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MANAGERIAL SKILLS ASSESSMENT AMONG HEALTH CARE PROVIDERS MANAGERS

Aree Mohammad Hamadamin

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ACCEPTANCE/APPROVAL

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ABSTRACT

MANAGERIAL SKILLS ASSESSMENT AMONG HEALTH CARE PROVIDERS MANAGERS

The aim of the research is to evaluate the managerial skills assessment among healthcare providers' managers in health centers and hospital (primary health care) in Erbil governorate- directorate of health. The research problem is to identify gap in managerial skills and knowledge among managers in the hospitals, health centers in Erbil governorate – directorate of health. The major objective was to Assessing managerial and leadership skills for managers, assessing managerial knowledge for managers and to find Association between managerial skills, leadership skills and managerial knowledge and attitude towards providing services in local community in the health centers, hospitals in Erbil governorate - directorate of health. This research depends on a Questionnaire which is assess the manager's Assessment of the knowledge and attitude, Assessment of the personal managerial attitude and skills and Assessment of the leadership skills between the managers of different length of managerial experience is an advanced model for measuring service including three dimensions presented in five-point Likert scale. They assess especially managers' skills through empirical studies in the Health centers and Hospital. Data was collected through questionnaires from (100) employee working in health centers and hospital. The research investigates how closely can assess skills, attitudes a knowledge among the manager's in primary health care. The survey captures managers' expectations of different skills, knowledge and attitudes in the different length of health care services. The findings reveal that there is a significant relationship between managerial skills and health service provision in a hand and development of health institutions in another hand. The results show that there is a strong relationship between managerial skills and health service provision in the primary healthcare and health institution development.

Keywords: Healthcare management, Education, managerial Knowledge and skills, Leadership, Competencies.

ÖZ

MANAGERIAL SKILLS ASSESSMENT AMONG HEALTH CARE PROVIDERS MANAGERS

Araştırmanın amacı, Erbil valiliği-sağlık müdürlüğündeki sağlık ocakları ve hastanede (birinci basamak sağlık hizmeti) sağlık hizmeti sunucularının yöneticileri arasında yönetsel becerileri değerlendirmektir. Araştırmadaki problem ise, Erbil valiliği sağlık müdürlüğündeki hastaneler ve sağlık merkezlerindeki yöneticiler arasındaki yönetimsel beceri ve bilgi eksikliğini belirlemektir. Ana amaç, yöneticiler için yönetim ve liderlik becerilerinin değerlendirilmesi, yöneticiler için yönetim bilgilerinin değerlendirilmesi ve yönetim becerileri, liderlik becerileri ile yönetimsel bilgi ve Erbil valiliği - müdürlüğündeki sağlık merkezlerinde, hastanelerde yerel toplulukta hizmet sunmaya yönelik tutum arasındaki ilişkiyi bulmaktır. Bu araştırma, yöneticinin bilgi ve tutumunun değerlendirilmesini, kişisel yönetsel tutum ve becerilerinin değerlendirilmesini ve farklı yöneticilik deneyimine sahip yöneticiler arasındaki liderlik becerilerinin değerlendirilmesini amaçlayan bir ankete dayanmaktadır. Beşli Likert ölçeğinde hazırlanan bu anket sağlık ocaklarında ve Hastanede özellikle yöneticilerin becerilerini değerlendirmektedir. Veriler, sağlık ocakları ve hastanede çalışan (100) çalışandan anket yoluyla toplanmıştır. Anket, farklı uzunluktaki sağlık hizmetlerinde yöneticilerin farklı beceri, bilgi ve tutum beklentilerini ele almaktadır. Bulgular, bir yandan yönetsel beceriler ile sağlık hizmeti sunumu arasında diğer yandan sağlık kurumlarının gelişimi arasında anlamlı bir ilişki olduğunu ortaya koymaktadır. Sonuçlar, birinci basamak sağlık ve sağlık kurumu gelişiminde yönetimbecerileri ile sağlık hizmeti sunumu arasında güçlü bir ilişki olduğunu göstermektedir.

Anahtar Sözcükler: Sağlık yönetimi, Eğitim, yönetsel bilgi ve beceriler, Liderlik, Yetkinlikler

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ABBREVIATIONS

PM	Personal Management
LS	Leadership Skill
KA	Knowledge and Attitude
PHC	Public Health Care
MOH	Ministry of Health
AONE	American Organization of Nursing Executives
HR	Human Resource
FAIMER	Foundation for the Advancement of International Medical Education and Research
ELAM	e-learning Acceptance Model
HLA	Healthcare Leadership Alliance's
MPH	Masters of Public Health
MBA	Masters of Business Adminstration
WHO	World Health Organization
SPSS	Statistical Package for Social Sciences

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Healthcare sector, which is the activity giving guidance and authority to associations which give individual wellbeing administrations and branches, segments, units or projects inside those associations, ought to be in position inside the wellbeing division to convey solid treatment through its structures (Goldsmith, 2012). As indicated by the WHO, public healthcare (PHC) has the most significant job in ensuring general wellbeing and is distinguished as basic medicinal services. An assortment of studies show that essential wellbeing frameworks have expanded value, fortified the use of administrations and improved patient fulfillment (Alma-Ata 1978). To request to convey the best administrations, these social insurance suppliers must be connected to other essential clinical offices, to nearby populaces, to city governments and to general wellbeing to fix with the change of the PHC (Pilav, 2016). (Pilav, 2016). The achievement of various associations, including emergency clinics and wellbeing focuses, significantly affects the ability and mastery of their leaders. Specialists and nursing supervisors are basic to the accomplishment of clinics and their administration limit can upgrade the subjective achievement of offices (Haleh, Aidin and Hamid, 2014) and their administrators at all degrees of the board assume a significant job in social insurance, specifically in managing patients, clinical staff, work fulfillment and profitability. [Hamidi et coll., 2012]. As indicated by the discoveries of the contextual analysis, 87.7% of working laborers were under mid-term worry because of the absence of the managerial skills in 36.7% of directors; unobtrusive in 56.6% and low in 6.7% (Hamidi et al., 2012). So as to set up the necessities and open doors for additional turn of events and upgrades in information and aptitudes, the appraisal of the information and abilities of clinical laborers at all levels is essential (Pilav, 2016). Simultaneously centered improvement plan of any respondent must be incorporated for the assessment of the administration abilities

and capabilities of medicinal services staff utilized in the board places of PHC organizations. Entire prosperity, not simply inability or shortcoming has been portrayed by the WHO as a condition of full mental, physical and social prosperity (WHO 2012). Wellbeing program covers all practices pointed fundamentally at reestablishing, saving and supporting security (WHO, 2000). The authoritative assets and individuals are facilitated together by this program as indicated by built up strategies, to improve the strength of the individuals they speak to as per the real goals of individuals and, via completing different exercises whose central reason for existing is to improve wellbeing, to secure them against the expense of sick wellbeing. Iraq rises up out of many years of war and long occasions of animosity and shakiness. Iraq is rising. Given difficult issues, the Iraqi National Health System, where the Iraqi Ministry of Health is principally epitomized, is practical and has made solid steps regarding offices (Alani et al. 2018). The MOH endeavored to give wellbeing administrations, including endeavors to treat patients. Improving wellbeing includes improving four essential zones of the wellbeing framework; individual wellbeing the board, the conveyance of healthcare administrations, general wellbeing and exploration identified healthcare. The inaccessible information, data and aptitude are the explanation behind numerous avoidable disappointments in the healthcare system, which add to helpless outcomes.

This study fills a gap in the available literature by presenting the importance of personal management (PM) skills and competencies and leadership skills (LS) in managerial Knowledge and attitude (KA) towards the provision of services in local community. Managerial and leadership skills in the Public health sector (PHC) have to be continuously strengthened in the forthcoming period to improve the efficiency (Griffith et al., 2002). In addition, better investments should be made to improve the management development for health systems.

1.2 THE AIM AND OBJECTIVE OF THE STUDY

The aim of this study was to evaluate the managerial skills, leadership skills and managerial knowledge and attitude among health care provider managers (head doctors, hospital managers, head nurses) in Erbil Governorate – Iraq and at the same time, it can reveal to us the level of management, administrative and cognitive skills already applied in the health sector. The objectives are as follows:

1) Assessing managerial and leadership skills for managers.

2) Assessing managerial knowledge for managers.

3) To find association between managerial skills, leadership skills and managerial knowledge and attitude towards providing services in local community

1.3 RESEARCH PROBLEM

Management is very important aspect for developing any organization. managerial skills are necessary skills to develop organization. There is not any research in this field to highlight the gap in managerial skills. The research problem is to identify gap in managerial skills and knowledge among managers in Kurdistan region.

The argument over whether leadership and management are distinct is undoubtedly fascinating and has supported the careers of many healthcare professionals. However, this is a fruitless effort. When high-performing companies are examined, it becomes apparent that the notions of leading and managing are interchangeable change catalytic processes. A resilient organisational culture is primarily defined by change catalysts that foster group cohesiveness and commitment to the goal.

Highly successful healthcare organizations need a resilient culture characterised by people who exhibit key characteristics such as optimism, decisiveness, honesty, and open communication. Nonetheless, these traits have been characterised as distinct characteristics (leading or managing) of health care professionals at various organisational levels. It is past time to reject the notion that leadership and management are separate roles. This concept encourages self-delusion and irresponsibility in people who see themselves as leaders, and it

may result in inactivity and harmful kinds of dependence in those who do not regard themselves as leaders but as managers.

As many leading health organisations and performance management academics have determined over the years, people at all levels of highly successful companies must be able to connect with, motivate, inspire, and urge other workers to perform at a higher level. These skills are necessary for anybody who want to accomplish anything with or for other people. When leadership and managing processes are synonymous, this knowledge enables greater outcome-driven organisational performance. While the difference between leading and managing makes for an interesting philosophical debate, if we are aiming for highly successful companies, this distinction is irrelevant. Within the context of organisational performance, leading and managing are synonymous terms..

. The performance of different organizations, such as hospitals and health centers is mainly influenced by their managers' performance and efforts. doctors and Nursing managers have an important role in hospital performance and their managerial skills can improve and develop the quality of the services. Hence, the present study is conducting in order to assess the managerial skills and knowledge which is affecting directly their performance in their organizations and at the end on the health institutions performance, services and efforts.

1.4   STRUCTURE OF THE STUDY

This study consists of five main chapters. Chapter one covers the introduction of the research, background of the study, problem statement, aims and objectives, justification and structure of the study.

Chapter 2 will cover Literature Review. This chapter will review previous, empirical and conceptual literature on PM, LS and managerial KA. The chapter will basically compare and contrast views and essentially provide an insight to the chosen area of research.

Chapter 3 covers the Methodology used in the project. This chapter will discuss the methodology to be adopted in the research. It will include the purpose of the

study, research design, population, legal and ethical issues, Respondents, Data analysis methods, and limitation in the methodology. The chapter will decide and define the research methods and design. The sources of data and the reasons for choosing those methods would be stated.

Chapter 4 covers data Presentation, Analysis and Discussion of Findings. Here, data from the study would be presented, analyzed and discussed.

Chapter 5 is for Conclusion and Discussion. To summarize, justify and conclude. The chapter will also provide suggestions for further research. This research includes the reference and appendix section.

CHAPTER TWO

LITERATURE REVIEW

2.1 LEADERS AND MANAGERS

Leaders or Managers? Albeit frequently utilized reciprocally, the expressions "leaders" and "managers" are unmistakable definitions. The subsequent one is more useful than the first. This is additionally the jargon used to characterize the activity, regardless of whether we consider it to be organization or authority. All through expansion, executives bargain on everyday administration assignments, while individuals are centered around the bigger picture, staff, corporate structure, and the productivity of procedures. A leader "upgrades the occasion," while a despot "improves the potential" (Beiko et al., 2016 refers to Algahtani, 2014). Managers are frequently regularly occupied with authoritative exercises; techniques are made; representatives, merchandise or assets are recruited, built up and excused; just as approaches and systems are used to coordinate gatherings of people. The expression "managers" ordinarily incorporates the job of the work. The accentuation of a director is on hand, consistency and proficiency of techniques for unsurprising results (Kotter, 1996). To the specialist, these will involve the enrolling of expert help staff, the improvement of an agencies that can bolster the patient capacity proficiently and the paying of workers and providers. In this way, clearly, doctors "oversee" persistent consideration in their most significant position. We survey, make a treatment plan, track and report the results while driving patients for improved wellbeing. By examination, scarcely any titles incorporate "leader" yet there are jobs that have been worked to be all the more-wide essentially and administration qualities are required for a wide vision, inventive reasoning and vital investigation. Driving is kept at different rates and is identified with progress at the unit, authoritative as well as program level (Kotter, 1996). Leaders rouse us to seek after a corporate objective, to settle on down to business choices between various arrangements and, when essential, push for change. A leader relies unequivocally upon understanding and takes a few risks to convey new results. The change for one of the seven key situations for specialists

is professed to be 'speaking to a convenient change in healthcare ' to the role of managers (Dath et al., 2015). The managerial position incorporates terms, for example, "commitment" and "stewardship," which recommend valuable inclusion and more extensive observing, which may include group/office/framework wide. The situation of the supervisor requires "varying" work in the position of authority while "the board introduction" is the reason for the influential position. Of starters, a specialist with an authority position in an operational office will likewise be liable for dealing with assets to such an extent that a consistent activity may work; the individual in question ensures nearby accessibility, the best accessible operational space period and the proper productivity of all clinical faculty. This specialist would conceivably gain a check or recompense to accomplish this work. In any case, a similar specialist may utilize correspondence characteristics to advance better help, affirmation of a propelled treatment or technique in the interest of the office or try to make careful night and end of the week hours for upgraded tolerant consideration in the interest of the office. Regularly this job of authority is unpaid and officially ignorant, yet it is basic to realize change in an association. The primary situation as paying laborer is compulsory and the second is discretionary yet roused by a readiness to improve that may affect a more extensive patient gathering.

