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The Role of Distributed Leadership In Improving Work Environment Conditions Through the Mediating Role of Innovation Readiness: an Applied Study

Israa Abdulhasan Oleiwi

University of A1-Qadisiyah

*Correspondence: Israa Abdulhasan Oleiwi
Email: israa.alqargoli@qu.edu.iq

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Abstract: The study aims to explore the role of distributed leadership (DIL) among employees in private hospitals in improving work environment conditions (WEC) through innovation readiness. This objective was established to address a significant problem, namely: (Is there a role for DIL in improving WEC through the mediating role of innovation readiness among employees in private hospitals?). To tackle this problem, a descriptive-analytical approach was adopted using a questionnaire as the tool for data collection. Accordingly, 100 questionnaires were distributed, 79 were retrieved, 66 of which were valid and 13 were invalid. For the purpose of data analysis, the SPSS & AMOS package was employed to determine the levels of the study variables. Accordingly, the study produced several results, foremost of which is the existence of a correlation between DIL, WEC, and Innovation Readiness. This indicates that Innovation Readiness contributes to enhancing the relationship between DIL and WEC, highlighting the prioritisation of private hospitals on improving these variables through enhancing openness to innovation and flexibility of administration among employees. This leads to building supportive functional and supervisory quality, participation in informed decision-making, which improves collaboration within work teams, directly reflecting on creating a behavioural and material work environment aimed at achieving the organisation's long-term vision. The study also offered several recommendations, the most important of which focused on the necessity of continuously developing employees' capabilities by encouraging them to participate in ongoing training courses to enhance their skills and Innovation abilities, thereby improving working and organisational conditions in hospitals and providing greater opportunities for employee development and utilising their capabilities in a manner that serves the organisation's objectives..

Keywords: Distributed Leadership, Work Environment Conditions, Innovation Readiness, Private Hospitals.

Introduction

Most management literature treats the concept of authority as an abstract idea rather than a tangible reality, and based on this, interpreting the effects of shared authority on organisational behaviour in a concrete way represents an important cornerstone. DIL represents a new leadership perspective that emerged in the field of education since the 1990s, reflected in encouraging employee participation in various leadership roles and

decision-making with the aim of collective work aligned with organisational goals (Ben Sedrine et al, 2021). Employee performance is greatly influenced by workplace environmental factors. These factors have a decisive impact on employee performance, whether high or low. These factors are affected by work organisation and human resource management. Recent developments in information technology have led to a radical change in work processes, making them more convenient and manageable for employees. Employee performance is directly linked to job satisfaction, as employees exert more effort and become more efficient when satisfied. The main factors in a typical work environment include physical and behavioural components. Components related to employees' physical interaction with the office environment are termed 'the physical environment'. Therefore, the quality of the work environment is a fundamental condition for motivating employees and enhancing their productivity and performance (Fathallah & Kamal Al-Din, 2023).

DIL plays an important role in reshaping the working environment within private hospitals, as traditional models of individual leadership usually concentrate responsibility and authority among the leaders and key stakeholders within the institution (Motshweneng & Gilson, 2026). This means that DIL leads to a cognitive and practical distribution that enhances the organisation's capacity to implement a functional material and behavioural environment. Working conditions within private hospitals are generally influenced by the patterns of decision-making, coordination, and communication among different work teams within the organisation (Jakobsen et al, 2023). Through DIL, hospital staff can be encouraged to participate in decision-making processes more accurately and responsively, allowing for the allocation of human and material resources in a manner that aligns with the organisation's needs (Eriksson et al, 2025). This distribution leads to a reduction in employee turnover rates and error percentages, in addition to providing standards of comfort, safety, and productivity. Consequently, the conditions of the work environment become the main focus for evaluation and for developing strategies based on DIL within private hospitals (Farooq et al, 2024). Moreover, the evaluation criterion also depends on the level of Innovation readiness in these hospitals to implement DIL standards and techniques in order to ensure the improvement of WEC (Zaghmout & Harrison, 2025).

Innovation readiness among employees acts as an intermediary in interpreting the nature and strength of the relationship between DIL and the improvement of WEC, as employees' readiness towards openness to innovation and management flexibility provides effective and efficient capabilities regarding their psychological, behavioural, cognitive, and skill readiness to innovate and deliver Innovation and operational solutions that contribute to enhancing the organisation's competitiveness and meeting market demands (Karalis, 2024), which allows for greater scope for initiative, experimentation, accountability and reciprocity. Furthermore, when employees are capable and willing to be Innovation, this leads to the generation of innovative solutions that improve workflow, reduce physical effort, enhance health and psychological support, and improve the development of tools that minimise aggressive risks (Ojiako et al, 2024). Therefore, the basis for measuring the relationship between DIL and WEC depends on the innovation readiness of private hospitals through building a leadership model and tangible environmental outcomes that

improve organisational culture (Buyukgoze et al, 2024), which leads to maximising the impact of DIL on enhancing the work environment. This is because innovation readiness enhances individuals' abilities and skills to convert authority and responsibilities into tangible standards that improve the quality of support functions, the quality of supervisory functions, participation in decision-making, and collaboration within project teams, thereby providing a healthy and suitable work environment (Sunarmo et al, 2023).

