

LEADERSHIP COMPETENCE AND WORK PERFORMANCE OF MIDDLE-LEVEL HOSPITAL MANAGERS

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ABSTRACT

This study determines the influence of leadership competence and work performance of middle-level hospital managers. The descriptive-correlational and comparative design was utilized in this study. Pearson-product moment correlation was used to analyze the relationship between the variables. Data were gathered through a survey questionnaire from 25 middle-level hospital managers in five selected Level 2 hospitals. Mean was employed in analyzing the level of leadership competence and the level of work performance. A correlational test was used to analyze the significant relationship between leadership competence and work performance. The results show that the levels of leadership competence and work performance are high among of middle-level hospital managers. Meanwhile, there is a significant relationship between leadership competence and work performance of middle-level hospital managers.

KEYWORDS: *Leadership Competence, Work Performance, Descriptive-Correlation, Region XI, Philippines*

INTRODUCTION

The healthcare industries confront plenty of competitive difficulties, such as adopting technological advances, managing change, shortages of workers, compliance with regulations, and cost containment (Marx, Stuart, & Peet, 2020). In meeting these needs, hospital middle managers play a critical role. They act as a channel between frontline staff and upper management, ensuring that strategy objectives are effectively implemented at all levels. Middle managers are in charge of creating a collaborative environment, monitoring the deployment of new technology and workflows, and responding to employee concerns about workload and compliance pressures. Their unique position enables them to provide vital input to leadership, ensuring that policies and initiatives are responsive to real-world difficulties. They also facilitate effective communication and support to keep employees motivated and engaged.

Hence, work performance can be viewed as a very important element for the hospital organization to ensure continued outputs and overall efficiency (Graban, 2018). Middle managers' work performance in hospitals has changed significantly as the healthcare industry has changed, particularly with the implementation of new healthcare policies and regulations that necessitate greater adaptability and strategic thinking. Furthermore, the incorporation of advanced technology into hospital operations has necessitated greater proficiency in digital tools and data management. This has shifted the emphasis of middle managers from traditional administrative roles to more dynamic roles that necessitate ongoing learning and adaptation to technological advancements.

Recent studies conducted in the United States revealed a decline in the job performance of hospital managers in many hospitals. Consequently, Kesavan (2022)

found that full-time employees' tardiness and absenteeism in the US caused productivity losses that cost businesses between \$200 and \$700 for each missed workday. Furthermore, Shahid, Hussain, & Zafar (2017) found that replacing an employee with two years or more of experience costs an organization \$47,000 on average while replacing an employee in their first year costs about \$9,000 annually.

In Asia Pacific, hospitals are unwavering in their commitment to patient care. However, hospitals in the Philippines are experiencing a productivity slowdown as a result of declining work performance among hospital middle managers (Wisetsri, 2021). Similarly, Labrague, Nwafor, & Tsaras (2020) study found that middle managers' poor leadership competence, resulted in lower work performance at a selected hospital in the Philippines. Both studies emphasize that hospitals' performance has declined due to middle management performance-related issues. Nonetheless, both recognized that manpower productivity plays an important role in dealing with organizational losses by developing employee skills to implement innovations and provide better services.

Much research in the field of hospital administration has been interested in finding out the factors that affect the performance of middle managers. Nevertheless, knowledge remained limited regarding the characteristics and dynamics of variables relevant to work performance. Although predictor such as leadership competence was found to be important antecedents, most of these studies are focused on the individual association between the said predictors on work performance. To date, less has been done in the literature that determines the combined influence of leadership competence on the work performance of hospital middle managers. Furthermore, it is rare in the literature that the study group is focused on hospital middle managers which is one of the relevant workers in the health care system.

In this scenario, a study about the interrelationship of factors such as leadership competence on the effect of work performance and to find which factor best predicts the work performance of middle managers is needed. In this way, the model can be adopted by hospitals for policymaking and guidelines to further improve work performance and hospital outcomes.

Statement of the Problem

The study determined the relationship between leadership competence and work performance of middle level managers. More specifically, it sought answers to the following questions:

1. What is the profile of the middle-level hospital managers in terms of:
 - 1.1 age
 - 1.2 gender
 - 1.3 civil status
 - 1.4 monthly income
 - 1.5 area of assignment?
2. What is the level of leadership competence among middle-level hospital managers in terms of:
 - 2.1 strategic and creativity
 - 2.2 leading and deciding
 - 2.3 developing and changing
 - 2.4 implementing and improving

- 2.5 communicating and presenting
- 2.6 relating and supporting?
- 3. What is the level of work performance of middle-level hospital managers in terms of:
 - 3.1 contextual performance
 - 3.2 task performance
 - 3.3 productive work performance?
- 4. Is there a significant relationship between leadership competence and work performance of middle-level hospital managers?