2.2 HEALTH CARE MANAGEMENT SKILLS

Healthcare managers is approached both in present day types of medicinal services and in ordinary human services offices to perform explicit authoritative jobs, remembering that the set up differentiations among utilitarian and clinical organization gradually evaporate. A generally constrained level of medicinal services overseers in many associations accept that they are adequately prepared for an expert healthcare director's job by extensive arrangement (Shortell and Kaluzny, 2000). There are four key types of health care management skills as indicated by Slipicevic and Masic (2012)

1. Interpersonal skills: The main noteworthy type of professional training is called intellectual, mental and full of feeling capacities, permitting people to impart for

one another. This classification of experience incorporates three ability gatherings, including: the ability to enable and empower individuals, to "offer" ideas, to bargain and encourage explicit endeavors. Relationship capacities: the ability to act naturally cognizant, to gauge oneself effectively, to think about others, to advance cooperation, coordination and collaboration. Backing and designation: ability to make and support organizations, urge others to develop, lead gatherings and teach others.

2. Information management: The other key class of capabilities required by the activity are the administration of information and these skills permit us to gather, facilitate and examine data. Information the board: And the limit of such a person to react to change, to "respond" to the current situation, to discover strategies and approaches is comprised of three types of capacities, including: development movements and the executives. Information assortment: the ability to consider and decipher corporate exercises, to listen uninhibitedly and to perceive channels of information and correspondence. Information examination: ability to absorb data from various methods with the end goal of correspondence and general use, find the hugeness of it and comprehend propelled (specialized) data.

3. Analytical skills: Analytical abilities, information/thought abilities which make it conceivable to utilize and absorb new data and use for plan purposes and for the improvement of an arranging system, are the key classification of aptitudes. The key abilities characterization frequently contains three kinds of capabilities, including: Planning: the ability to see gives all the more comprehensively, to conceptualize, build rationale, to anticipate the future and to set up long haul objectives. Quantitative information examination: Ability to dissect data with investigation apparatuses/methods from useful orders (money, promoting , tasks). Innovation Management: The capacity of figured PCs, data and control frameworks or modern hardware to utilize, keep up or make new advances, gear or procedures, information and comprehension of current mechanical patterns.

4. Action skills: The fourth and last classification of aptitudes required is designated " Action skills," which are conduct arranged capacities that expect

exercises to be arranged, guided and completed. What's more, that sort of aptitudes incorporates three ability classifications: focusing on, ability to distinguish targets and guidelines, staff and assets dissemination and execution assessment. Activity: the ability to achieve objectives, to work under confined assets imperatives, help out time limits, to course others and to make them compelling. Entrepreneurial skills: eagerness to seek after, to look out and exploit prospects, difficulties and dynamic in troublesome occasions. Those four sorts of abilities, in addition to subgroups, fabricate the continuum of aptitudes required for taking care of the work. Contrasts between the significance of aptitudes and needs gave or exercises requiring certain abilities and abilities as of now accessible to administrators are main concerns and require extra instruction and preparing in the field of health care the managers to make it feasible for healthcare directors to satisfy their jobs in a more skilled and great way.

2.3 MANAGEMENT COMPETENCY CATEGORY

Management skills, for example, system and coordination assume an essential job in the presentation of coordinations (Murphy and Poist, 1991a). A diagram of the Management skills is given beneath:

• Authority: administration guarantees a network of individuals may join by directing them to achieve an aggregate reason. The three administration characteristics (Bowersox and Daughtery, 1992; Kotter, 2002; Avolio et al . , 2009) are formalization, flexibility and figuring.

• Human assets control: Staff preparing covers enrolling, oversight and proceeding with care and support to the organization's staff (Stroh and Caligiuri 1998; Cabrera and Cabrera 2007).

• Teamwork and correspondence: Managers are every now and again utilized in different situations as individuals from groups that set up explicit authoritative capacities and accentuation (Tarricone and Luca, 2002; Gueldenzoph Snyder, 2009).

• Change control: change the executives identifies with an administrator's eagerness to move individuals, offices, and associations, by information on the current condition of the organization and the use of viable progress procedures (Gill, 2002; Todnem By, 2005).

• Change the executives: move the board

• Negotiation: arrangement alludes to arranging an exchange procedure between at least two gatherings (both for their own reasons, needs, and perspectives) which looks to concede to a typical issue or on the goal of a question (Stevens and Gist, 1997; Dubey et al., 2018).

2.4 DEFINING VALUE-BASED HEALTH CARE

Porter (2009) suggested that accentuation on developing advantage for customers, controlled by the clinical advantages per dollar exhausted, would be the target in understanding social insurance issues. Dark (2011) portrays social insurance worth as 'the hole between administration addition and hurt, in the aggregate of capital spent.' Gray (2015) recognizes further between allocative worth (equivalent conveyance of administrations to enhance the advantage for the whole populace), the innovative intrigue (expanded an incentive from better human services proficiency and wellbeing) and the relevant intrigue (singular patient qualities, in mix with best realities and an evaluation of the condition of the patient). Putera (2017) claims that esteem situated medicinal services is centered around understanding focused treatment and refines patients instead of regarding wellbeing as an assistance for industry. The idea of "enthusiasm" in importance based medicinal services is, notwithstanding, obscure and is a main experimental test for analysts in the value-based health-care field (Mkanta et al., 2016). The progress from volumetric decentralized inclusion into esteem driven composed treatment in human services administrations to full-square installment plans is portrayed by Miller (2009). Three measures drive the presentation of VAH human services are portrayed by Andersson et al. (2015). Most importantly, it is essential to focus on what brings patients intrigue. Right off the bat, emergency clinic care will be organized around the interminable issues and full prescription times of

patients. Thirdly, the prosperity of the general population and the cost viability will be determined in clinical reports.

2.5 BUSINESS PRIORITIES OF THE CRUCIAL SKILLS FOR EFFECTIVE PERFORMANCE OF MANAGERIAL ROLES

The recently characterized normalized moduled abilities appraisal on a five-point scale (Slipicevic and Masic, 2012) is utilized for choosing the worth and hugeness of the aptitudes or exercises including a specific limit:

• Business center occasions.

• Substantial capacity or occupation.

• Capabilities utilized every day.

• Expertise required every once in a while.

• Work capacities are aimless.

2.6 COMPETENCE DEVELOPMENT IN HEALTH-CARE CONTEXTS

McClelland's (1973) milestone paper 'Searching for Competence and not intelligence' investigates the underlying foundations of work on fitness. Competency might be depicted as a capacity or a capacity in its most straightforward sense (Boyatzis, 1982, 2008; McClelland, 1985). Capabilities are spoken to as various social components used to satisfy a fundamental reason (Boyatzis, 2008). The idea of capacity has extended to incorporate everything that prompts obvious, victories, from ordinary "KSA" (knowledge, skills, abilities/attitudes). In this manner, Rahman et al (2014) can be portrayed as the thought of administrative aptitudes all in all which adds to a man fruitful job in the administration of mastery, capacities, activities, limit and mentalities. IJOA 28,1 50 Standards for proficient development in the organization in medicine and treatment by doctors and attendants will be created of competency-based assessment and progression of human services. Past examination have inspected the utilization of skill of educational plan and experience of medicinal services organization (Shewchuk et al., 2005; Calhoun et al., 2008; Garman and Scribner, 2011; Clarke

et al., 2004; Riley et al., 2012). Shewchuk et al. (2005) depicted 5 arrangements of hierarchical procedures to address the principle challenges that social insurance heads face. A Health Leadership System, made out of 26 conduct and mechanical measurements, is characterized by Calhoun et al. (2008). Stefl (2008) ponders the Healthcare Leadership Alliance's (HLA) center around acknowledgment of senior authority abilities. Various investigations have dependent on specific fields, for example, Clarke et al. (2004) which characterize 11 hierarchical capacities and Riley et al. [2012] which report on the bilingual capacities of nursing laborers in organized projects of learning. The case of the audit of managerial capabilities in the zone of medicinal services organization has taken a significance lately. An assortment of examinations have been directed in human services frameworks in Germany, USA and Canada to explore usage of authority and the executives skill models (Ackerly et al., 2011; Garman and Scribner 2011; Berkenbosch et al., 2013). Garman und Scribner (2011) plots the subtleties and approvals of the aptitude educational plan built up by the National Healthcare Quality Alliance in the US, which secured six explicit fields of capacity in driving medicinal services proficiency. Ackerly et al. (2011) diagrams a Duke Medicine exhaustive ization plan, fusing total nursing guidance with the leader's temporary job including the board coaching and arrangement in administration aptitudes. Berkenbosch et al. (2013) demonstrated that seven skills in the Dutch post-graduate educational plan think about the situation of the doctor as chief. Late discoveries have discovered that further center has been paid to the improvement of the manager abilities in healthcare services (Ackerly et al., 2011; Enterkin et al., 2013; Berkenbosch et al., 2013).). It is the most ideal approach to determine human services concerns. However, these aptitudes approaches have been recognized as lacking, conflicting and inadmissible (McCallin et al., 2010; Ackerly et al., 2011; Townsend et al., 2012). In spite of the fact that competency demonstrating is all around created, the administration and the board capabilities outperform a common undertaking of specialists or specialists and are in some cases absent and inadequate (Pillay, 2008; Dickinson et al., 2013; Kuhlmann and von Knorring, 2014; Pihlainen et al., 2016). There is an absence of data in regards to the administration abilities required for infection avoidance and successful

administration of a populace's prosperity at the least conceivable cost (Leavitt et al., 2016). There has likewise been some notable work around there. The American Organization of Nursing Executives (AONE) (2015) has contemplated wellbeing capacities in nursing the executives in five regions: cooperation, instruction, administration; mastery and market abilities. Five skill classes are recorded. An assortment of aptitude fields for usage in esteem based treatment have been distinguished through the Accounting Health Training Collaborative, including: wellbeing IT; administration co-appointment; Patient hazard appraisal; quality; Financial Readiness; administration and culture; and Patient Centeredness (Paraguay et al., 2015).

2.7 LEADERSHIP

In light of importance and use, leadership is portrayed in an unexpected way. Fontenot (2012) has shown that the idea of a leader depends on variables, for example, social settings, qualities and encounters. Chiarini and Vagnoni (2016) propose that the energy about a charming pioneer will have a critical effect to how certain individuals see different pioneers conversely with others' administration styles and who think they satisfy the ideal norm. The above focuses show why abstract initiative is portrayed in a large number of ways.

Jordan, Werner and Venter (2015) and Wikström and Dellve (2009) presented the distributed writing offers moderate evidence of the diverse leadership types and thinks about upgrading tolerant prosperity and improving treatment. The leader ought to likewise be a man who is in a situation to control subordinates and partners in Odom, Owen, Valley, and Burrell (2011). How much a colleagues perform what is required and consider the colleagues' capacity to build up their abilities can be shown in an authority position.

Ranmuthugala et al. (2011) have illustrated, in light of the fact that the patient works with the correct group, that any parental figure and clinical expert might be a compelling leader. The healthcare industry 's achievement as far as its scale and effectiveness of leader conveyance will be cultivated in the event that it comprehends and imparts to its individual representatives the most ideal

approaches to execute its ideas and techniques. "The mix of early advancement with mid-to-most recent vocation development will mirror perfect instruction for fruitful leaders," as expressed in (Sonnino, 2016) (p. 1).

2.7.1 Type of Leadership

The customary meaning of leadership was "a leader, a person who orders, or aides a gathering," including "organization," "the board," and "force" (Webster, 2015). After some time, this idea has changed and today we consider different initiative sorts with their own translations. Four of these are the four well known and all the more ordinarily known types of healthcare sector (Rogers, 2012).

• Transactional leaders work inside as far as possible and the current standards. We don't normally take risks, however center around execution, force, consistency and consistency.

• Transformational leaders who rouse each other more, make enhancements and impact what's to come.

• Servant Leaders that focus first on the help measurement, as they need to profit others naturally (Greenleaf 2002).

Each of the two styles has a job in healthcare services, despite the fact that the association is well on the way to be supported by groundbreaking and authority pioneers while the value-based individuals are the most fit to maintain the norm.

Leaders today need two significant types of direct, "work" lead and the activities of "relationship." Task practices permit a person to accomplish their objectives and urge others to accomplish their objectives. The readiness to speak with leaders and mangers in a way that keeps everybody at a good side with themselves, one another and their specific conditions (Rogers, 2012) requires association conduct. All through different cases, a leader might be more undertaking focused than other-situated all through examination. People likewise can, by contribution from others, become more aware of their authority styles and how they connect. First off, specialists are normally not set up to focus on authority, or to remark on their own conduct style (Stoller, 2009). Notwithstanding the unpredictability of their

training, they like to depend on results instead of the strategies in question. However, likewise in contact with patients and their companions, collaboration stays a significant piece of the act of medication. Gabel (2014) investigated whether all doctors, expertly or casually, play out a position of authority at any phase in their vocations. The speaker tended to the attributes of organized and casual pioneers and recommended that the range of initiative arrangement would be widened to consolidate all styles of individuals.

Different healthcare supervisors can enter their jobs by means of different individual courses. In a critical part inside the general wellbeing framework, including drug store, nursing and the board, Rogers (2012) has led an overview in coordinated effort and administration styles for wellbeing authorities. She explored the benefit of relating the leadership types to every profession. She recommended that doctors, medical attendants and administrators would be more aware of their own specific kind of initiative and every one of these individuals would take an interest in reflexive exercises.

A leadership role in nursing is likewise a presumption of a critical number of individuals or if nothing else an aspiration. This is likewise nothing unexpected to find out about authority planning in social insurance quicker than most (Scott, 2010; Schwartz et al., 2000). Emergency clinic chiefs are regularly "enormous vision" individuals, who have passed the administrative positions. They as of now have regulatory information thus, inasmuch as they have creative mind notwithstanding the board capacities, the transition to authority is generally inescapable. Be that as it may, we can't envision these individuals to have all the highlights to make them effective pioneers in a huge and dynamic human services condition: all-encompassing administration learning is required through the entire medicinal services framework (Scott, 2010).

The change to genuine current authority is a critical achievement25 for doctors, and furthermore includes a stage out of their solace locale. Numerous residents are truly worried about turning into a boss (Scott, 2010). For certainty, senior specialists don't frequently have a view on a program that for a wellbeing official is

a significant aptitude. Arroliga et al. (2014) recommend that if our locale laborers are not instructed it will detrimentally affect society over the long haul. He demands that age, seriousness and other scholarly aptitudes were lacking in light of the fact that these people only imitated their forerunners yet didn't methodicallly set up the individual and specialized qualities and abilities required by pioneer Arroliga et al (2014).