Methodology

Research Problem

Most private hospitals suffer from noticeable disparities in WEC, and these disparities lead to exacerbations and increases in occupational safety indicators and job dissatisfaction, particularly higher rates of absenteeism and turnover. Part of these disparities is due to the fact that traditional leadership models in most hospitals focus on authority and decision-making at the top management level, which limits the ability of work teams to respond quickly to daily operational problems, thereby restricting the implementation of solutions for improving the physical and behavioural work environment. In light of the increasing pressures on the private healthcare system, in terms of uneven demand for services, resource shortages, and escalating challenges related to human resources, questions arise about the effectiveness of leadership styles in DIL in transforming these environmental conditions into a work environment that leverages the skills and capabilities of hospital staff and provides a safe and suitable environment on one hand. On the other hand, it is necessary to distribute authorities and tasks in a way that enhances staff engagement and prioritises their efforts to improve the workplace environment; however, achieving this requires high-level skills and capacities from hospitals.

Moreover, the lack of clear insight into the impact of DIL in workplace conditions through innovation readiness may hinder hospitals' ability to adopt new ideas and improve their efficiency. In adopted policies, valuable resources may be wasted or new problems may be exacerbated, which increases effort and weakens the work environment instead of developing it and providing innovations that enhance hospital capabilities and healthcare services. Hence, the research problem can be formulated in a fundamental question: (Is there a role for DIL in improving WEC through the mediating role of innovation readiness among employees in private hospitals?), and this problem generates several sub-questions:

1. What is the level of application of the DIL model in improving WEC in private hospitals?.
2. What is the mediating role played by Innovation Readiness among employees in private hospitals?.
3. To what extent does Innovation Readiness contribute to transforming DIL practices into actual improvements in WEC in private hospitals?.
4. What is the impact of applying DIL on institutional performance indicators related to WEC?.

The importance of the research

The practical significance of this research stems from the fact that WEC constitute the backbone of employee effectiveness in private hospitals, as these conditions include physical infrastructure such as laboratories and medical equipment, an organisational structure related to the clarity of health and medical roles, and a psychological and social dimension represented by a healthy work environment. The impact of these components is not limited to employee well-being but extends to the quality of medical outputs, the ability of hospitals to attract and retain talent, and the institution's reputation among patients and stakeholders. Therefore, research focusing on improving WEC through leadership mechanisms like DIL provides private hospital managers with practical tools to design interventions that enhance healthy work environments, reduce burnout issues, accelerate the response of medical teams to development requirements, and contribute to improving patients' medical experience, making WEC a focal point with a direct and precise impact on institutional performance and the societal outcomes of private hospitals.

The objectives of the research

The research aims to explore the role of DIL among employees in private hospitals in improving WEC through Innovation Readiness. The research also seeks to achieve several subsidiary objectives:

1. Determining the level of application of the DIL model in improving WEC in private hospitals.
2. Identifying the mediating role played by Innovation Readiness among employees in private hospitals.
3. Clarifying the extent to which Innovation Readiness contributes to transforming DIL practices into actual improvements in WEC in private hospitals.
4. Measuring the impact of applying DIL on institutional performance indicators related to WEC.

Hypothetical Framework and Hypothesis Development

The hypothetical framework provides a comprehensive outline of the study's concept and clarifies the nature and type of relationships between its variables, as well as the directions of the variables and the measures of the study problem that assess the role of DIL in improving WEC through the mediating role of innovation readiness, as shown in Figure (1). Accordingly, the study variables can be identified as follows:

The independent variable: Distributed leadership, measured across four dimensions using the scale developed by (Ben Sedrine et al, 2021).

The mediating variable: Innovation Readiness, measured across two dimensions using the scale developed by (Tappin,2014).

The dependent variable: Work Environment Conditions, measured across two dimensions using the scale developed by (Fathallah & Kamal Al-Din,2023).