FRAMEWORK

This study is anchored on the transformational leadership theory Anderson (2017). Competent leaders who possess the necessary skills, knowledge, and expertise inspire confidence in their team members (Anderson, 2017). They set high-performance expectations, communicate effectively, develop and empower employees, and serve as role models, thereby enhancing work performance. Through their exemplary behavior and ability to motivate and inspire others, competent leaders create a positive work environment where employees are motivated to exceed expectations. This theory emphasizes the importance of leadership competence in driving improved work performance.

Furthermore, explained further that transformational leaders articulate a compelling vision, provide intellectual stimulation, and demonstrate individualized consideration for their followers (Anderson, 2017). Their leadership competence allows them to influence and inspire their team members, leading to enhanced work performance. By setting clear goals, offering guidance, and providing constructive feedback, competent leaders create an environment that fosters high levels of performance. They invest in the development of their employees, identifying individual strengths and weaknesses, and providing opportunities for growth and skill enhancement.

In the hospital and medical industry, performance of work must be at its highest standards since what is at stake are the lives of the patients. Any wrong that is committed that may be minor shall result in a major catastrophe that would make the image and name of the hospital very attractive to the media for the wrong reason.

Therefore, to take care of the people who take care of patients must be hospital middle-level managers who are in direct contact with these frontline health and medical workers.

As espoused by the theory adopted in this study, the push, motivation, and inspiration of workers to perform their work beyond what is expected lies in how the leaders maximize the competence they have. Any middle-level manager with little to no or a mediocre level of competence all not result in having inspired workers as the theory goes.

It must be noted that the workers in the hospital industry should be adaptive to the changing situation of patients, which means, they must be able to transform into becoming health workers expected by society. It is here where the theory is important that a transformed worker's performance is because of the transformational type of leader competence a middle-level manager has.

METHOD

Research Design

This quantitative study utilized the descriptive, correlational, and comparative research design. Descriptive research design is used to obtain information concerning the current status of the phenomena to describe (Kirkman, Chen, & Mathieu, 2020). Moreover, it is a fact-finding study that allows the researcher to examine the characteristics, behaviors, and experiences of study participants (Hancock, Algozzine, & Lim, 2021). Furthermore, the correlational design is used to identify the strength and nature of association between two or more variables (Cresswell, 2003).

Quantitative research deals with numbers, logic, and objective stances. It focuses on numeric and unchanging data and detailed, convergent reasoning, the generation of a variety of ideas about a research problem. Its main characteristics are: the data is usually gathered using structured research instruments, the results are based on larger sample sizes that are representative of the population, the research study can be replicated or repeated, given the high reliability and the researcher uses research tools, such as questionnaires or computer software to collect numerical data (Babbie, 2010).

Meanwhile, the correlational design is a technique to describe and measure the degree of association (or relationship) between two or more variables or sets of scores (Cresswell, 2002). Correlational research investigates the relationship between the dependent and independent variables and uses surveys, classification, and data reduction techniques, and assessments of relations among variables. Furthermore, a correlational study determines the relationship between two or more variables which means it will find out if the increase or decrease of a variable can increase or decrease another variable (Kalla, 2011). In addition, correlational studies do not influence any variables but only look at relationships among them (Siegle, 2015). Hence, correlation has direction which is positive or negative and that correlations can differ in the degree or strength of the relationship. Furthermore, the comparative design is intended to describe the differences among groups in a population without manipulating the independent variable (Cantell, 2011).

In this study, it determined the levels of leadership competence and work performance of middle-level hospital managers. Moreover, the relationship between leadership competence and work performance was investigated. Furthermore, leadership competence and work performance have been compared according to demographic profiles.

Participants

The participants in this study were middle managers from hospitals in Davao City. They were chosen from five hospitals: Hospital A, Hospital B, Hospital C, Hospital D, and Hospital E respectively. Each hospital contributed five (5) middle managers, for a total sample of 25 participants. This selective sampling ensured enough representation across these institutions, enabling a thorough study of the participants' viewpoints and experiences in their unique healthcare environments.