2.8 TRAITS OF HEALTH CARE LEADERS

In contrast with the old picture, the new leader will have the ability to learn, consider, regard, perceive, conceptualize, foresee, compose, endeavor to empower residents and build up the general public. The wellbeing authorities do require commitment, genuineness, benevolence and earnestness, Stoller (2009) said. This referenced certain capacities and characteristics that specialists must have or learn, specifically. That includes proficient comprehension of strategy and pay issues, coordinating expenses with clinical consideration wellbeing, medicinal services enactment (counting the Affordable Care Act), lawful difficulties with wellbeing and government arrangements, critical thinking capacity, authority aptitudes, social development and lifetime learning commitment. Alpert (2010) portrays attributes basic for leaders in his publication in the American Journal of Medicine. Subjects of balance, decency, good examples, proficient conduct, vocation and employment adjusting, association and objective taking are likewise generally examined. Every one of these capabilities might be an issue for some residents.

At the point when the healthcare experts originally perceived that leadership arrangement was required, they accepted that degrees, for example, MPH and MBA were the solution (Schwartz et al., 2000). Such administrations remember data and the executives and practical ability for various fields (worldwide healthcare, the study of disease transmission, monetary limit, and so on.). Experience has indicated that such additional recognitions don't naturally deliver an individual a boss. Only one of similar proprietors, supervisors of agents. Albeit each of the three descriptors expanding be utilized by a man, this is consistently

not the situation. Directors plan, hold, screen, give a fast term view and execute, and, as characterized by Curtis et al. in 2011. Explicit managerial capacities incorporate readiness and planning, work force coordination and critical thinking. On the opposite side, pioneers "develop, develop, empower, question the circumstance and focus on a drawn out dream." Kotterman (2006) portrays the board as methodology, techniques, vulnerability and administration for change.

While the aptitudes obtained through different Master's projects are without a doubt exceptionally attractive in numerous influential positions, complete administration programs are important for the advancement of wide initiative abilities – the "separating capabilities." A program at Ackerly et al. (2011) for clinical inhabitants who have just gotten graduate administration trainig (eg, MD-MBA) consolidates the advantages of formal MBA preparing with preparing and experiential learning in the authority abilities and may speak to another model for early profession initiative turn of events.

Souba (2003) talked about wellbeing administration shifts as the years progressed. The change from the individuals who delivered an individual a pioneer in the "most recent" days to the individuals what today's identity was invited, he characterized. Another thought for a healthcare specialist from an earlier time, corporate and administrative sharpness is an absolute necessity. A sharp differentiation to the old image of the tyrant as a dictator, who rules from above, is the ability to include certain people a structure a mutual dream and collaboration. Great listening capacities have for some time been respected, yet are as yet missing in leaders.

2.9 THEORIES OF LEADERSHIP IN HEALTHCARE

Dunphy (2013) depicted administration components as sui generis in the healthcare segment, recommending that specific medicinal services offices have singularity, in contrast to different associations. First off, in the wellbeing area, the CEO isn't the main individual expressly dependable and receptive to the administering body. As indicated by Lornudd, Bergman, Sandahl and Von (2016), the association has gotten a reaction from the administrative body of the medicinal

services foundation on the specific moral and legitimate commitments of the confirmed free specialists. The WHO contended that when consolidation of entire jobs into Medical Personnel, the CEO and different partners is concerned, the administering body has a controlling capacity. The arrangement procedure makes it workable for the administrative body, among different aspects of healthcare frameworks, to advance assurance and consistency of care arrangement, money related effectiveness and metro association. It outlines that the leades office all in all needs to work near achieve healthcare objectives. Because of noteworthy unfamiliar interests in creating structures that advance authority development in this basic field, Fulop and Day (2010) and Willcocks (2016) recognizes various issues related with the healthcare leaders. Such proclamations are better communicated in the imaginative leader's activities structured and worked for pioneers of the human services division in the United Kingdom. Related advancements were executed comprehensively, as per the WHO (2012). The expenses and ramifications of deficient administration in medicinal services in global organizations, be that as it may, exceed the advantages and open doors for exhaustive projects to improve proficient authority ability (Dickens, 2013).

2.10 HEALTHCARE LEADERSHIP EDUCATION

The characteristics of leadership education are not common to numerous clinicians as per the WHO (2009) and MacPhee et al. (2012) albeit other degree programs exceed expectations in health care management. During the time spent the program, individuals keep on looking at inventive approaches to improve human care security and efficiency (Kondo and Shigeoka 2013). In spite of the fact that there is by all accounts a requirement for administration courses, the quality and effectiveness of healthcare frameworks is part by what these students are educated. As per Garman et al. (2010) and the World Bank (WB, 2018), a few activities to handle the subject of administration in the healthcare sector have been presented. Such projects give mediations planned for fusing the operational components of administration information into the educational program of the board development.

Furthermore, the board learning activities have given numerous ways to deal with build truth conditions in classrooms (De Haan and Duckworth, 2013). Along these lines, dependence on the good old initiative improvement plans, to create understudies that satisfy existing and likely requests of the clinical business, is diminished as the board capacities are involved an assortment of zones (counting: mechanical, mental, and applied) (Kim and Thompson, 2012). The section level job in each association needs explicit aptitudes, as indicated by Amagoh (2010) and Bullivant (2009). In the inverse, the transitional positions need singular insight, while driving jobs need scientific experience. Fennimore and Wolf (2011) likewise showed another zone of initiative capacity to convey social development to the upper positions. Six fields of initiative abilities uncovered be that as it may: Spurgeon, Burke, and Cooper (2012):

1) business experience,

2) ties, associations

3) the distinction,

4) information,

5) the abilities,

6) the chance, and

7) Individually characterized convictions.

The healthcare sector and the state of patients are as yet advancing as indicated by WHO (1999). Supervisors will likewise endeavor to secure various methodologies and strategies to manage the upgrades and furthermore advantage from developing possibilities for new advancements. A huge segment of key administration abilities incorporates enabling representatives, connecting effectively with accomplices and protecting activities and practices that ensure consistence and great working environment productivity. Chiefs will subsequently give proficient expertise about the association's offices (Butler, 2008). Interior and outer readiness is a piece of the authority training unit to build up this ability, however they are ordinarily not important to become familiar with all the basic

aptitudes (Al-Touby, 2012). Contrasted with low-pay associations, the best-performing organizations embrace the best resource enrollment draws near (WHO 2015). For viable, gainful activities, methods for identification, readiness and creation of pioneers are significant (Michaels, Handfield-Jones and Axle pin, 2001). All things considered, amplifying aptitude is firmly identified with the organization 's execution.

Work has shown that it is fundamental for administration activities to depend to an enormous degree on improving the quality and profitability of their representatives and improving the viability of associations' enlistment and development endeavors to influence the quality and execution of their social insurance frameworks. Furthermore, programs are required to diminish steady loss and costs and reflect vital objectives (McDonald 2014). This inquiry of authority was exacerbated by financial interruption (McAlearney, 2006). As an outcome, these added to deadening budgetary requirements among numerous wellbeing foundations. The social insurance advertise has likewise been late to react to these improvements contrasted and different regions of the economy (Mc Alearney, 2006). Mc Alearney (2010) revealed that, taking into account the dissatisfaction with the administration capacities of the board after they were raised to senior authority posiations, the greater part of respondents in human services associations had executed administration improvement ventures after 2003. In the present area, wellbeing organizations have dynamic markets where just heads with strong, definite and comprehensive initiative abilities can succeed (Lee et al., 2010).

All through late decades, acknowledgment that initiative should be focused and fortified has become a subject of concern. Initially, scholarly qualifications were mulled over when naming individuals to administration positions, and psychological capacities, the social development, group holding abilities and budgetary proficiency didn't satisfy norms. The administration style was the top-down strategy, where the chosen head oversees completely and needs the subordinate members to progress nicely (Amagoh, 2009) versus the aggregate methodology, where the delegates commonly bolster the individuals who work under him to manufacture a dream; here, the pioneer regularly enables them to

meet the destinations set (Souba, 2003). That is the reason the individuals work intimately with the bosses and subordinates, adding to corporate beneficial interaction. This adds to useful and emphatic initiative.

WHO (2010) and Metrics (2010) guaranteed that advanced administration needs two styles of initiative that consolidate strategic organization conduct. As indicated by Avolio (2010), the activity activities empower pioneers to accomplish their key destinations and lead different laborers to accomplish their goals. Successful pioneers in specific cases and relationship-based pioneers in others can be task-arranged (Kotterman, 2006). In a medical clinic, for instance, clinicians are regularly not instructed in relational action, however are rather mindful of the procedure that is engaged with accomplishing their objectives.

The authority is a fundamental component of the medicinal services segment and furthermore in the relationship with patients and their family members, as per Shibuya et al. (2011). Stoller (2013) and Curtis et al. (2011) guaranteed that an expert head requires devotion, charitableness, trustworthiness and validity. Stoller has portrayed different capacities to be scholarly by specialists: critical thinking, mental development, wellbeing strategy, clinical and benefits mastery. Alpert (2010) has explained that reasonableness, fairness, hard-working attitude, achievement and the personal satisfaction, association and object are the most significant qualities for a pioneer in the human services division. In this space, the fundamental creators are Alpert (2010), Al-Touby (2012), Amagoh (2009), Bullivant (2010), Butler (2008), De Haan and Duckworth, (2013), Fennimore and Wolf (2011), Kim and Thompson (2012), Kondo and Shigeoka, (2013), Kotterman (2006), Mc Alearney (2010), McDonald (2014), Shibuya (2011), and Spurgeon, Burke, and Cooper (2012), who have all added to this field.

2.11 CHALLENGES AND OPPORTUNITIES FOR LEADERS IN HEALTHCARE

The leaders of the healthcare segment ought to respond to their objectives during a snapshot of gigantic change when efficiency is a lot of significant, as indicated by Crethar, Phillips and Brown (2011). Al-Balushi et al. (2014) and the WHO (2012) finished up, hence, that the writing, especially the reference clinical and

nursing structure, would be surveyed cautiously by totally concerned entertainers inside the healthcare segment. Utilizing this technique, individuals will design more for future clinical patterns and authority motivators and deterrents. In like manner, Harpur (2012) recommended that tempestuous examples of market models in the following decade will significantly affect the work scene. That contention has various ramifications for healthcare services as indicated by the World Bank (2015), including the requirement for a valuable duty to program readiness and to tolerant treatment. Cowman and Keating (2013) and Willcocks and Wibberley (2015) have reasoned that healthcare authorities should be moderately inventive to accumulate distinctive explicit, superfluous bits of information.

The ability to address troublesome issues, investigative idea, and solid creatives is a result of overall estimates with respect to capacities and skills in 2020 vocations. Different capacities incorporate HR technique, authoritative initiative and enthusiastic insight. Kerr and Hayward (2013) reasoned that these are the capacity a medicinal services proficient requirements to have. Actually, an expansive accentuation on between proficient treatment must be explored in the differing condition so as to get the ideal advantages of the person. Late investigations have indicated that the individuals who have not yet been considered ought to have imperative aptitudes for satisfying reasonable necessities by 2020. McIntosh, Sheppy and Cohen (2014) anticipated that social insurance would become progressively muddled and rather requested creative driving techniques that would advance target thinking in a profoundly liquid human services condition with differing critical thinking. Jefferson et al. (2014) inferred that through this type of initiative, assorted specialists with differing degrees with experience are cooperating to address "bogus issues." The estimation of good administration to advance great medicinal services has additionally been repeated by Hussein and Muhammad (2013) and the World Bank (2014) for the conveyance of solid and secure wellbeing offices; Likewise, Lee (2010) proposed improved proficient commitment and expert authority to upgrade persistent treatment and wellbeing. The Australian Garling Review, for example, suggests extensively further extending the investigation of workplaces, for example, the Nurse Unit

Manager (NUM). The examination is intended to help NUM in clinical administration when following patients in order to protect that NUMs are remembered for clinical preliminaries at any rate 75% of their time. The staying 25 percent ought to be utilized for promoting and calculated exercises. The Francis Report from the United Kingdom made explicit recommendations. All together in light of the fact that they become effectively dynamic in clinical initiative in their separate locales, FR advanced the significance of setting ward medical caretakers. In the USA as well, administration in the social insurance field was portrayed as a center factor of accomplishment in human services conveyance. Endeavors were additionally noted. The associations included proposed that doctors, human services professionals and purchasers take an interest viably in the improvement stage as a way to upgrade results significantly.

2.12 THE NEED FOR FORMAL, COMPREHENSIVE HEALTH CARE LEADERSHIP DEVELOPMENT

While a few people are conceived leaders with solid instinct, some thorough guidance in initiative and competencies is required – different abilities must be gained or consummated. This will include guidelines, enactment, government or human powers which are not inalienable in all things. Pioneers who expect they can deal with so without organized planning every now and again do as such for somewhat, at that point eventually experience troublesome conditions they can't adapt to alone. They are rather frantically looking for the cash to make their calling successful, now and then past the point where it is possible to spare. In all actuality, it is not, at this point an adequate (or fruitful) model for a man who has indicated authority of his/her abilities and who requires him/her to be a clever pioneer should the need happen for an innovator in a characterized circumstance. We need a pool of possible leaders in both the carefully remedial and scholastic parts, who have just procured extra skills by orderly preliminaries and are bound to exceed expectations whenever tested to turn out to be new pioneers. It will be more secure for everyone if planning in center data and aptitudes will get easier and subsequently more accessible until the prerequisite for all the more tutoring is dictated by a critical basic and employment breakdown (Sonnino, 2016).

The Foundation for the Advancement of International Medical Education and Research (FAIMER, in French), focused on the ELAM model, which was co-subsidized by ELAM's establishing chief, has demonstrated that the administration and authority of different networks can be instructed. It has improved the initiative in the served nations' ability to continue amicability with their neighborhood needs and fabricate trust. This is a solitary clarification of how to legitimize the standards of American wellbeing strategy arrangement into the universe of medication (Morahan et al., 2010).