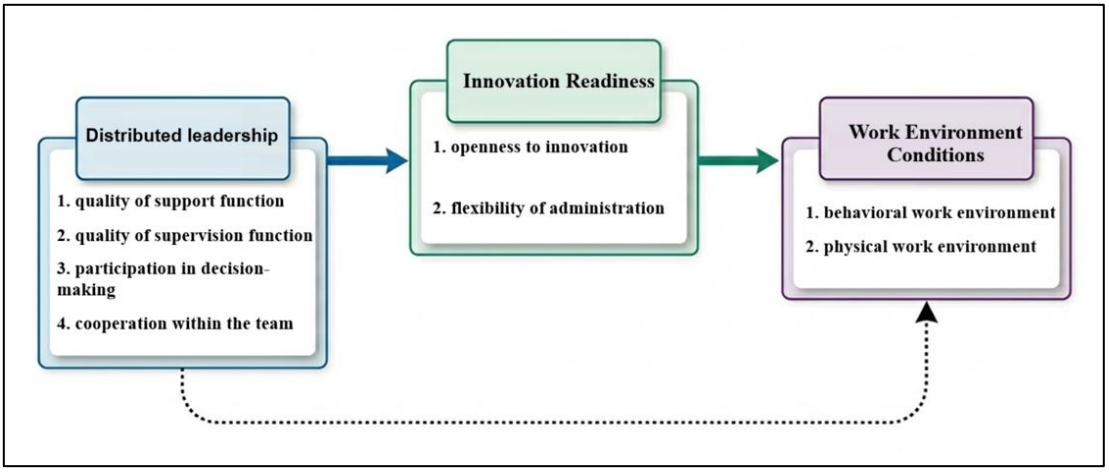

Figure 1. Hypothetical Framework of the Research

Based on Figure 1, the following hypotheses can be developed:
H1: There is a correlation between DIL and innovation readiness.
H2: There is a correlation between DIL and WEC.
H3: There is a correlation between innovation readiness and WEC.
H4: DIL has an effect on innovation readiness.
H5: Innovation readiness has an effect on WEC.
H6: DIL has an effect on WEC through the mediating role of innovation readiness.

Research Sample

The research community consists of private hospitals in Al-Diwaniyah Governorate, with a total of three hospitals (Al-Diwaniyah Private, Al-Shifa Private, Al-Furat Private). Private hospitals represent an important pillar in providing medical and health services by constructing a knowledge structure on the effectiveness of management in addressing errors that could directly affect patients. Based on this, the research sample included the staff of these hospitals, including doctors, administrative staff, and technical staff. Accordingly, 100 questionnaires were distributed, 79 were returned, of which 66 were valid and 13 were damaged.

Theoretical Aspect

Distributed Leadership

1. The Concept of Distributed Leadership

DIL is based on the assumption that leadership responsibilities are shared by anyone with the skill and experience, making responsibility collective among members of the system and the leadership process more flexible rather than being controlled or monopolised by a single individual within the system (Torres, 2019). DIL is a leadership style that relies on the integration and cohesion of employee performance within the organisation, within a positive organisational climate that allows for change and development (Bellibaş et al, 2021). Thus, DIL is a recently emerged approach to distributing authority within the organisation (Liu & Watson, 2023), aimed at expanding the scope of influence and authority, and affecting the abilities, skills, and potential of employees in a

manner different from the hierarchical leadership and management structure within organisations (Hilal et al, 2024).

DIL is not implemented merely by assigning it to others, but it must be genuinely distributed to maximise the benefits from employees, organisational structures and all resources to achieve the organisation's vision (Hickey et al, 2023). It is a leadership approach that recognises the importance of individual capabilities, potentials and talents alongside teamwork, and therefore, DIL is inherently collaborative (Rao-Nicholson et al, 2020), as leadership roles and tasks are distributed among a group of leaders and followers in work groups or teams where leadership roles are exchanged according to situations and the nature of activities, achieving goals in the best ways with minimal time, effort and cost through interaction and teamwork (Motlagh et al, 2024). From the above, it can be stated that DIL is the culmination of capabilities and skills aimed at creating inclusive and collective collaboration to enhance the decision-making process within the organisation.

2. Characteristics of Distributed Leadership

DIL is characterized by several features that distinguish it from other leadership styles. These features are:

1) **Emergent from interaction**: DIL emphasises that leadership emerges from the process of interaction and effective communication between the leader and their staff, as this interaction and effective communication contribute to coordinating and unifying efforts and responsibilities, which enhances and raises the levels and productivity of the school as a whole (Muthiah et al, 2021).
2) **Open boundaries**: This characteristic indicates the openness of leadership boundaries regarding who can join the leadership team in the organisation (Hickey et al, 2022), given that DIL is observed from the perspective of both the organisation's manager and employees, which creates practical and intellectual cohesion that facilitates the formation of human relationships and continuous positive change (Lumby, 2019).
3) **Encouragement of innovation**: DIL promotes the use of new, non-traditional methods. Through DIL, it is possible to explore better ways to deal with people and situations and to test their validity through the calculated consideration of risks (Kilicoglu, 2018).
4) **Fair and ethical climate**: DIL involves many specialists and stakeholders in decision-making, which greatly reduces the risks associated with poorly thought-out or unethical decisions (Hilal et al, 2024).