To attain homogeneity, only those middle-level managers, who are heads of the hospitals' ward units and permanent regular employees, middle managers who returned from a study leave as of January 2023, and those who have pending cases or complaints were included in this study. However, Middle managers who are currently on study leave or on probation before obtaining their permanent regular position and middle managers with civil or administrative cases still under litigation are excluded from the study.

Research Instrument

The study used a survey questionnaire to gather data from the respondents. The tool was subjected to content validity and pilot testing to assess its reliability, having passed the statistical requirement to be valid.

Leadership Competence Scale. The researcher-developed questionnaire measures leadership competence in different areas of leadership including strategic and creativity, leading and deciding, developing and changing, implementing and improving, communicating and presenting, and relating and supporting. It is in the form of a 5-point Likert Scale that measures competencies covering the transformational and transactional aspects of leadership from 5 very high to 1 very low.

Statistical Tools

The following statistical tools were used in the study:

Mean and Standard Deviation was used to provide summary of the demographic profile, and determine the level of competence and level of work performance of middle level hospital managers

Pearson Product Moment Correlation was utilized to determine the relationship between level of competence and level of work performance of middle level hospital managers.

RESULTS AND DISCUSSION

Demographic Profile

Table 1 shows the distribution of respondents in terms of age, gender, and civil status. Out of a total of 25 respondents, the findings indicate that ages 31 – 40 have the largest representation between ages ($f=9$, 36%), while ages 21-30 have the lowest ($f=1$, 4%). This indicates that ages 31 – 40 make up the majority of the total respondents.

In terms of gender, the findings from a total of 25 respondents show that females have the highest gender representation ($f=19$, 76%), while males have the lowest ($f=6$, 24%). This indicates that females account for the majority of total respondents in the aspect of gender.

In the aspect of civil status, the findings from a total of 25 respondents show that married have the highest civil status representation ($f=16$, 64%), while widows/widowers have the lowest ($f=2$, 8%). This indicates that married account for the majority of total participants in the aspect of civil status.

According to the data, the majority of middle-level hospital managers (36% of respondents) are between the ages of 31 and 40. This age group is likely to have gained valuable experience and maturity, both of which are required for leadership positions. According to Goleman (2021), leadership competence often grows with age and experience, as people improve their decision-making skills, emotional intelligence, and strategic thinking abilities over time.

Furthermore, the findings show a significant gender disparity, with women taking into consideration 76% of all respondents. This is consistent with the overall trend in the healthcare industry, where women hold more middle-management positions. According to Northouse (2018), women in leadership positions frequently use transformational leadership styles, which can improve job performance by creating a supportive and collaborative work environment. Furthermore, a higher proportion of female leaders may indicate an organizational culture that values gender diversity and equality, which has been linked to improved overall organizational performance (Labrague,2020).

Lastly, married people account for 64% of all respondents, while widowed or widowers make up only 8%. The relationship between civil status and workplace performance can be complex. Married managers may have a more stable personal life, which could lead to higher job satisfaction and performance (van Woerkom et al., 2022). Personal stability can lead to increased focus and commitment to professional responsibilities, which improves leadership effectiveness.

Table 1 Demographic Profile

		Frequency	Percent
Age	21-30	1	4
	31-40	9	36
	41-50	7	28
	51 and above	8	32
	Total	25	100
Gender	Female	19	76
	Male	6	24
	Total	25	100
Civil Status	Married	16	64
	Single	7	28
	Widow/Widower	2	8
	Total	25	100

Level of Leadership Competence

Table 2 shows the level of leadership competence of middle-level hospital managers in Davao City. Leadership competence contains six indicators, namely strategic and creativity, leading, and deciding. Developing and changing, implementing and improving, communicating and presenting, and relating and supporting. It garnered an overall mean of 3.96 and a standard deviation of .624. The SD results range from .539-.476 which denotes that the respondent's scores are not so dispersed from one another.

In terms of strategy and creativity, middle-level hospital managers exhibit the highest mean in suggesting new things that can be done and supporting new ideas suggested by colleagues with the same mean of 4.24 which is described as very high. Meanwhile, the lowest indicated in two items with the same mean value is in the aspect of referring to the previous acts to do a follow-up act with a mean of 4.08 also described as high. The category mean is 4.24 which is likewise described as very high. This means that the strategy and creativity of middle-level managers are always manifested.