Warren and Carnall (2011), from the UK, alluded to the deficiency of initiative groundwork for specialists in their national human services framework. They engage doctors to construct gifts, understandings and the chance to set up and express their fantasy, which go past expert information in their calling. Warren and Carnall (2011) contended that the administration preparing activities were more successful as they gave students a capacity to center through any of their house foundation's "continuous" issues. They additionally acknowledged that intercessions enduring longer time ranges permit students to consolidate their scholarly bits of knowledge into their everyday practices, center around them and mull over them.

2.13 KNOWLEDGE MANAGEMENT PROCESSES

Knowledge management is an administration strategy under which the methods to protect that information is appropriated to the correct individual in the correct position and at the opportune time are created, applied and investigated (Constantinescu, 2009; Feng et al., 2005; Shujahat et al., 2019). Data the board can be isolated into two significant perspectives: the basic achievement factors for the control of data and its strategies. (Gold et al., 2001; Inkinen et al., 2015). The article considers know-how the executives frameworks, for example data streams and experience execution forms in a venture (Alavi and Leidner 2001; Gold et al . 2001).

Different reports give different understandings of data the board forms. Costa and Monteiro (2016) inferred that instruments for information the executives include

information creation, information securing, stock-keeping, and data utilizing in the wake of undertaking an efficient investigation of data the board and advancement effectiveness. This technique was depicted by Inkinen (2016) as one including the creation, creation, codification, change and utilizing of data by other data sub-forms. In examination, the current exploration alludes to the period of data the board comprising of subprocesses, including information development, sharing and utilization (Andreeva et al., 2017; De Winne and Sels, 2010; Kang et al., 2007; Nonaka and Takeuchi, 1995; Shujahat et al., 2019). Such hierarchical depiction can appear to be particular from other data the board technique ideas. However, for two reasons, that isn't the situation. To start with, past work in Pakistan demonstrates that frameworks of data the board can be smoothed out by three primary information forms in the innovation escalated administrations segments (Ahmad et al., 2017; Shujahat et al., 2019). Besides, Andreeva and Kianto (2011) revealed the recurrent connection in data the leaders' forms and the differentiation lies in their collection point. The three techniques in data the executives include numerous frameworks. For eg, data advancement includes the absorption of data and the collection of information as a forerunner. Procedures for data the board are dynamic, interlaced and typically subjective. In any case, in a large number of verifiably settled scales such frameworks might be determined quantitatively and precisely (Darroch, 2003; Gold et al., 2001; Zack et al., 2009). For the situation study nature, research on data obtaining frameworks and quantitative evaluation estimations can likewise be taken. These are the three strategies for data the board. Formation of data is a component and operational ability to grow new aptitude through inventive ideas and approaches (Andreeva and Kianto 2011; Kianto et al . 2016). The advancement of data is an intricate and community oriented procedure planned to focus on the organizations that require new information creation. Mindfulness might be produced through four procedures: socialization, externalization, blend and disguise (SECI) from clear data to understood information. The four systems are viewed as the SECI worldview (Nonaka and Takeuchi 1995), or the authoritative strategy for producing data. The data creation forms have four chronicles (Andreeva and Kianto, 2011). Above all else, new data should be created. Information instruction presents this capacity

over the way toward learning. Moreover, the specialist 's intrinsic motivating force is significant for creating mindfulness. Third, information building must be capable. At last, it is important to see recently created data. In the event that new data is viewed as fundamental, it is utilized in an undertaking routinely to enhance. Information sharing is the information development among the various units and entertainers inside an association (Andreeva and Kianto, 2011; Hooff and De Ridder, 2004). Various researchers depict different information sharing highlights. For instance, Olander et al. (2016) expressed that information sharing can be ordered into formal and casual information sharing sorts. Besides, Hooff and De Ridder (2004) express that information sharing is made out of information assortment and information gift. Information assortment is identified with counseling representatives in a firm to pick up information while information gift is identified with imparting one's information to other people. Information sharing can happen just when the proprietor entertainer of the information offers it to another readily and the demander gets and receives it (Hooff and De Ridder, 2004). Information sharing determinants incorporate trust, inherent and extraneous inspiration, work fulfillment, 182 BJM 14,2 standards and estimations of an association and initiative help (Andreeva and Kianto, 2011; Hooff and De Ridder, 2004; Olander et al., 2016). Information use identifies with actualizing the information an individual entertainer and unit have (Lee et al., 2013). Information use is the system of an association to store, recover, access and use information adequately for vital purposes (Gold et al., 2001). The predecessors of information usage are prize, trust and liberality, long haul direction, R&D finance assignment and offices, data innovation, less data repetition or ideal degree of information, information sharing, information digestion, information creation, eagerness and inspiration and information bases (Lee et al., 2013; Song et al., 2005).

2.14 HEALTH CARE SYSTEM IN IRAQ

The Iraqi Ministry of health (MOH) is the foundation of the healthcare framework in Iraq and the principle medicinal services supplier. Private clinical area likewise exists and different organizations, for example, the Red Crescent additionally add to the wellbeing administrations (Alani et al., 2018). In this way, the significant

parts of wellbeing framework foundation of Iraq are coordinated by the MOH. The Iraqi MOH was built up after the foundation of the cutting edge Iraqi government during the year 1921.The MOH persevered for scarcely any prior months it was changed over into Health General Administration associated to the service of Labor and Social issues. That Health General Administration focused basically on therapeudic administrations and somewhat preventive administrations. The Iraqi Health General Administration exercises extended after the foundation of the WHO in 1947as that period observes propels in remedial and preventive medication (Alani et al., 2018). In November 23, 1952 the Iraqi MOH was re-foundation again as free service. During that time the MOH comprised of 2 primary directorates; the directorate of preventive medication and the directorate of general clinical administrations. The preventive directorate included 11 establishments (Nutrition foundation, Tuberculosis organization, Bejel foundation for the treatment of venereal issues, Vaccine and Sera foundation, Endemic infections establishment, Maternal and Child wellbeing establishment, Health building organization, School administrations foundation, Capital and city wellbeing organization, Epidemics, and world wellbeing organizations. The directorate of general clinical administrations included emergency clinics, focal clinical facilities, dispensaries, and establishments for examinations (X-beam, bacteriology and pathology organization). A higher chamber of wellbeing was framed to design the educational programs of wellbeing organization (the healing and preventive administrations). A few managerial workplaces (directorates) were set up in the governorates and were called Liwa. In each Liwa, a preventive and wellbeing directorates were set up Until 2003, the military wellbeing administrations gave medicinal services to military work force and their families. The military clinical offices have now been moved to the MOH and a large portion of military wellbeing experts have moved to the MOH establishments (Alani et al., 2018). All legislative general, showing medical clinics, and essential consideration wellbeing focuses are partnered with Iraqi Ministry of Health (MOH) Currently, there are three delegates of wellbeing in the service notwithstanding the priest; appointee of specialized issues, representative of regulatory issues and agent of building and development issues. There are a few focal directorates in the headquarter

notwithstanding the two wellbeing directorates in Baghdad and the wellbeing directorates in every region of Iraq. The authoritative structure of the fringe directorates is like the structure of the MOH. Medical clinics (General and instructing), essential human services facilities and wellbeing focuses are subsidiary with fringe wellbeing directorates. The healthcare directorates of 3 northern regions (Sulaimanyia, Erbil, and Dohouk) associated with Ministry of Health the Kurdistan.

CHAPTER THREE

HYPOTHESIS DEVELOPMENT

This section discusses the relationship between the variable, illustrating these connections as presented in previous literature towards building the hypotheses of this study. Also, this section also depicts the conceptual framework of this study

3.1 RELATIONSHIP BETWEEN PERSONAL MANAGEMENT AND MANAGERIAL KNOWLEDGE AND ATTITUDE

If employees are more experienced and loyal, and their level of conscientiousness and PM is strong, a large proportion of workers may make a contribution to their organizational productivity. KA must be improved regularly by employee PM (Gold et al., 2001; Inkinen et al., 2015). The development of employee skills (knowledge, capabilities and skills) is an essential issue in a highly competitive economy. This is due to the increase in KA amongst workers connected to PM levels and technical knowledge, creativity and capacity for innovation, flatness, receptivity to new know-how and skills, and physical and psychological resilience (Ahmad et al. 2017; Shujahat et al., 2019).

In short, psychologists and physicians often identify workers that are more steady and successful in studies, and that cognitive qualities such as performance and speed in new activities, perceptive speed and cognitive capability tend to decline as age. By contrast, some abilities, like fluent expression, increase and stay highly useful with the accumulation of actual experience. This ability depends on the collected knowledge and extent of the terminology of the person (Andreeva and Kianto 2011; Kianto et al . 2016). In taking this approach, this study hypothesized that:

H1: There is a significant relationship between Personal management and Knowledge and Attitude towards provision of service to local community

3.2 RELATIONSHIP BETWEEN LEADERSHIP SKILLS AND KNOWLEDGE AND ATTITUDE

It is true that leaders in every organization set the example for others, so leaders are assumed to have a direct impact on how companies deal with KA processes and practices. It is true. Furthermore, it is not unlikely that KA will ever catch up or be effective if KA does not permeate at all levels in the organisation, starting at the top (De Haan and Duckworth, 2013). Kianto et al. (2016) further note out that while leaders at all organizational levels have a unique and significant role to play in KA management, the CEO's involvement in the sharing of knowledge is especially vital. They also state that the remainder of the company follows automatically if the boss takes knowledge seriously. Stewart (1997) also states that, without a devoted and responsible manager even companies with promising cultures, highly effective incentive programs, will be successful. The only task in the knowledge management process of Beckman (1999) is to motivate all its employees, provide them with equal opportunities and avenues for development, and scientifically measure and recompense the results, behaviors and attitudes that are required for KA. In this context, it is essential to mention Vo Krogh (1998), which believes that the commitment of high-level managers will determine the amount of resources and the time available to the members for knowledge-building and sharing programmes. In Dubey et al. (2018) top managers must understand, support and take an assertive role when deciding on the value of knowledge management. On the basis of their research findings other management thinkers, such as Davenport et al. (1998) and Storey and Barnett (2000) conclude that the promotion of higher management should be continuous and practicable. Such observations on leadership in making knowledge management programs a success in the organisation, however, are also equally important in terms of the role of leaders in middle management positions. In addition, emphasis is placed on the need to ensure that health care managers strike and balance motivating and reflecting team members. These points of view about leadership and its role in KA in health centers give a clear indication of the overall impact of leadership in KA organizational practices. Therefore, this research hypothesized that:

H2: There is a significant relationship between Leadership skills and Knowledge and Attitude towards provision of service to local community

3.3 RELATIONSHIP BETWEEN PERSONAL MANAGEMENT AND LEADERSHIP SKILLS

PM is focused with the perspective of workers of their ability to deal with events, circumstances and issues (and characterized by knowledge of themselves in connection to their position) (Spreitzer, 1995). PM is probably molded by the organisation's setting, and in particular management practice that delegates decision-making and leadership conduct to empower subordinates (Dath et al., 2015). PM and leadership boost individual motivational skills, self-determination, influence and importance (Haleh, Aidin and Hamid, 2014). Contrary to larger conceptual notions such as leadership change, empowerment is more specifically directed toward empowerment, which will likely strengthen the partnership with empowerment.

Besides this distinctive individual view, management at group level has also been designed (Jordan, Werner and Venter 2015; Wikström and Dellve 1999) to imply that subordinates may more or less share leadership behavior as an environmental stimulant. Individual subordinates may appraise their leadership abilities on the basis not just of their own personal actions, but also of their own leadership skills. In taking this approach, this study hypothesized that:

H3: There is a significant relationship between Personal Management and Leadership Skills

3.4 RELATIONSHIP BETWEEN PERSONAL MANAGEMENT LEADERSHIP SKILLS AND KNOWLEDGE AND ATTITUDE

Previous research have explored the process of impact by PM leadership and behavior at the individual, team or cross level (team-to-person) levels (Chen et al., 2011; Srivastava, Bartol and Locke, 2006; Zhang and Bartol, 2010). Since the emphasis of leadership is particularly on empowering individuals, we are focusing on PM, KA and LS (Ahearne, Mathieu and Rapp, 2005; Arnold et al., 2000). Zhang, Zyphur and Preacher's (2009) analyzes, however, imply that modeling group or individual-level leadership enabling a KA combining the KA and LS effects as an antecedent of individual findings. Several literatures advocate the

techniques and consequences of PM, LS and KA relations (Slipicevic & Masic, 2012). Having explained this above, it is essential to estimate both simultaneously therefore hypothesizing that:

H4: There is a significant relationship between Personal Management, Leadership skills and Knowledge and Attitude towards provision of service to local community

3.5 CONCEPTUAL FRAMEWORK OF THE STUDY

This research takes into account the relationship Personal Management, Leadership skills and Knowledge and Attitude. The main focus of the research is on healthcare managers, for this reason, it's necessary to attain their perspective in regards to this research. In so doing, this study offers a better understanding of Personal Management, Leadership skills and Knowledge and Attitude in the healthcare sector.
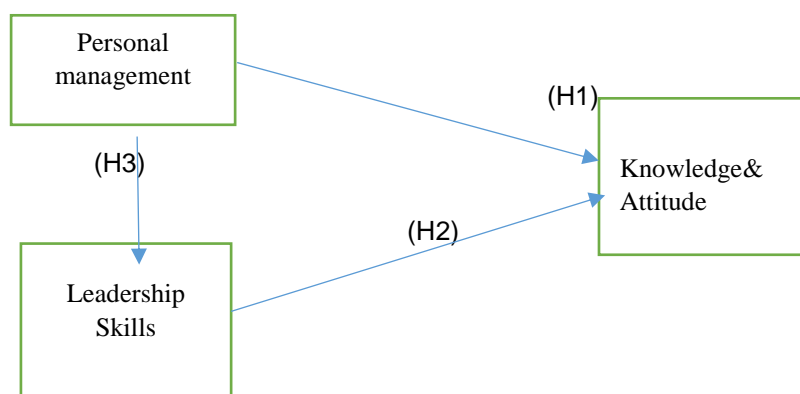
Figure 3.1: Research Model

This figures above depicts the relationship between PM, MK and LS and the association with with social demographic characteristics.