3. Dimensions of Distributed Leadership

This variable is measured through four dimensions (Ben Sedrine et al, 2021):

a) **Quality of Support Function**: The quality of support function in DIL reflects the leader's ability to empower others and provide an environment that facilitates leadership and initiative, rather than merely offering formal assistance (O'Shea,2021). The more effective and organised the support, the more successful the DIL (Nadeem,2024).
b) **Quality of Supervision Function**: The quality of supervision function reflects the manner in which performance is guided and monitored within the team without undermining the principle of shared leadership among members (Ben Sedrine et al, 2021). DIL does

not imply the absence of supervision, but rather a restructuring of it in a more flexible and participatory way, making supervision a supportive and organised process rather than strict control (Mifsud, 2024).

c) **Participation In Decision-Making**: Participation in decision-making reflects the essence of this leadership style, which is based on involving individuals in making decisions instead of concentrating them in the hands of a single leader (Mifsud, 2024). DIL aims to expand the sphere of influence, so that each team member becomes an active agent in guiding work and achieving goals (Ben Sedrine et al, 2021).

d) **cooperation within the team**: Cooperation within the team forms the foundation for the concept of distributing leadership roles among individuals (Ben Sedrine et al, 2021). DIL can only be effectively achieved in an environment characterised by collaboration, where individuals work together with a collective spirit to achieve shared goals, rather than working in isolated individual efforts (Mifsud, 2024).

Innovation Readiness

1. Concept of Innovation Readiness

Innovation Readiness is defined as an organization's ability to prepare its human, organisational, and technical resources in a way that enables it to generate new ideas and transform them into practical practices that contribute to improving healthcare performance (Pashkova et al, 2021). The importance of this concept in the healthcare sector is highlighted due to the sensitivity of the services provided, the continuous need to improve the quality of care, reduce errors, and enhance patient experience (Tychenko, 2024). Additionally, Innovation Readiness is considered a crucial focus for healthcare organisations in general and educational institutions in particular, as it supports renewal, innovation, and the development and improvement of organisational performance at both individual and departmental levels (Gagarina et al, 2022). Healthcare institutions need to continuously develop their methods and tools to achieve optimal performance (Seryapina, 2018). Innovation Readiness ensures this continuous development, and it helps encourage teams to engage in self-monitoring, propose innovative ideas, and foster both individual and collective initiative among team members (Kowalska & Nowicki, 2024).

Defined Zenkovych (2021) Innovation Readiness as the cognitive, psychological and organisational state in which an individual or organisation is prepared to generate, adopt and effectively apply new ideas to solve problems and improve performance. It not only entails having Innovation abilities but also includes mental readiness, intrinsic motivation, and the availability of a supportive environment that encourages innovation, experimentation and acceptance of change (Citraresmi et al, 2025).

Innovation Readiness refers to the ability of individuals to think flexibly, be open to unconventional ideas, and be willing to take calculated risks (Vlasenko, 2021), as well as to possess the cognitive skills and experiences that enable them to turn Innovation ideas into practical, implementable practices (Calasang et al, 2025). At the organisational level, Innovation Readiness reflects the extent of leadership support, the availability of resources, and the presence of systems and procedures that encourage creativity and teamwork

(Angelova, 2024). From the foregoing, it can be said that Innovation Readiness represents an organisation's or individual's capacity to be open to creativity and adapt to management requirements.

2. Importance of Innovation Readiness

Innovation Readiness is considered a vital element in the healthcare sector, due to the complex and ever-changing nature of this sector and the constant need to improve the quality of services provided (Pashkova et al, 2021). It represents the extent to which healthcare institutions and their staff are prepared to adopt new ideas and implement innovative solutions to address various challenges (Tychenko,2024). The importance of Innovation Readiness in the healthcare sector is highlighted through several interconnected aspects.

This is because it contributes to improving the quality of healthcare (Holovatiuk, 2025), as the adoption of Innovation ideas helps to develop diagnostic and treatment methods, reduce medical errors, and provide more accurate and efficient services (Klimashevska, 2023). It also supports innovation in patient care approaches, enhancing their satisfaction and improving their experience within healthcare facilities (Karyantoa et al, 2021).

Innovation Readiness plays an important role in keeping up with technological developments, especially with the rapid progress in the medical field, such as digital systems, telemedicine, and modern diagnostic and treatment technologies (Polishchuk, 2024). Institutions that possess Innovation readiness are more capable of adopting and effectively utilising these technologies (Calasang et al, 2025).

3. Dimensions of Innovation Readiness

This variable is measured through two dimensions (Tappin, 2014):

a. **Openness to Innovation**: Openness to innovation reflects the readiness of individuals and organisations to accept new ideas and experiment with innovative approaches in medical and administrative work (Karyantoa et al, 2021). This dimension is not limited to the ability to think Innovationly, but also includes flexible thinking, intellectual openness, and the ability to view solutions in non-traditional ways, contributing to the improvement of healthcare service quality (Citraresmi et al, 2025).
b. **Flexibility of Administration**: Flexibility of administration refers to the ability of management leadership to adapt to changes and challenges, and to create an environment that supports innovation and allows the trial of new ideas (Karyantoa et al, 2021). Flexibility of administration does not mean disorder or lack of organisation, but rather the ability to balance between formal frameworks and established policies on one hand, and openness to experimentation and development on the other (Citraresmi et al, 2025).

