exhibit excellent performance, where the average value of 3.36 was absent.

The leadership provides workers with an appropriate climate for thinking that drives them to work hard, with a mean value of 4.34. The leadership informs workers of the achievements of the creative ones to benefit from their experience with regards to patient safety, where the mean value was 4.35.



The responses of the sample items came at a high level, towards The leadership constantly seeks to propose new methods for achieving patient safety, where the mean value went down to 3.90. The leadership supports new ideas and motivates subordinates to accomplish tasks to achieve patient safety, where the mean value was 3.94. The vocabulary responses of the sample were at a high level towards Patient Safety is achieved through new ideas generated from workers' brainstorming, with the mean value of 3.92. The leadership takes into consideration individual differences among workers, thereby making them perceive attention, where the mean value was 4.03.

The leadership is keen on directing workers' efforts toward the achievement of patient safety with an appropriate degree of efficiency, with the average value reaching 3.94. The leadership is keen on providing modern equipment that can be used for maintaining patient safety in the hospital, where the mean value came to 3.77. The leadership is keen on ensuring that provided healthcare services are fast, efficient, and of high quality, with a mean value of 3.89.

By reviewing the results of the axis analysis, we find that the respondents' opinions of the leadership role in the Safety Culture at Jeddah Eye Hospital were at a high level, with an average of 3.66. By reviewing the paragraphs that make up the axis, we find that: There is a high-level trend towards undergoing formal training to gain an understanding of safety culture concepts and practices, with an average value of 3.81. Sample responses also came at a high level, toward Ensuring that safety is addressed as a priority in the strategic plans, with an average value of 3.90.

The sample responses were also high towards having facility-wide patient safety policies and procedures that delineate clear plans for supervisor responsibility and accountability and enable each employee to explain how his or her performance affects patient safety, where the average value was 3.85. The sample responses also came at a high level, towards regularly reviewing the safety policies of the organization to ensure their adequacy for current and anticipated circumstances, with the average value reaching 3.91. The sample responses also came at a high level, towards including safety as a priority item on the agenda for meetings, with the average value reaching 3.65.

The sample responses also came with a high level towards Encouraging employees to have a questioning attitude on safety issues, with the average value reaching 3.76. Sample responses were also high, toward having personal objectives for directly improving aspects of safety in managers' areas of responsibility, with an average value of 3.46. The sample responses also came at a high level towards Monitoring safety trends to ensure that safety objectives are being achieved, with an average value of 3.72. Sample responses were also at a high level towards taking a genuine interest in safety improvements and recognizing those who achieved them — not restricting interest to situations in which there is a safety problem, where the mean value of 3.31. The sample responses also came at a high level towards Reviewing the safety status of the organization on a periodic (e.g., yearly) basis and identifying short- and long-term safety objectives, where the average value became 3.26.

### **The findings of research.**

- 1- There are statistically significant differences according to the second axis, "the degree of awareness of safety culture among workers at Al- Ayoun Hospital in Jeddah," where we find that the highest trend was the doctorate and diploma, reaching (4.33 and 4.43), respectively.
- 2- Statistically significant differences were found according to the third axis, "the pioneering role in safety culture at Eye Hospital in Jeddah," where we found that the highest trend was the doctorate and master's and it reached (4.43, 4.51) respectively.
- 3- That there is a strong direct relationship between the dimensions of the questionnaire, as all correlation coefficients were greater than 0.857. This can be explained by the presence of a strong positive relationship between each of the variables (the current situation of standard driving practices in the Eye Hospital in Jeddah- the degree of awareness of safety culture among the employees of the Eye Hospital in Jeddah- the leadership role in the safety culture of the Eye Hospital in Jeddah).
- 4- The significance of the regression model that describes the relationship between each of the independent variable that reflects (the current situation of standard driving practices in the Eye Hospital in Jeddah) and the dependent variable that represents (the degree of awareness) of safety culture among workers at the Eye Hospital in Jeddah.
- 5- Through the ANOVA test table, we find that the value of the test statistic was less than the significance level used in the analysis by 5%, which indicates the importance of the results obtained from the regression model.
- 6- By examining the relationship between each of the variables, we find that the coefficient of determination reached 81.5%, which indicates that the independent variable contributed to the explanation of 81.5% of the changes in the dependent variable, and the statistical results proved the importance of the coefficient of function of the regression coefficient.

### **Recommendations.**

- 1- Following the results of study, it recommends the following:
- 2- Ensure that provided healthcare services are fast, efficient, and of high quality
- 3- Provide formal training to gain an understanding of safety culture concepts and practices
- 4- Ensure that safety is addressed as a priority in the strategic plans
- 5- Regularly review the safety policies of the organization to ensure their adequacy for current and anticipated circumstances
- 6- Include safety as a priority item on the agenda for meetings
- 7- Encourage employees to have a questioning attitude on safety issues
- 8- Monitor safety trends to ensure that safety objectives are being achieved

- 9- Review the safety status of the organization on a periodic (e.g., yearly) basis and identifying short- and long- term safety objectives

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