CHAPTER FOUR

METHODOLOGY

This chapter will explain the methodology followed for the study. Chapter consists of several sections. Section 4.1 and 4.2 provides information about method of deduction and methodology, section 4.3 and 4.4 is about sampling and data collection Section 4.5, 4.6, and 4.7, 4.8 discusses the questionnaire, data analysis tools and research model.

4.1 RESEARCH METHOD

There are two well-known methodologies, qualitative and quantitative, which have to be discussed carefully with any study. In this work, a methodological methodology is followed in order to accomplish study objectives. A strong academic tradition that places considerable confidence in numbers which represent opinions or concepts is the quantitative approach (Amaratunga, Baldry, Sarshar, & Newton, 2002). In order to examine evidence, knowledge, and records, ideas and beliefs, theories and conjectures and values and regulations (Amaratunga, Baldry, Sarshar, & Newton, 2002), the work is carried out in a spirit of inquiry. Instead of aiming for underlying factors or universal rules this method seeks to grasp and clarify a process (Rmenyi et al . , 1998). Due to the scope of this work, the researchers have followed a quantitative approach. Tables and charts help graphical representation of the data collection and the required visualization of the derived details.

4.2 SAMPLING METHOD

The questionnaire helps researchers to concentrate solely on the number of research participants and to be precise regarding the research analysis. The whole collection of researchers' samples is named community, according to the Taherdoost (2016). Since researchers have little time and little money to study the population as a whole, sampling is vital to obtaining the appropriate number and proper characteristics of the person to gather data. Technique for sampling that reduces the amount of measurements to an research achievable level.

The goal of this research is to examine the management capabilities, experience and leadership of managers. A determining selection process has been used in this analysis. Judgmental sampling is a method in which specific environments are intentionally chosen for knowledge which is relevant and cannot be accessed from certain alternatives (Maxwell, 2008). Judgmental sampling It is when the study uses instances or survey subjects, as they think they will be used.

4.3 DATACOLLECTION

The study shows the connection of samples of hospital managers between PM, KA, and LS. The research will be carried out by the heads of the hospitals and health centres, with 6 hospitals and 54 health centres, in Erbil region. During the time in the Health Directorate comparisons should be rendered for mid-level (100) administrators (medical surgeons, hospital supervisors, head nurses, divisional director, unit manager), within bureaucratic (hospitals and health centres). According to the findings of the case report, 87.7% of working employees were under mid-term burden as a consequence of the loss of management expertise in 36.7% of managers; moderate in 56.6% and small in 6.7% (Hamidi et al., 2012).

That researcher will be provided a short overview of the purpose of the research. Both participants must be told, and data will only be obtained for testing intent, that inclusion in this analysis would be voluntary. A minimum of a hundred participants will be approached via e-mail and the questionnaire is translated into the Kurdish and Arabic languages. Once each questionnaire has been marked, all data in the analysis is inserted to excel disk. The concise and numerical figures are used in the analyzes of all variables after the data cleaning phase is moved via Excel to SPSS-V22. To order to establish a meaningful association between factors, concise data, regression and t-tests should be used with 95% certainty. P Values below 0.05 are deemed significant.

4.4 QUESTIONNAIRE STRUCTURE AND MEASURES

The researcher will be using an originally developed questionnaire (appendix I) for self- assessment of managerial attitude, knowledge and leadership skills which is tested in the study conducted among healthcare managers' hospital and medical centers in Bosnia (Pilav (2006). Data were collected in this study from 6 hospitals and 54 health centers in Erbil city. The questionnaire formed from twenty-six research questions, questions measuring management skills, managerial knowledge and leadership skills and including demographic questions. The socio demographic characteristics include the gender, age, educational level, the year of graduation, attendance of management training courses, work position and length of managerial experience in the current position. All measures were designed according to five point Likert scale.

4.4.1 knowledge and attitude towards the provision of services in local community

knowledge and attitude was measured with 7 items from Pilav (2006). A list of questions on personal managerial attitude and skills was asked to the respondents. Questions were asked if the respondent focuses on principal health problems, if respondents work together with the representatives of local community, respondent's involvement in the process of planning health needs and health care needs of the local community, and respondent where asked if Know-how and skills of health care professionals are at a satisfactory level and the respondent clear plan for corrective measures. Five-point Likert scale were utilized for answers 5 for strongly-disagree to 1 strongly-agree.

4.4.2 Personal Managerial Attitude and Skills

PM was measured by with 12 items from Pilav (2006) articles. A list of questions regarding knowledge and attitude outcome. Questions were asked regarding if respondents have clear job description of their everyday tasks, if they have the opportunities and enough resources to promote their managerial capabilities and also complete their tasks. Five-point Likert scale was utilized for answers 5 for strongly-disagree to 1 strongly-agree.

4.4.3 leadership skills

Leadership skills was measured with 7 items (Pilav, 2006)). The questions seek to know if managers should understand all needs of the employees and should treat them individually; Manager should set a good example to young colleagues/employees; Manager should take care of employees' professional advancement, personal needs and if necessary should fairly discipline the employees. Five-point Likert scale was utilized for answers 5 for strongly-disagree to 1 strongly-agree.

4.5 DATA ANALYSIS

The primary application of this analysis was a quantitative data collection tool. In the Statistical System SPSS 22.0 (Statistical System for Social Sciences), data from participants is deliberately entered, and many experiments have been carried out on the suspected relationships. To order to check the interactions suggested, an investigation of the association between the sample factors indicates how powerful the influence is.

The purpose of correlation analysis is the calculation and understanding of the intensity of a linear or nonlinear association between two variables (e.g., exponential, polynomial and logistic). We use the word 'normal association,' while doing connection experiments (Zou, et al. 2003). The primary subject in this work is the pearson correlation coefficients, varying from negative (-1) and uncorrelated (0) and positive correlations (+1) (Zou et al., 2003).

The symbol of the correlation coefficient determines the course of the interaction (i.e. positive or negative). The absolute value then shows the power of the association. The interaction between PM, KA and LS is evaluated using the connection. The correlation test tests whether the interplay between independent and dependent variable is formed. The association is specifically checked whether or not the relationship is significant statistically.

This research uses SPSS to evaluate data obtained from the respondents. The statistical kit for social sciences. For several years, the most detailed

computational programming kit accessible to social science researchers was also the most commonly used and frequently used. The SPSS input and relevant data for the investigation were 100 usable data sets.

4.6 RELIABILITY OF SCALE

Reliability in this sense is equal to accuracy. A study can be reliable (consistent outcomes), but inexact (average results are not the true mean). Nevertheless, it is necessary to learn whether the framework is accurate before conducting a report. The size is considered to have a strong internal accuracy value, according to Huck (2007) and Robinson (2009), as "joining together" objects with a length of the same form are calculated. The Cronbach Alpha coefficient is the most commonly used internal accuracy metric. A widely accepted law for explaining internal accuracy with Cronbach's alpha is that a larger number of test objects will inflate alpha excessively and that a low amount will deflate alpha (Robinson, 2009). (Robinson, 2009).

4.7 PARTICIPANTS

A total of 100 health workers participated in this study. Participants consists of mid-level managers (head doctors, hospital managers, head nurses, division director, unit director) in governmental (hospital and health centers). This is carried out with the intention to uncovers the relationship between PM, KA and LS from sample of hospital managers in Erbil city.

The participants in this study were allowed to respond to a set of questions through using a structured questionnaire. The researcher was able to include sets of questions in the questionnaire with the intention to attain the participants' perception through their response.

CHAPTER FIVE

DATA ANALYSIS

This chapter provides information on personal managerial attitude and skills, leadership skills knowledge and attitude towards the provision of services in local community,

5.1 FREQUENCYDISTRIBUTION

Table 5.1: Gender

	Frequency	Percent	Valid Percent	Cumulative percent
Female	44	44	44	44
Male	56	56	56	100.0
Total	100	100.0	100.0	

The table 5.1 shows that male participants were more in number (56%) compared to female participants (44%). Since there is not big difference between the two genders, gender bias will be at minimum while explaining the study findings. Studies investigated the disparities between sex and gender in recruitment, roles, and salaries among HCWs in different countries. The survey carried out in 104 countries showed that women comprise 70% of health care workforces; the study shows that women are mostly working in health and social work markets. However, there are different career and work allotments by sex in the same study: men frequently work in pharmacy, medicine and dentistry, and women in nursing and parenting occupations (Habib et al., 2020). Reports have shown a growing trend in health care roles among women in the last few years.

Table 5.2: Age

	Frequency	Percent	Valid Percent	Cumulative percent
36 to 45 year	5	5	5	5
46 to 55 years	52	52	52	57
56 and older	43	43	43	100.0
Total	100	100.0	100.0	

As shown in Table 5.2 above, the majority of respondents 52% were between 46 and 55 years, 43% of respondents were between 56years and above. Participants whose ages were between 36 to 45 were just 5%. This indicates that most managers in healthcare industry are within the age of 46 and above

Table 5.3: Educational Attainment

	Frequency	Percent	Valid Percent	Cumulative percent
High school	0	0	0	0
Bachelors	22	22	22	22
Masters	42	42	42	64
PhD	36	36	36	100.0
Total	100	100.0	100.0	

As shown in Table 5.3 most of respondents who participated in the study has an educational qualification of Master's degree (42%), following with 36% with PhD degree. Other Participants of this study has an educational qualification of Bachelor's degree (22%). This indicates that most health care workers in a managerial position in this study are highly qualified with an education qualification of masters and doctoral degree level.

The findings of this study show that educational initiatives in the field of information management are continuing to be needed. While the majority of supervisors and

employees were well-known, shortcomings occurred in many ways. The results indicate that services in the future can be content-based and audience-based. Specialty suppliers in all three professional groups identified knowledge deficiencies across a broad variety of topics (i.e., physicians, nurses, and pharmacists). Moreover, projects should aim to convince all health professionals of their personal commitment and engagement as a vital objective for health care.

Table 5.4: Number of Years of Services

	Frequency	Percent	Valid Percent	Cumulative percent
1- 4Yrs	2	2	2	2
5 -7 Yrs	10	10	10	12
8-10yrs	37	37	37	49
More than 10 years	51	51	51	100.0
Total	100	100.0	100.0	

Table 5.4 illustrates number of years of service of respondents for the study. The majority of the participants had more than 10 years of service (51%) following by 8 to 10 years (37%) being the second highest. This indicates that most healthcare workers with a managerial position have an experience in the industry of 8years and above. Employee experience drivers often extend to the job. Significant work assures that the strengths and expertise of the health care workers are properly used and that common, universal ideals are aligned. Employee health care staff have higher rates of experience in the highest level than people whose rates are in the super low.

Table 5.5: Work position in (PHC)

	Frequency	Percent	Valid Percent	Cumulative percent
Head of Dept.	30	30	30	30
Head of Division	21	21	21	51
Head of Unit	41	41	41	92
Hospital Director	5	5	5	97
Director of (H.C)	3	3	3	100.0
Total	100	100.0	100.0	

Table 5.5 shows information about work positions by participants. As seen in the table, respondents with work position of health of unit were highest in number representing 41% of the sample, where the work position of director of (H.C) were lowest in number representing 3%. Leadership leads to better employee experience, as the workplace strategies pursue that momentum. Employees of both sectors have much greater aspirations and constraints on their job experience. These modern standards are reflected in practices that recognize the unique individual quality of the workplace. These activities can be seen through various levels: atmosphere, job and individual.

Table 5.6 Attending Training Course on Management

	Frequency	Percent	Valid Percent	Cumulative percent
Yes	100	100	100	100
No	0	0	0	100.0
Total	100	100.0	100.0	

The table 5.6 shows that all participants of this study had attended a training course on management. Indicating that in the healthcare sectors in Erbil city,

healthcare workers with a managerial position either at a low, middle or high level are obligated to have attended management training course. Education will accelerate innovation by affecting our universe of thoughts, confusion and insecurity Education (Sandhu 2014). Innovative leaders are extremely intellectual, absorbing, understanding, integrating and responding to new concepts and knowledge. The health workers' growth is intrinsic to education and preparation, and several achievements are achieved (Lees et al. 2010).

Evidence-based treatment must be developed along with evidence-based management and advancement of healthcare systems. In fact, a single specialty cannot overcome the complexities of healthcare systems. Better leadership is the long-term approach that is seen as essential to enhance clinical outcomes and operational processes (Hartley and Benington 2010). When dealing with the recent "wrong" shifts, a transformation in mind is expected, rising survival with the stigma of chronic illnesses, life styles like obesity, smokestatement, tobacco, opioid abuse and societal stresses caused by poverty and unemployment. Such a socioeconomic deprivation means that environmental wellbeing and disease reduction are already at the heart of the creation of creative teaching methods (Sandhu and Waddell 2016). Promoting health and not just alleviating disease is a goal

5.7 Assessment of the personal managerial attitude and skills

	fully agree (%)	Agree (%)	I neither agree nor disagree (%)	Disagree (%)	fully diasgree (%)	p value*
PM1	30	46	17	5	2	.000
PM2	33	53	13	1	0	.000
PM3	32	60	7	1	0	.000
PM4	31	54	13	2	0	.000
PM5	23	53	19	4	1	.000
PM6	39	47	8	5	1	.000
PM7	25	54	12	4	5	.000
PM8	20	62	12	3	3	.000

PM9	20	65	9	5	1	.000
PM10	21	48	15	13	3	.000
PM11	26	57	8	6	3	.000
PM12	39	49	7	4	1	.000

Clear job duties have to be described in order to manage activities. Considering the formal process of work and the hierarchical organization in health care institutions, a high percentage of the respondents as shown in table 4.7 confirmed a clear description of the job duties. . The extent of accountability of a manager was well understood, with a high proportion of the respondents acknowledging the level of responsibility. Given the value of management skills, in particular given the relevance of healthcare organisation leaders in future, it is inevitable that more training in relevant skills should be given. Health care administrators require training to guide and assign the actions or opinions of others. They need training. A talent involving people and thoughts is essential and the management has to build the mindset required of people for their job and the organization's mutual interests. Otherwise, managers will remain struggling with help development, the promotion of product ownership or concepts and a common goal and determination in terms of building the output of their decision-making. The preparation and training would focus on the category of managers for which systems are planned, taking into account the demands for qualified managerial roles and the other three competence classes. Focus is assigned to the following regions.