Work Environment Conditions

1. Concept of Work Environment Conditions

Since workers spend a significant amount of time at their workplace, their work environment has a considerable impact on their professional lives. According to research, employees who are satisfied with their work environment can perform better in their jobs. Previous studies have found that various environmental factors such as noise, colours, temperature, workplace design, and the use of indoor plants all affect employee performance and well-being. They have also suggested conducting future research to understand the relationship between the work environment and employee productivity. They emphasised the importance of conducting comparative studies between the office environments of the public and private sectors. They found that the work environment is essential as it helps employees focus properly on their tasks, thereby improving their performance and increasing organisational productivity. Providing an attractive and desirable work environment enhances the conditions in which individuals, who share a common set of skills, competences, and knowledge, collaborate to achieve success. Consequently, organisations should invest more in providing high-quality services to their clients (Fathallah & Kamal Al-Din, 2023).

The work environment represents the location used to perform a specific task until its completion, and it includes the geographical location and the areas surrounding the work, such as office locations or the organisation's building (Rugulies, 2019). It may also include other components such as noise levels and additional work-related features. The work environment is defined as the place used by people to work, such as an organisation, factory, or office (Babapour Chafi et al, 2021). It is the set of reciprocal relationships between employees, employers, and the environment in which they work, which can be positive or negative. Positive work environments provide enjoyable experiences for employees that help them achieve their personal goals (Putri et al, 2019), whereas negative work environments cause painful experiences and reduce good employee behaviour at work (Hughes et al, 2020). Irresponsible or uncommitted employees can change to become responsible and more committed in a positive work environment because such environments enhance their self-actualisation traits, while the opposite may occur in a negative environment (Aust et al, 2023). Based on the above, WEC can be defined as the psychological and physical conditions of the organisation that influence commitment, efficiency, and employee satisfaction with the aim of achieving the organisation's long-term goals.

2. Importance of Work Environment Conditions

There is no doubt that having an ideal and positive work environment is a fundamental factor for the success of any organisation in the twenty-first century (Yas et al, 2024). The importance of WEC can be identified as follows:

a. **The ability to build a competitive advantage**: Either you are an active player in the open business world or the organisation will suffer greatly, as competitiveness has become one of the main challenges facing any management in the twenty-first century in the context of global openness (Iis et al, 2022), which has placed every company under the pressure

of fierce competition from both local and foreign organisations. The fierce competition we see today has elevated a slogan that no one can escape, which is survival of the fittest (Sutaguna et al, 2023).

b. **The greatest investment is the investment in people**: As long as there is work and goals to be achieved, this must be done through others. This is a fact that no employer or manager can overlook, even if the work is carried out through devices and machines, it is people who operate them (Kohnen et al, 2024).
c. **Increased financial return for the company**: Numerous global studies have shown a strong correlation between a company's financial return and the job satisfaction of its employees (Aust et al, 2023), hence the ultimate goal should be to provide an ideal work environment primarily aimed at increasing employee productivity, which in turn contributes to enhancing customer satisfaction, leading to the achievement of the best financial and non-financial returns, as everyone shares in the profit (Bahrain et al, 2023).
d. **The work environment is the true mirror of the organisation**: Lyle Sussman, addressing organisational leaders, states that you do not need proof to understand that individuals prefer interacting with organisations they respect, and when this emotional connection is translated into numbers and calculations, it is referred to as a good reputation. When an organisation's accounts are reviewed in terms of their market value, good reputation is one of the evaluation factors (Hariyasasti, 2025).

3. Dimensions of Work Environment Conditions

This variable is measured through two dimensions (Fathallah & Kamal Al-Din, 2023):

a. **Behavioral Work Environment:** The behavioral work environment focuses on the nature of behaviours and interactions prevailing among individuals within the organisation, and their impact on performance and job satisfaction (Hariyasasti & Purwanto, 2025). The work environment is not limited to physical or organisational aspects, but also includes the behavioural climate that determines how individuals relate to each other and to leadership (Kohnen et al, 2023).
b. **Physical Work Environment**: The physical work environment refers to all tangible and perceptible elements surrounding an individual within the workplace, which directly affect their efficiency and performance (Fathallah & Kamal Al-Din, 2023). This environment includes everything related to the physical space, such as office design, lighting, temperature, ventilation, noise levels, as well as the availability of tools and equipment necessary to complete tasks (Kohnen et al, 2023).

Practical Aspects

1) Coding and Describing Variables

It is preferable, before starting to enter the data and subject it to analysis, to express it using a set of representative symbols in order to create a clear understanding for the reader regarding the variables included in the analysis and to present the research results with ease and clarity. Accordingly, Table (1) illustrates the description and coding of the research variables and dimensions included in the analysis.

Table 1.
Description and Coding of Research Variables and Dimensions

Variables	Dimensions	NO.	Code		Source
Distributed leadership	quality of support function	4	QSPF	DIL	Ben Sedrine et al, 2021
	quality of supervision function	3	QSVF		
	participation in decision-making	4	PDM		
	cooperation within the team	5	CWT		
Innovation Readiness	openness to innovation	3	OIN	INR	Tappin, 2014
	flexibility of administration	3	FAD		
Work Environment Conditions	behavioral work environment	5	BWE	WEC	Fathallah& Kamal Al-Din,2023
	physical work environment	5	PWE		

2) Testing Normality and Reliability of the Measurement Instrument

Table (2) shows that the data drawn from the surveyed population follows a normal distribution, as it obtained a significance value greater than 0.05, which qualifies the generalisation of the results presented by the current study to the surveyed population. The table also indicates that the measurement tool in its final form has a reliability ratio of 0.948, contributed to by the independent variable (DIL) with a reliability of 0.901, the dependent variable (WEC) with a reliability of 0.834, and the mediating variable (Innovation Readiness) with a reliability of 0.885, meaning that the measurement tool demonstrates high reliability.

Table 2.
Normality and Reliability of the Measurement Instrument

Variables	Dimensions	Kolmogorov-Smirnov	Cronbach's Alpha		
DIL	QSPF	0.222	0.901	0.949	0.948
	QSVF			0.914	
	PDM			0.840	
	CWT			0.896	
INR	OIN	0.202	0.885	0.945	
	FAD			0.846	
WEC	BWE	0.262	0.834	0.897	
	PWE			0.870	

3) Descriptive Statistics

Table (3) results indicate that the overall arithmetic mean for the variable DIL reached (3.53) with a standard deviation of (0.37). This is due to the hospital staff's focus on enhancing their internal capabilities regarding the dimension of participation in decision-making (PDM), which achieved an arithmetic mean of (3.56) and a standard deviation of (0.49). Meanwhile, the dimension of cooperation within the team (CWT) ranked last with an arithmetic mean of (3.47) and a standard deviation of (0.46). This highlights the hospitals' attention to quickly addressing errors efficiently, which in turn gains staff satisfaction regarding the hospital management's concern for their diverse needs and requirements and their efforts to meet them as much as possible.

As shown by the results in Table (3), the overall arithmetic mean for the variable Innovation Readiness reached (3.60) with a standard deviation of (0.41). This was due to the

attention of the staff in the surveyed hospitals to enhancing their internal capabilities in the dimension of flexibility of administration (FAD), which achieved an arithmetic mean of (3.63) and a standard deviation of (0.55). Meanwhile, the dimension of openness to innovation (OIN) ranked last with an arithmetic mean of (3.57) and a standard deviation of (0.52), indicating the hospitals' commitment to providing compensation and rewards to their employees for the additional benefits contributed by the staff to the hospital in general.

Table (3) indicates that the overall mean of the WEC variable reached (3.44) with a standard deviation of (0.54). This reflects the attention of employees in the surveyed hospitals to enhancing their internal capabilities regarding the behavioral work environment (BWE) dimension, which achieved a mean of (3.46) and a standard deviation of (0.66), while the physical work environment (PWE) dimension ranked last with a mean of (3.41) and a standard deviation of (0.54). This demonstrates the hospitals' focus on improving employees' sense of engagement by building positive emotional relationships with the hospital to create a positive reputation in the private healthcare sector.

Table 3.
Statistical Description of Variables

No.	Mean	S.D	No.	Mean	S.D	No.	Mean	S.D
QSPF1	3.44	0.80	**CWT2**	3.46	0.90	**BWE1**	3.44	0.91
QSPF2	3.56	0.91	**CWT3**	3.58	0.92	**BWE2**	3.38	0.83
QSPF3	3.73	1.29	**CWT4**	3.51	1.03	**BWE3**	3.36	0.88
QSPF4	3.39	0.99	**CWT5**	3.32	0.87	**BWE4**	3.55	0.96
QSPF	**3.53**	**0.56**	**CWT**	**3.47**	**0.46**	**BWE5**	3.58	1.05
QSVF1	3.83	0.86	**DIL**	**3.53**	**0.37**	**BWE**	**3.46**	**0.66**
QSVF2	3.40	0.86	**OIN1**	3.48	0.76	**PWE1**	3.43	0.81
QSVF3	3.46	1.04	**OIN2**	3.68	0.74	**PWE2**	3.28	0.82
QSVF	**3.56**	**0.64**	**OIN3**	3.56	0.94	**PWE3**	3.35	0.72
PDM1	3.49	0.75	**OIN**	**3.57**	**0.52**	**PWE4**	3.53	0.91
PDM2	3.58	0.87	**FAD1**	3.53	0.75	**PWE5**	3.46	0.80
PDM3	3.63	1.00	**FAD2**	3.61	0.97	**PWE**	**3.41**	**0.54**
PDM4	3.54	0.92	**FAD3**	3.74	0.97	**WEC**	**3.44**	**0.54**
PDM	**3.56**	**0.49**	**FAD**	**3.63**	**0.55**	**Standard Deviation (S.D.)**		
CWT1	3.46	0.72	**INR**	**3.60**	**0.41**			