Table 5.8 Assessment of Leadership skills

	fully agree (%)	Agree (%)	I neither agree nor disagree (%)	Disagree (%)	fully diasgree (%)	p value*
LS1	25	56	14	4	1	.000
LS2	21	66	8	4	1	.000
LS3	24	45	22	8	1	.000
LS4	39	50	9	2	0	.000

LS5	21	54	9	15	1	.000
LS6	25	65	7	3	0	.000
LS7	23	62	13	2	0	.000

The respondents expressed a very good attitude towards the significance of the leadership skills. As shown in table 5.8 a high percentage of respondents found that a manager should commend all tasks that were correctly performed and that he/she should put in place a reward policy. This suggests an excellent comprehension of the morale of workers, which constitutes a requisite management competence in leadership building. Developing representatives are one of the major challenges that health agencies are now experiencing. The increasing need for good leadership is openly related to public institutions' the climate. This is perhaps more central in the field of health care when it ultimately has to do with life. In addition, today's leaders' problems are not separate, segregated, nor interdependent. Financial shortages result in inadequate employees and weak incentives that therefore lead to reduced quality care and therefore to a poorer community health status. "The rapid changes, the workforce shortage, the free-service mentship, the job diversity, the need for new organizational structures, the troubled business environment, the need to manage your own energy capacity. The need for identification of the need for the management of your own energy capacity has resulted in an enormous sense of urgency in health organisations.

Table 5.9 Assessment of the knowledge and attitude towards the provision of services in local community

	fully agree (%)	Agree (%)	I neither agree nor disagree (%)	Disagree (%)	fully diasgree (%)	p value*
KA1	37	47	13	1	2	.000
KA2	45	42	10	3	0	.000
KA3	38	46	12	2	2	.000
KA4	29	46	15	9	1	.000
KA5	28	58	10	4	0	.000
KA6	33	56	9	2	0	.000
KA7	37	57	5	1	0	.000

The respondents answered the following set of questions on the modes of assessing the needs for health care. As shown in table 5.9 a high percentage of respondents said that they are involved in the planning of the health care needs and services to the local community. Managers must prioritize improving experience and information collection skills. The creation of "integrative connections" for the communication of knowledge through corporate frontiers is more easy in the organisation and the political information on the current shares in a problem is more pertinent. Health management often needs to develop knowledge processing in order to "draw" the significance of technical or industry materials and increase the aggregation of expertise and deductive thinking skills. Should also have sufficient programming expertise to use IT computers.

Another focus area where management needs additional expertise to carry out their work effectively is the area of analysis skills which enables managers to use and assimilate new knowledge and use it to prepare or create a planning framework. In this category, a focus should be to include training with quantitative data to improve expertise and the willingness, for example in financial, operational management, statistical and machine research, to utilize analytical methods and techniques from functional disciplines. After a small increase in the expertise and

capabilities of managers in the intervention community, their relevance as a global functional network of medical managers would undoubtedly require more improvements.

This refers mostly to the desire to set objectives – the ability to set success expectations, to dedicate energy to achieve certain aims, to track progress towards the achievement of targets and to review outcomes. Activity capabilities can also be enhanced such that an individual with these skills is involved in action: interact, suggest, plan, or lead meetings – to accomplish a mission

5.2 RELIABILITY TEST

The reliability test incorporates the Cronbach Alpha PM, LS and KA as appeared in Table 5.10. The legitimacy of an estimating instrument is the degree to which the device estimates what it truly plans to quantify. At the point when quantitative research is utilized, it is frequently important to check the legitimacy of the examination instrument. The idea of validity includes estimating the degree to which huge ends can be drawn from the examination point. Hence, this examination gets a reaction from the member in various statistic gatherings, so it is fundamental to guarantee information unwavering quality.

Table 5.10: Reliability Statistics:

Variables	Cronbach's Alpha	N of items
PM	. 923	12
LS	.814	7
KA	. 857	7

Table 5.10 demonstrates the Cronbach Alpha of PM, LS and KA. Cronbach's alpha of 0.7 (70%) is adequate to demonstrate humble unwavering quality. Cronbach Alpha PM, LS AND KA are all within acceptable threshold.

5.3 CORRELATION ANALYSIS

Correlation is explained in this section which described the connection and the significance level between variables. This shows the relationship between three variables that is PM, LS and KA as shown in table 5.11:

Table 5.11: Correlation Analysis

		PM	LS	KA
PM	Pearson Correlation	1		
	Sig (2 – tailed)			
LS	Person Correlation	.787**	1	
	Sig (2 – tailed)	.000		
KA	Person Correlation	.802**	.762**	1
	Sig (2 – tailed)	.075	.001	

The correlation coefficient in table 5.11 shows the correlation matrix between PM, LS and KA. The results indicate:

Hypothesis 1 was aimed to look into relationship between Personal Management and Knowledge and Attitude have an observed positive relationship between them (r = 0.802, p. 0.001) which shows that H1 is accepted.

Hypothesis 2 was aimed to look into relationship between Leadership Skills and Knowledge and Attitude have an observed positive relationship between them (r = 0.762, p. 0.001) which shows that H2 is accepted.

Hypothesis 3 was aimed to look into relationship between Personal Management and Leadership and Skills have an observed positive relationship between them (r = 0.787, p. 0.001) which shows that H2 is accepted.

Due to the rate of transition, organizations must remain agile and provide better healthcare at a reduced cost. To do this, Erbil could also implement policies for several organizations in developed countries such as Iraq.

Healthcare organizations demand high quality care from diverse players with different capacities. The efficiency in healthcare will, however, be limited by a prevailing bureaucratic society and a lack of cooperation and distribution. Furthermore, given the high turnover of managing directors, healthcare institutions, which limit hospital productivity, also rely on external succession management talent. Additional factors to weakened hospital output include: the lack of allocational quality and transparency; inadequate hospital proceedings that hinder the advancement of efficient prevention and management of infection acquired by the hospital.

Often management allocation across organizations, which leads to extra or extreme working circumstances for middle and frontline managers, is not well specified. Unregulated and unclear organizational requirements have detrimental impacts on the organizational performance and delivery of high-quality care, such as fatigue, decreased morale and irregular working hours. In addition, in the absence of administrators without adequate experience, sometimes leading clinicians are expected to assume the lead position. Despite this, the studies included show that mid- and front-line managers may be constrained in strategic decision-making for many factors, including lack of guidance from the organization itself and misaligning of individual and organizational targets.

4.4 REGRESSION ANALYSIS

The section shows the multiple linear regression to observe the relationship between PM, LS and KA.

Table 5.12 Model Summary of CE & CPI

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.702[a]	.577	.575	.30701

a. Predictors: (Constant). PM, LS

The description of the model supporting the intensity of the connection between CE and CPI is pointed to in Table 5.12. The interpretation of the CPL by CE is evident from this table. The square R and the updated R suggesting figure convergence are 0,577 and 0,575 respectively. This convergence reinforces the fact that the variable is related to a reasonable approximation error of 30701.

Table 5.12: Coefficients of PM, LS and KA

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
	(Constant)	.714	.246		2.907	.005
	PM	.494	.085	.532	5.788	.000
	LS	.364	.097	.343	3.735	.000
a. Dependent Variable: KA						

Table 5:12 finishes up the aftereffect of the connection among PM and KA credited to a positive straight relationship (i.e., standard coefficient B = .494) while the Pvalue is under 0.05. In any case, this outcome shows a positive and noteworthy connection among PM and KA. The aftereffect of this examination additionally demonstrates the connection among LS and KA demonstrating a positive direct relationship (i.e., standard coefficient B = .364). Be that as it may, this outcome shows a positive and critical connection among PM and LS. Table 5.12 shows that there is a significant relationship between PM, LS and KA. The ascertain that Hypothesis 4 is accepted.

5.5 T-TEST

Table 5.13: T-test comparing PM, LS and KA.

	T	DF	Sig	Mean difference	Std deviation	Std Error Mean
PM	65.042	99	.000	4.02750	.54282	.05750
LS	73.900	99	.000	4.01143	.54282	.06192
KA	72.393	99	.000	4.16286	.57503	.05428

Our one Sample T-test analysis (See Table 5.13) have revealed that there is no difference in PM, LS and KA where the mean difference figures are closely related (PM = 4.03. LS = 4.01, KA = 4.16). This, we believe that the mean difference indicates that there is significant relationship between PM, LS and KA. The ascertain that Hypothesis 4 is accepted

The purpose of this study was to investigate whether PM and LS especially in the health care setting influence health care managers KA towards provision of services to local community. We have observed that there is a significant relationship between PM, LS and KA. Obviously this following tables above as shown that hypothesis 1, 2, 3 and 4 is accepted.

Different management roles requiring diverse expertise ratios with supporting roles. For instance, a certain job demands analytical abilities rather than interpersonal competences. Various factors defines the amount, form and combination of skills and competences needed for an individual management position. The degree of the management role in the healthcare organization in the sense of a health manager is the priority element. The next consideration is a certain health institution's healthcare standard. The higher the management position, the more difficult the role is and the more qualifications are required.

Finally, the fact that the managers interviewed depend mostly on the knowledge and skills of relationships and of delegation and then on the use of traditional

leadership authorities that derive from their roles, in the use of organizational skills that enable them to operate in collaboration with others.

The expertise of HCW, intervention and the determination of skills for objectives, e.g. action, are amongst other priorities. It can be concluded that managers ought to be able to define priorities and standards, delegate personnel and results, meet fixed goals and function with scarce resources under time limits to carry out their duties in a professional way.

Scales of managerial expertise that health managers use least include analytic abilities, which means that interviewed managers do not focus enough on acknowledgement/thinking skills to use and absorb relevant details for the purpose of preparation or planning.

Research results related to the assessment of the level and skills of managers show that in the group of analytical ability the most inadequate expertise and skills can be found. While health managers are using so-called high technology in clinical practice for diagnostic or therapeutic purposes, their use and understanding of the importance are clearly not available.

The majority of health institutions will have to be re-organized in the upcoming timeframe, the resources will have to be cut, i.e., the mechanism would need to be 'adjusted to a proper standard' and everything will have to be restructured to handle the lower level of finance and at the same time meet the clients' demands and desires.

The identification of health managers' concerns in their attempts to promote continuous education and career growth would continue to advance the interests of managers and of the potential health care sector.

CHAPTER SIX

DISCUSSION, CONCLUSIONS AND LIMITATIONS

6.1 DISCUSSION AND CONCLUSION

The findings confirmed the relationships of PM, LS and KA. The findings endorsed. It in effect indicates managers' concern for providing local areas with health care.

The initiative leads to health research and hence shines light on PM, LS and KA. The findings indicate that a connection occurs between PM, LS and KA. The study findings indicate that hypotheses 1-2, 3 showing the connection between PM and KA, LS and KA, PM and LS have a positive effect on both variables. The association, the normal beta coefficient, and the importance degree may be calculated. The study also indicates that Hypothesis 4, which describes PM, LS, and KA associations, demonstrates that both component have positive ties. The association is calculated by the Beta and value point of the t-test reference coefficient. The findings refer to the study (Pilav, 2016), which indicates that all variables have a positive linear relationship.

This inquiry adds in many respects to current research, which finds a favorable conclusion for PM, LS and KA. The study results had important impacts on PHC professionals. To address these healthcare requirements, capabilities, whether they be technical or administration, need to be identified. The new organization, which includes evidence-based management (Rotem & Fay, 1987; Williams, 2001), is important in health institutions. Health services must be effective, affordable, equitable and sustainable to have a positive impact. Hospital programs ought to adapt to modern peoples' needs. Health care professionals require organizational expertise and experience to work in a very dynamic health care system setting.

PHC staff employees and administrators, in particular, will provide managers' preparation expertise focused on appraisal of patient needs. Generally, the assessment of patient priorities is a comprehensive approach to the field that enhances the safety of people. Numerous reports have shown that teamwork, strategic preparation, conflicts solving and communication are essential competences, either at individual or organizational level, for success enhancement. Continuous progress in these fields may boost the infrastructure and the standard of health care in these regions (Davies, 2006; Slipicevic & Masic, 2012).

Study findings lead to intellectual and realistic advancement of health professionals in the profession by recording detailed information and skills required for the professional execution of management functions. The work further provides an overview of the management skills and skills required by health managers to carry out their own roles and also describes an earlier models of key skills and skills that define a competent health manager. A major benefit of this research is the formal evaluation of ability standard in the sense of demands. Based on the areas defined, this work therefore allows for the definition and enhancement of primary fields of health management that need knowledge and growth. In addition, the results obtained allow the creation of successful and productive services that meet projected needs for on-going education and health care growth. These often enable the recognition of core management competencies unique to those management groups. The enhancement of the public's health status as fundamental measure of the efficiency of the function and organisation of the health system will, therefore, be an overarching contribution to this research report.

In addition, the findings of this analysis should be seen as the framework for improving preparation programs and for conversations and debates on implementing management systems to strengthen research within healthcare facilities.

A simple, universal definition of the skills that leadership and management can be identified as special principles or practices. The expected skills range of people taking roles called leadership or management are useless without an established norm. Anybody should describe the words that they choose to protect to satisfy the "reality."

The realities of functional application make the link between management and leadership realistic. The world is not suitable for recruiting people who oversee or guide only, as described traditionally. Leadership is important and the first move in building leadership skills is to build management skills. Management and leadership may be distinct or not, but it is futile to delineate the two principles within the workplace. It is more logical and practicable that leaders and administrators are the two ends of a single spectrum.

Latest events also focused on the idea of teamwork and leadership for all kinds of organisations. The results are also more appropriate for the improvement of healthcare and nursing policies: Since this study shows that leadership training models will serve as effective instruments for improving leadership skills, the importance of these training models needs to be understood, included and stated in every healthcare policy. Leadership leadership programmes, and it must begin early, must be an important part of professional development. Training, advising and mentoring must be part of leadership learning programmes. It should not even be described only by senior staff in the health sector, but rather by the prospective junior workers. Leadership learning services can therefore be integrated as an important part of education. Despite the challenge for action-oriented health policy, the development of those programs will help create an awareness of what is necessary for successful leadership. Personnel nurses can participate in every health organisation, especially when these impact their professions, self-confidence and leadership skills training, in decision-making processes. While most leadership learning initiatives focus highly on qualifications structures, health sectors have to acknowledge the variety of leadership skills and values necessary to successful organizational leadership and to prevent mechanisms and reductions.

The findings of this study show that educational initiatives in the field of information management are continuing to be needed. While most administrators were very aware of cancer pain control, shortcomings occurred in certain ways. The results indicate that services in the future can be content-based and audience-based. Specialty suppliers in all three professional groups identified knowledge deficiencies across a broad variety of topics (i.e., physicians, nurses, and pharmacists). Furthermore, services should be aimed at persuading all cancer care professionals that the management of cancer discomfort is a vital clinical care objective that includes their own attention and participation. Although nurses, and HC managers of a lesser degree, appeared to assign priority to effective pain management, a limited number of doctors comprised a disproportionate percentage who did not appear to think that pain treatment was necessary enough to warrant personal participation. In order to meet physicians who, encounter comparatively few cancer patients who have trouble accessing standard education programmes, innovative projects that include complementary methods to medical training must be taken.

Throughout this review, the significance of PM and LS throughout KA for the delivery of services in the local community is illustrated in the literature available. To order to increase performance, management and leadership skills to PHC need constantly to be improved in the coming era (Griffith et al., 2002). Therefore, better investments should be made to enhance health systems management growth.

6.2 LIMIITATION AND FUTURE RESEARCH

The emphasis of this study is on health workers in the town of Erbil, Iraq. The scope for future work is suggested by many limitations of this review. The degree to which growing configurations and methods are integrated may be limited. Because work concentrating on one area in Iraq (Erbil) can contribute to new findings by using and correlating at least two or more areas.

Second, the use of judgmental surveys is a restriction on analysis, because the study will be biased and dominant and important by certain researchers. Our analysis is primarily constrained by the low sample size for the general

understanding of the findings. Nevertheless, the findings are interpreted depending on the features of the test sample. Nonetheless, respondents are usually equally divided to both age gender and workers position. The third limitation of the analysis is the questionnaire form. A few respondents reflected on the closed questions in the survey during their data collection time. The interviewees indicated that the questionnaire should also contain accessible questions to share their views on the subject. Similarly, respondents may provide inaccurate and correct responses.

REFERENCE

Ackerly, D. C., Sangvai, D. G., Udayakumar, K., Shah, B. R., Kalman, N. S., Cho, A. H., ... & Dzau, V. J. (2011). Training the next generation of physician–executives: an innovative residency pathway in management and leadership. *Academic Medicine*, *86*(5), 575-579.

Alani, A. A., Ahmed, F. D., Majid, M. A., & Ahmad, M. S. (2018). Big Data Analytics for Healthcare Organizations a Case Study of the Iraqi Healthcare Sector. *Advanced Science Letters*, *24*(10), 7783-7789.

Algahtani, A. (2014). Are leadership and management different? A review. *Journal of management policies and practices*, *2*(3), 71-82.

Alpert, J. S. (2010). Leadership in academic medicine. *The American journal of medicine*, *123*(12), 1071-1072.

Al-Touby, S. S. (2012). Functional results-oriented healthcare leadership: a novel leadership model. *Oman Medical Journal*, *27*(2), 104.

Amagoh, F. (2009). Leadership development and leadership effectiveness. *Management Decision*.

Amaratunga, D., Baldry, D., Sarshar, M., & Newton, R. (2002). Quantitative and qualitative research in the built environment: application of "mixed" research approach. *Work study*, *51*(1), 17-31.

American Organization of Nurse Executives (2015), "AONE nurse executive competencies: population HealthChicago, IL", available at: www.aone.org/resources/nurse-leader-competencies.shtml

Andersson, A. E., Bååthe, F., Wikström, E., & Nilsson, K. (2015). Understanding value-based healthcare–an interview study with project team members at a Swedish university hospital. *Journal of Hospital Administration*, *4*(4), 64-72.

Andreeva, T. and Kianto, A. (2011), "Knowledge processes, knowledge-intensity and innovation: a moderated mediation analysis", Journal of Knowledge Management, Vol. 15 No. 6, pp. 1016-1034

Arroliga, A. C., Huber, C., Myers, J. D., Dieckert, J. P., & Wesson, D. (2014). Leadership in health care for the 21st century: challenges and opportunities. *The American journal of medicine*, *127*(3), 246-249.

Avolio, B. J., Walumbwa, F. O., & Weber, T. J. (2009). Leadership: Current theories, research, and future directions. *Annual review of psychology*, *60*, 421-449.

Beiko, D., Barling, J., Houle, A. M., Davies, T. O., & Oake, J. S. (2016). Exploring the business of urology: Leadership. *Canadian Urological Association Journal*, *10*(7-8), 241.

Berkenbosch, L., Bax, M., Scherpbier, A., Heyligers, I., Muijtjens, A. M. M., & Busari, J. O. (2013). How Dutch medical specialists perceive the competencies and training needs of medical residents in healthcare management. *Medical teacher*, *35*(4), e1090-e1102.

Bowersox, D. J., & Daugherty, P. J. (1992). Logistics leadership–logistics organizations of the future. *Logistics Information Management*.

Boyatzis, R. E. (1982). *The competent manager: A model for effective performance*. John Wiley & Sons.

Boyatzis, R., & Boyatzis, R. E. (2008). Competencies in the 21st century. *Journal of management development*.

Bullivant, J., & Corbett-Nolan, A. (2010). *Clinical audit: a simple guide for NHS Boards & partners*. Healthcare Quality Improvement Partnership (HQIP).

Burdick, W. P. (2014). Global faculty development: lessons learned from the Foundation for Advancement of International Medical Education and Research (FAIMER) initiatives. *Academic Medicine*, *89*(8), 1097-1099.

By, R. T. (2005). Organisational change management: A critical review. *Journal of change management*, *5*(4), 369-380.

Cabrera, E. F., & Cabrera, A. (2005). Fostering knowledge sharing through people management practices. *The international journal of human resource management*, *16*(5), 720-735.

Calhoun, J. G., Dollett, L., Sinioris, M. E., Wainio, J. A., Butler, P. W., Griffith, J. R., & Warden, G. L. (2008). Development of an interprofessional competency model for healthcare leadership. *Journal of healthcare management*, *53*(6).

Chiarini, A., & Vagnoni, E. (2016). Environmental sustainability in European public healthcare. *Leadership in Health Services*.

Clarke, C. L., Reed, J., Wainwright, D., McClelland, S., Swallow, V., Harden, J., ... & Walsh, A. (2004). The discipline of improvement: something old, something new?. *Journal of nursing management*, *12*(2), 85-96.

Costa, V., & Monteiro, S. (2016). Key knowledge management processes for innovation: a systematic literature review. *VINE Journal of Information and Knowledge Management Systems*.

Cowman, J., & Keating, M. A. (2013). Industrial Relations Conflict in Irish Hospitals: A Review of Labor Court Cases. Journal of Health Organization and Management, 27, 368-389.

Curtis, E. A., de Vries, J., & Sheerin, F. K. (2011). Developing leadership in nursing: exploring core factors. *British Journal of Nursing*, *20*(5), 306-309.

Curtis, E. A., de Vries, J., & Sheerin, F. K. (2011). Developing leadership in nursing: exploring core factors. *British Journal of Nursing*, *20*(5), 306-309.

Darroch, J. (2003). Developing a measure of knowledge management behaviors and practices. *Journal of knowledge management*.

Dath, D., Chan, M. K., & Abbott, C. C. (2015). from manager to leader. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.

Davies, S. (2006). Health services management education: why and what?. *Journal of health organization and management*.

de Haan, E., Duckworth, A., Birch, D., & Jones, C. (2013). Executive coaching outcome research: The contribution of common factors such as relationship, personality match, and self-efficacy. *Consulting Psychology Journal: Practice and Research*, *65*(1), 40.

Dickinson, H., Ham, C., Snelling, I., & Spurgeon, P. (2013). Are we there yet? Models of medical leadership and their effectiveness: an exploratory study. *Final report, NIHR Service Delivery and Organisation Programme*.

Dickinson, H., Ham, C., Snelling, I., & Spurgeon, P. (2013). Medical leadership arrangements in English healthcare organisations: Findings from a national survey and case studies of NHS trusts. *Health services management research*, *26*(4), 119-125.

Dickson, G., Philippon, D. J., Crethar, M., Phillips, J., & Brown, P. (2011). Queensland Health–a leadership development journey. *Leadership in Health Services*.

Dubey, R., Gunasekaran, A., Childe, S. J., & Papadopoulos, T. (2018). Skills needed in supply chain-human agency and social capital analysis in third party logistics. *Management Decision*.

Dunphy, J. L. (2013). Enhancing the Australian healthcare sector's responsiveness to environmental sustainability issues: suggestions from Australian healthcare professionals. *Australian Health Review*, *37*(2), 158-165.

Enterkin, J., Robb, E., & Mclaren, S. (2013). Clinical leadership for high-quality care: developing future ward leaders. *Journal of nursing management*, *21*(2), 206-216.

Feng, K., Chen, E. T., & Liou, W. (2005). Implementation of knowledge management systems and firm performance: an empirical investigation. *Journal of Computer Information Systems*, *45*(2), 92-104.

Fennimore, L., & Wolf, G. (2011). Nurse manager leadership development: leveraging the evidence and system-level support. *JONA: The Journal of Nursing Administration*, *41*(5), 204-210.

Fontenot, T. E. R. I. (2012). Leading ladies: women in healthcare leadership. *Frontiers of health services management*, *28*(4), 11-21.

Fulop, L., & Day, G. E. (2010). From Leader to Leadership: Clinician Managers and Where to Next? Australian Health Review, 34, 344-351.

Gabel, S. (2014). Expanding the scope of leadership training in medicine. *Academic Medicine*, *89*(6), 848-852.

Garman, A., & Scribner, L. (2011). Leading for quality in healthcare: Development and validation of a competency model. *Journal of Healthcare management*, *56*(6), 373-384.

Garman, A., Goebel, L., Gentry, D., Butler, P., & Fine, D. (2010). Healthcare leadership'outliers': An analysis of senior administrators from the top US hospitals. *The Journal of Health Administration Education*, *27*(2).

Gill, R. (2002). Change management--or change leadership?. *Journal of change management*, *3*(4), 307-318.

Gold, A. H., Malhotra, A., & Segars, A. H. (2001). Knowledge management: An organizational capabilities perspective. *Journal of management information systems*, *18*(1), 185-214.

Goldsmith, S. B. (2012). Understanding healthcare management. *Jones & Barlett Learning*, 17-31.

Grady, C. M., & Hinings, C. B. (2019). Turning the Titanic: physicians as both leaders and managers in healthcare reform. *Leadership in Health Services*.

Gray, M. (2015), "The 'triple value agenda' must be our focus this century", available at: www.nhsconfed. org/blog/2015/05/the-triple-value-agenda-should-be-our-focus-for-this-century

Greenleaf, R. K. (2002). *Servant leadership: A journey into the nature of legitimate power and greatness*. Paulist Press.

Griffith, J. R., Warden, G. L., Neighbors, K., & Shim, B. (2002). A new approach to assessing skill needs of senior managers. *The Journal of health administration education*, *20*(1), 75-98.

Gueldenzoph Snyder, L. (2009). Teaching teams about teamwork: Preparation, practice, and performance review. *Business Communication Quarterly*, *72*(1), 74-79.

Hamidi, Y., Mehri, M., Zamanparvar, A., & Imani, B. (2012). Relationship between managerial skills and employees job stress in health centers. *Journal of research in health sciences*, *12*(2), 122-126.

Harpur, S. (2012). Leadership collaboration during health reform: an action learning approach with an interagency group of executives in Tasmania. *Australian Health Review*, *36*(2), 136-139.

Hooff, B.V.D. and De Ridder, J.A. (2004), "Knowledge sharing in context: the influence of organizational commitment, communication climate and CMC use on knowledge sharing", Journal of Knowledge Management, Vol. 8 No. 6, pp. 117-130.

Hussein, M. A., & Muhammad, T. A. (2013). A "DIRE" Needs Orientation to Saudi Health Services Leadership. *Leadership in Health Services*, 26, 50-62.

Inkinen, H. (2016). Review of empirical research on knowledge management practices and firm performance. *Journal of knowledge management*.

Inkinen, H., Kianto, A., & Vanhala, M. (2015). Knowledge management practices and innovation performance in Finland.

Jordan, P. J., Werner, A., & Venter, D. (2015). Achieving Excellence in Private Intensive Care Units: The Effect of Transformational Leadership and Organizational Culture on Organizational Change Outcomes. SA Journal of Human Resource Management, 13, 1-10.

Kerr, E. A., & Hayward, R. A. (2013). Patient-centered performance management: enhancing value for patients and health care systems. *Jama*, *310*(2), 137-138.

Kim, T. H., & Thompson, J. M. (2012). Organizational and market factors associated with leadership development programs in hospitals: A national study. *Journal of Healthcare Management*, *57*(2), 113-132.

Kim, T. H., & Thompson, J. M. (2012). Organizational and market factors associated with leadership development programs in hospitals: A national study. *Journal of Healthcare Management*, *57*(2), 113-132.

Kondo, A., & Shigeoka, H. (2013). Effects of universal health insurance on health care utilization, and supply-side responses: evidence from Japan. *Journal of Public Economics*, *99*, 1-23.

Kotter, J. P. (2001). What leaders really do. *Harvard business review*, *79*(11).

Kotter, J.P. (1996), Leading Change, Library of Congress-Cataloguing-in-Publication Data, Washington, DC

Kotterman, J. (2006). Leadership versus management: what's the difference?. *The Journal for Quality and Participation*, *29*(2), 13.

Kotterman, J. (2006). Leadership versus management: what's the difference?. *The Journal for Quality and Participation*, *29*(2), 13.

Kuhlmann, E., & von Knorring, M. (2014). Management and medicine: why we need a new approach to the relationship. *Journal of health services research & policy*, *19*(3), 189-191.