4) Hypothesis Testing and Path Analysis

H1: There is a correlation between DIL and innovation readiness.

The results of Table (4) indicate the existence of a correlation between DIL and Innovation Readiness, with a value of (0.703) at a significance level of (0.01), meaning that an increase in the DIL variable leads to an equivalent increase in Innovation Readiness. The strength of the correlation between the dimensions of these variables ranged from (0.380) between the quality of supervision function (QSVF) and the flexibility of administration (FAD) to (0.714) between participation in decision-making (PDM) and flexibility of administration (FAD).

H2: There is a correlation between DIL and WEC.

The results in Table (4) show a correlation between DIL and WEC of (0.629) at a significance level of (0.01), which means that an increase in the DIL variable leads to a corresponding

increase in WEC. The strength of the correlation between the dimensions of these variables ranged from (0.271) between the dimension of Quality of Support Function (QSPF) and the dimension of Behavioural Work Environment (BWE) to (0.664) between the dimension of Cooperation Within the Team (CWT) and the dimension of Behavioural Work Environment (BWE).

H3: There is a correlation between innovation readiness and WEC.

The results in Table (4) indicated a correlation between Innovation Readiness and WEC of (0.840) at a significance level of (0.01), which means that an increase in the Innovation Readiness variable leads to a corresponding increase in WEC. The strength of the correlation between the dimensions of these variables ranged from (0.557) between the openness to innovation (OIN) dimension and the behavioural work environment (BWE) dimension to (0.773) between the openness to innovation (OIN) dimension and the physical work environment (PWE) dimension.

From the above, it can be said that there is a correlation between DIL, WEC, and Innovation Readiness, indicating that Innovation Readiness contributes to improving the relationship between DIL and WEC. This shows that private hospitals prioritise improving these variables by enhancing openness to innovation and administrative flexibility among employees, leading to the development of supportive functional and supervisory quality, and participation in informed decision-making, which improves collaboration within work teams, directly reflecting on building a behavioural and physical work environment aimed at achieving the long-term vision of the organisation.

Table 4.
Correlation Matrix

	QSPF	QSVF	PDM	CWT	DIL	OIN	FAD	INR	BWE	PWE	WEC
QSPF	1										
QSVF	.703**	1									
PDM	.636**	.673**	1								
CWT	.614**	.590**	.840**	1							
DIL	.849**	.865**	.901**	.864**	1						
OIN	.423**	.694**	.542**	.487**	.624**	1					
FAD	.428**	.380**	.714**	.619**	.609**	.538**	1				
INR	.485**	.606**	.720**	.633**	.703**	.867**	.886**	1			
BWE	.271**	.348**	.580**	.664**	.528**	.557**	.714**	.728**	1		
PWE	.506**	.542**	.570**	.517**	.614**	.773**	.622**	.792**	.621**	1	
WEC	.418**	.482**	.638**	.663**	.629**	.726**	.747**	.840**	.920**	.878**	1

H4: DIL has an effect on innovation readiness.

The results of Table (5) indicate the existence of an effect of DIL on Innovation Readiness, showing that an increase in DIL by one unit leads to an improvement of (0.853) in Innovation Readiness, accompanied by a standard error of (0.063) and a t-value of (13.540). This in turn contributes to developing the capabilities of the bank staff to enhance their potential regarding the DIL variable, explaining (0.494) of the variance in Innovation Readiness. This

indicates that hospitals focus on providing added-value services to patients, characterised by medical consultations and remote examinations through proper guidance.

H5: Innovation readiness has an effect on WEC.

The results in Table (5) indicate a significant impact of innovation readiness on WEC, which shows that an increase of one unit in Innovation Readiness leads to an improvement of 0.747 in WEC, accompanied by a standard error of 0.046 and a critical value of 16.239. This, in turn, contributes to a modest enhancement of the bank employees' capabilities to improve their capacities regarding the Innovation Readiness variable, explaining 0.705 of the variance in WEC. This necessitates the continuous development of employees' capabilities by encouraging them to participate in ongoing training courses to enhance their skills and Innovation abilities, which improves the work environment and organisational conditions in hospitals and provides greater opportunities for staff development and the effective utilisation of their capabilities to serve the organisation's objectives.