Leavitt, M.O., McClellan, M., Devore, S.D., Fisher, E., Gilfillan, R.J., Lieber, H.S., Merkin, R., Rideout, J. and Thiry, K.J. (2016), "Competencies and tools to shift payments from volume to value", Vital Directions for Health and Health Care Series, Discussion Paper, National Academy of Medicine, Washington, DC,

Lee, T. H. (2010). Turning doctors into leaders. *Harv Bus Rev*, *88*(4), 50-58.

Lee, V. H., Leong, L. Y., Hew, T. S., & Ooi, K. B. (2013). Knowledge management: a key determinant in advancing technological innovation?. *Journal of knowledge management*.

Lornudd, C., Bergman, D., Sandahl, C., & von Thiele Schwarz, U. (2016). Healthcare managers' leadership profiles in relation to perceptions of work stressors and stress. *Leadership in Health Services*.

MacPhee, M., Skelton-Green, J., Bouthillette, F., & Suryaprakash, N. (2012). An empowerment framework for nursing leadership development: supporting evidence. *Journal of advanced nursing*, *68*(1), 159-169.

Maxwell, J. A. (2008). Designing a qualitative study. *The SAGE handbook of applied social research methods*, *2*, 214-253.

McAlearney, A. S. (2010). Executive leadership development in US health systems. *Journal of Healthcare Management*, *55*(3).

McCallin, A. M., & Frankson, C. (2010). The role of the charge nurse manager: a descriptive exploratory study. *Journal of Nursing Management*, *18*(3), 319-325.

McClelland, D. C. (1973). Testing for competence rather than for" intelligence.". *American psychologist*, *28*(1), 1.

McClelland, D.C. (1985), Human Motivation, Scott Foreman, Glenview, IL

McDermott, A. M., Keating, M. A., & Cowman, J. (2013). Industrial relations conflict in Irish hospitals: a review of Labour Court cases. *Journal of health organization and management*.

McDonald, R. (2014). Leadership and leadership development in healthcare settings–a simplistic solution to complex problems?. *International journal of health policy and management*, *3*(5), 227.

McIntosh, B., Sheppy, B., & Cohen, I. (2014). Illusion or delusion–Lean management in the health sector. *International journal of health care quality assurance*.

Miller, H. D. (2009). From volume to value: better ways to pay for health care. *Health Affairs*, *28*(5), 1418-1428.

Mkanta, W. N., Katta, M., Basireddy, K., English, G., & de Grubb, M. C. M. (2016). Theoretical and methodological issues in research related to value-based approaches in healthcare. *Journal of Healthcare Management*, *61*(6), 402-418.

Morahan, P. S., Gleason, K. A., Richman, R. C., Dannels, S., & McDade, S. A. (2010). Advancing women faculty to senior leadership in US academic health centers: Fifteen years of history in the making. *NASPA Journal About Women in Higher Education*, *3*(1), 140-165.

Murphy, P. R., & Poist, R. F. (1991). Skill requirements of senior-level logisticians: practitioner perspectives. *International journal of physical distribution & logistics management*.

Nonaka, I. and Takeuchi, H. (1995), The Knowledge Creating Company, Oxford University Press, New York, NY

Odom, L., Owen, R., Valley, A., & Burrell, P. (2011). Obamacare: An Ethical Analysis of His Leadership and the Health Reform Initiative. Leadership in Health Services, 24, 325-336

Olander, H., Vanhala, M., Hurmelinna-Laukkanen, P., & Blomqvist, K. (2016). Preserving prerequisites for innovation: Employee-related knowledge protection and organizational trust.

Pihlainen, V., Kivinen, T., & Lammintakanen, J. (2016). Management and leadership competence in hospitals: a systematic literature review. *Leadership in Health Services*.

Pilav, A. (2016). Self-assessment of managerial knowledge and skills of medical doctors in primary health care. *Journal of Health Sciences*, *6*(1).

Pillay, R. (2008). The skills gap in hospital management in the South African public health sector. *Journal of Public Health Management and Practice*, *14*(5), E8-E14.

Porter, M. E. (2009). A strategy for health care reform—toward a value-based system. *N Engl J Med*, *361*(2), 109-112.

Putera, I. (2017). Redefining health: implication for value-based healthcare reform. *Cureus*, *9*(3).

Rahman, N. M. N. A., Abdullah, N. A., Adham, K. A., & Mat, N. (2014). Managerial competencies: Comparing conventional and Islamic perspectives. *Jurnal Pengurusan (UKM Journal of Management)*, *41*.

Ranmuthugala, G., Plumb, J. J., Cunningham, F. C., Georgiou, A., Westbrook, J. I., & Braithwaite, J. (2011). How and why are communities of practice established in the healthcare sector? A systematic review of the literature. *BMC health services research*, *11*(1), 273.

Riley, D., Smyer, T., & York, N. (2012). Cultural competence of practicing nurses entering an RN-BSN program. *Nursing education perspectives*, *33*(6), 381-385.

Rogers, R. (2012). Leadership communication styles: a descriptive analysis of health care professionals. *Journal of Healthcare Leadership*, *4*, 47-57.

Rotem, A., & Fay, J. (1987). *Self-Assessment for Managers of Health Care. How Can I Be a Better Manager? WHO Offset Publication No. 97*. WHO Publications Center USA, 49 Sheridan Avenue, Albany, NY 12210.

Schwartz, R. W., Pogge, C. R., Gillis, S. A., & Holsinger, J. W. (2000). Programs for the development of physician leaders: a curricular process in its infancy. *Academic Medicine*, *75*(2), 133-140.

Scott, E. S. (2010). Perspectives on healthcare leader and leadership development. *Journal of Healthcare Leadership*, *2*, 83-90.

Shewchuk, R. M., O'Connor, S. J., Fine, D. J., & Tyler, J. L. (2005). Building an understanding of the competencies needed for health administration practice. *Journal of Healthcare Management*, *50*(1), 32.

Shibuya, K., Hashimoto, H., Ikegami, N., Nishi, A., Tanimoto, T., Miyata, H., ... & Reich, M. R. (2011). Future of Japan's system of good health at low cost with equity: beyond universal coverage. *The Lancet*, *378*(9798), 1265-1273.

Shortell, S. M., & Kaluzny, A. D. (2000). *Health care management: organization, design, and behavior*. Cengage Learning.

Shujahat, M., Sousa, M. J., Hussain, S., Nawaz, F., Wang, M., & Umer, M. (2019). Translating the impact of knowledge management processes into knowledge-based innovation: The neglected and mediating role of knowledge-worker productivity. *Journal of Business Research*, *94*, 442-450.

Slipicevic, O., & Masic, I. (2012). Management knowledge and skills required in the health care system of the federation Bosnia and Herzegovina. *Materia socio-medica*, *24*(2), 106.

Slipicevic, O., & Masic, I. (2012). Management knowledge and skills required in the health care system of the federation Bosnia and Herzegovina. *Materia socio-medica*, *24*(2), 106.

Song, M., Van Der Bij, H., & Weggeman, M. (2005). Determinants of the level of knowledge application: A knowledge-based and information-processing perspective. *Journal of product innovation management*, *22*(5), 430-444.

Sonnino, R. E. (2016). Health care leadership development and training: progress and pitfalls. *Journal of Healthcare Leadership*, *8*, 19.

Sonnino, R. E. (2016). Health care leadership development and training: progress and pitfalls. *Journal of Healthcare Leadership*, *8*, 19.

Souba, W. W. (2003). The new leader: new demands in a changing, turbulent environment. *Journal of the American College of Surgeons*, *197*(1), 79-87.

Souba, W. W. (2003). The new leader: new demands in a changing, turbulent environment. *Journal of the American College of Surgeons*, *197*(1), 79-87.

Spurgeon, P., Cooper, C. L., & Burke, R. J. (Eds.). (2012). *The innovation imperative in health care organisations: Critical role of human resource*

management in the cost, quality and productivity equation. Edward Elgar Publishing.

Stefl, M. E. (2008). Common competencies for all healthcare managers: the healthcare leadership alliance model. *Journal of healthcare management*, *53*(6).

Stevens, C. K., & Gist, M. E. (1997). Effects of self-efficacy and goal-orientation training on negotiation skill maintenance: What are the mechanisms?. *Personnel psychology*, *50*(4), 955-978.

Stoller, J. K. (2009). Developing physician-leaders: a call to action. *Journal of general internal medicine*, *24*(7), 876-878.

Stoller, J. K. (2013). Commentary: recommendations and remaining questions for health care leadership training programs. *Academic Medicine*, *88*(1), 12-15.

Stroh, L. K., & Caligiuri, P. M. (1998). Increasing global competitiveness through effective people management. *Journal of World Business*, *33*(1), 1-16.

Taherdoost, H. (2016). Validity and reliability of the research instrument; how to test the validation of a questionnaire/survey in a research. *How to Test the Validation of a Questionnaire/Survey in a Research (August 10, 2016)*.

Tarricone, P., & Luca, J. (2002). Employees, teamwork and social interdependence–a formula for successful business?. *Team Performance Management: An International Journal*.

Townsend, K., Wilkinson, A., Bamber, G., & Allan, C. (2012). Accidental, unprepared, and unsupported: clinical nurses becoming managers. *The International Journal of Human Resource Management*, *23*(1), 204-220.

Warren, O. J., & Carnall, R. (2011). Medical leadership: why it's important, what is required, and how we develop it. *Postgraduate Medical Journal*, *87*(1023), 27-32.

Webster, M. (2015). Merriam Webster. An encyclopedia Britannica Company.

Willcocks, S. G., & Wibberley, G. (2015). Exploring a shared leadership perspective for NHS doctors. *Leadership in Health Services*.

Williams, S. J. (2001). What skills do physician leaders need now and in the future?. *Physician executive*, *27*(3), 46-48.

World Bank (2015). A Roadmap to Achieve Social Justice in Health Care in Egypt. Washington DC: World Bank.

World Health Organization (2012). WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment, and Care for Injecting Drug Users—2012 Revision

World Health Organization WHO (1999). The World Health Report 1999: Making a Difference: Message from the Director-General.

World Health Organization, & Research for International Tobacco Control. (2008). *WHO report on the global tobacco epidemic, 2008: the MPOWER package*. World Health Organization.

World Health Organization. (2006). *Working together for health: the World health report 2006: policy briefs*. World Health Organization.

Zack, M., McKeen, J., & Singh, S. (2009). Knowledge management and organizational performance: an exploratory analysis. *Journal of knowledge management*, 13(6), 392-409.

QUESTIONNAIRE

Appendix I : Social Demographic Characteristics

1- **Gender : male (   )   female (   )**

2- **age :**

3- **Educational Attainment :**

High School (   )   Diploma (   ) Bachelor (   )   Master (   ) PhD (   )

4.year of graduation :

5- **number of years of services :**

Less than 1 year ☐   **1-5 years**   **5-7 years** ☐   **7-10 years** ☐   **more than 10 years** ☐

6- **Work Position in (PHC):** ☐

       a. Head Of Dept.   B. Head Of Division   c. Head Of Unit   d. Hospital ☐
Director

e- director of (H.C) ☐

7. attending training course on management :   a. Yes   b. No ☐

Appendix II : Assessment of the knowledge and attitude towards the provision of services in local community between the managers of different length of managerial experience

	Details	I fully agree (%)	I Agree (%)	I neither agree nor disagree (%)	I Disagreed (%)	I fully disagree (%)	p value*
1	Health care services that I provide focus on principal health problems in the local community/ municipality in which I work						
2	I assess health care needs of local community/ municipality in which I work together with the representatives of local community/municipality in which I work						
3	I am involved in the process of planning health needs and health care needs of the local community/municipality in which I work						
4	Health care services I provide are designed as an integral part of a referral system in the DOH*						
5	Health care services are directed towards all social and economic levels of population in the local community in which I work						
6	Know-how and skills of health care professionals are at a satisfactory level						
7	If an appropriate problems is identified, there is a clear plan for corrective measures						

Appendix III : Assessment of the personal managerial attitude and skills between the managers of different length of managerial experience:

	Details	I fully agree (%)	I Agree (%)	I neither agree nor disagree (%)	I Disagree (%)	I fully disagree (%)	p value*
1	I have a clear job description that gives a detailed description of my everyday tasks						
2	My education and experience are fully appropriate for my current obligations/tasks						
3	I clearly understand type of decisions that I can independently make						
4	There is a clear Strategic plan of the health care institution						
5	I prepare written operative plans with set goals, execution deadlines and indicators to monitor the goals						
6	I regularly discuss problems with my employees before I make a managerial decision						
7	I do not wait long to have the decisions approved when needed						
8	I regularly discuss problems with my superior I have enough resources to improve work efficiency at my disposal						
9	I have enough opportunities to promote my managerial capabilities						
10	I have enough resources to complete every task at my disposal						
11	I have enough time to complete every task						
12	There is regular evaluation of staff's performance						

Appendix IIII: Assessment of the leadership skills between the managers of different length of managerial experience :

	Details	I fully agree (%)	I Agree (%)	I neither agree nor disagree (%)	I disagree (%)	I fully disagree (%)	p value*
1	Manager enjoys being respected by his/her employees						
2	Manager should set a good example to young colleagues/employees						
3	Manager should understand all needs of the employees and should treat them individually						
4	Solving the personal needs of employees has to be consistent and fair						
5	Manager should commend tasks that were correctly executed and should put in place a fair reward policy						
6	If necessary, the manager should fairly discipline the employees						
7	Manager should take care of employees' professional advancement						

PLAGİARİSM REPORT

managerial skills assessment among health care providers managers

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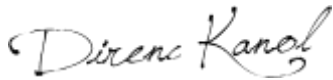**BİLİMSEL ARAŞTIRMALAR ETİK KURULU**

03.07.2020

Dear Aree Mohammad Hamadamin

Your application titled **"Managerial skills assessment among health care providers managers"** with the application number YDÜ/SB/2020/744 has been evaluated by the Scientific Research Ethics Committee and granted approval. You can start your research on the condition that you will abide by the information provided in your application form.

Assoc. Prof. Dr. Direnç Kanol

Rapporteur of the Scientific Research Ethics Committee

Direnç Kanol

Note: If you need to provide an official letter to an institution with the signature of the Head of NEU Scientific Research Ethics Committee, please apply to the secretariat of the ethics committee by showing this document.