H6: DIL has an effect on WEC through the mediating role of innovation readiness.

Table (5) shows the partial effect of DIL on WEC through the mediating role of Innovation Readiness, which leads to the conclusion that increasing DIL in the presence of Innovation Readiness contributes to a partial improvement in WEC by (0.842), with a standard error of (0.065) and a critical value of (12.954). This leads to the acceptance of the previous hypothesis by achieving a high indirect effect compared to the direct effect, resulting in DIL, through the mediating role of Innovation Readiness, explaining (0.708) of the variance in WEC, while the remaining value falls outside the study's limits, indicating that hospital management must adopt corrective measures to improve their Innovation readiness to build the requirements of DIL to enhance WEC, which requires a rapid response to employees' tastes and preferences that serve the interests of hospitals.

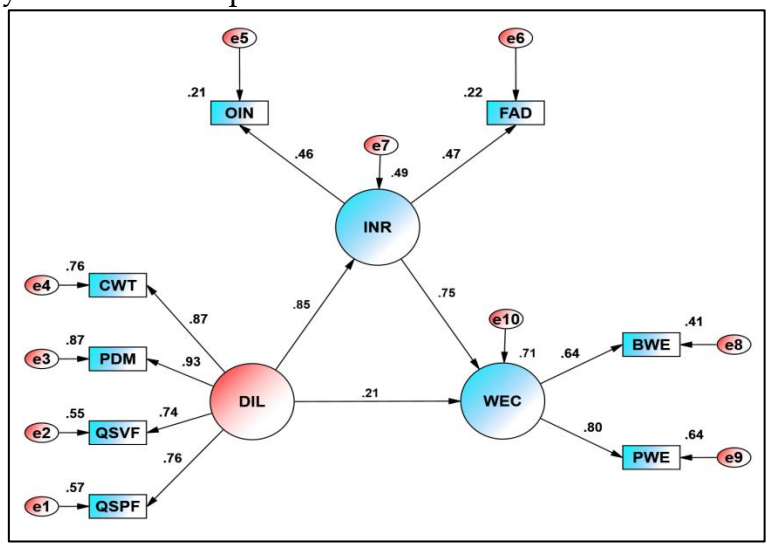

Figure 2. Path analysis of the effect of DIL on WEC through the mediating role of innovation readiness.

Table 5.
Results of the path analysis of the effect of DIL on WEC through the mediating role of innovation readiness.

Path					Standard weights	standard error	critical value	R^2	P
DIL		--->	INR		**0.853**	**0.063**	**13.540**	**0.494**	***
INR		--->	WEC		**0.747**	**0.046**	**16.239**	**0.705**	***
DIL		--->	WEC		**0.205**	**0.086**	**2.384**	**0.708**	***
DIL	--->	INR	--->	WEC	**0.842**	**0.065**	**12.954**		***

Conclusions

Based on the research findings, several important results can be identified:

There is a correlation between DIL, WEC and Innovation Readiness, indicating that Innovation Readiness contributes to enhancing the relationship between DIL and WEC. This shows that private hospitals prioritise improving these variables through enhancing openness to innovation and administrative flexibility among staff, leading to the development of supportive and supervisory work quality, and participation in informed decision-making which improves collaboration within work teams, directly reflecting on building a behavioural and material work environment aimed at achieving the organisation's long-term vision. as well as Hospitals are keen on responding quickly to errors efficiently and effectively, earning staff satisfaction with the hospital management's concern for their needs and requirements and striving to meet them as much as possible.

Hospitals are committed to providing compensation and rewards to their staff for the additional benefits contributed to the hospital in general. As noted Hospitals focus on improving staff morale by building positive emotional relationships with the hospital to create a favourable reputation in the private healthcare sector.

Hospitals concentrate on providing value-added services to patients, characterised by medical consultations and remote examinations through proper guidance.

Based on the research findings, several important recommendations can be identified:

It is essential to continuously develop the capabilities of employees by encouraging them to participate in ongoing training courses to enhance their skills and Innovation abilities, which improves working conditions and organisation in hospitals and provides greater opportunities for staff development and the utilisation of their abilities in ways that serve the organisation's objectives. as well as Hospital management must ensure the adoption of corrective measures to improve its Innovation readiness to build the requirements of DIL to enhance WEC, which necessitates a prompt response to the tastes and preferences of employees that serve the interests of the hospitals.

Hospital management must pay attention to the period of addressing errors resulting from service failures, which requires developing the capabilities and expectations of employees in finding appropriate solutions to problems. As it appears Hospital management must pay attention to handling staff complaints in a professional, ethical, and flexible manner in order to improve the response to staff requirements and needs correctly.

Hospital management should build a database showing the skills and capabilities of each staff member within the hospital to ensure the principle of placing the right person in the right place is applied.

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