In terms of leading and deciding, it shows the highest mean in the aspect of consulting others on things needed to be done with a mean of 4.32. Hence, the lowest mean is 3.76 in the aspect of sacrificing my desires for the good of all. Meanwhile, the category mean of leading and deciding is 3.69, described as high. This means that leading and deciding is oftentimes.

In the aspect of developing and changing, it shows the highest mean in the aspect of trying a new practice and learning from it with a mean of 4.20 described as very high. Hence, the lowest mean is 3.52 in the aspect of collecting suggestions to impose new things. Meanwhile, the category mean of developing and changing is 3.69, described as high. This means that developing and changing is oftentimes evident.

In terms of implementing and improving, middle managers displayed the highest mean in doing what is proven to be good and beneficial, with the mean of 4.52 described as very high. Meanwhile, the lowest mean is 3.76 described as high in the aspect of I do not stick to my belief but open up. The category mean is 4.08 which refers to the description of high. This indicates that implementing and improving is oftentimes evident.

In terms of communicating and presenting, it shows the highest mean in the aspect of share options done by best organizations with a mean of 4.48 described as very high. Hence, the lowest mean is 3.96 in the aspect of reaching out to co-employees if they are sad. Meanwhile, the category mean of developing and changing is 4.36, described as very high. This means that communicating and presenting are always evident.

The last indicator is relating and supporting. It shows that the highest mean in the aspect of sharing the benefits one gets from our office with a mean of 4.20 described as very high. Hence, the lowest mean is 3.72 in the aspect of volunteering to be a member of teams and having ready resources for my organization. Meanwhile, the category mean is 3.84, described as high. This means that relating and supporting are oftentimes evident.

The highest level of strategic and creative thinking is reflected in proposing new ideas and supporting colleagues' suggestions, indicating that managers have a great

potential for innovation and strategic thinking. This is consistent with the literature, which emphasizes the significance of innovation and strategic foresight in leadership. The findings support the study of Al-Alawi et al. (2021) claim that creativity is essential for good leadership because it allows leaders to inspire innovation and adaptation in their teams. The lowest mean in the aspect of *establishing a sense of direction in all I do*. This indicates that while managers are skilled at originating and promoting a sense of direction, there may be less emphasis on utilizing past experiences to guide future actions.

In terms of leading and deciding, the highest level is in terms of consulting others which demonstrates a collaborative decision-making approach. This finding corroborated the study of Cappelli et al. (2016), who found that effective leaders frequently interact with their team members to improve decision quality and team engagement. The lowest mean in sacrificing personal wants for the good of the team suggests a need for a stronger emphasis on self-sacrifice and team-centered leadership. These results corroborate the study of Darling et al. (2020) found that managers should utilize transformational leadership for the benefit of their employees.

In terms of developing and changing, the highest level is evident in the aspect of attempting new techniques suggests a strong desire for continual improvement (Buick, Blackman, & Johnson, 2018) and adaptability Baticulon (2021). This finding is consistent with the study of Buick et al. (2019), which emphasizes the necessity of leaders embracing change and cultivating a learning culture. However, the lowest mean is reflected in gathering suggestions which entails that managers are receptive to new approaches.

In the aspect of implementing and improving, the highest mean in doing what is beneficial demonstrates a strong commitment to successful practices and improvements. This finding supports the study of Appelbaum et al., (2022) found that strong leaders constantly seek and apply strategies that drive organizational success. The lowest mean is in the aspect of openness to changing beliefs. These findings support the study of Modransky et al. (2020) found that while there is an emphasis on effective practices, there may be resistance to changing core beliefs, which could be a barrier to future innovation.

In terms of communicating and presenting, the highest mean is in the aspect of sharing options achieved by the best organization. This denotes a strong ability to communicate and present effectively. These findings support the study of Hawkins (2021) revealed that effective communication involves several key elements, including clarity, consistency, and feedback. Middle managers need to ensure that their messages are understood as intended, which may involve checking for understanding and providing opportunities for questions and feedback.

Lastly, in terms of relating and supporting, the highest mean is in the aspect of sharing office benefits entails good relationships and supporting actions. These findings align with the study of Luthans et. al., (2019) found that leaders who actively share and encourage the development of their teams generate a healthy work environment. The lower mean score for volunteering for teams and having ready resources indicates that there may be chances to improve team member support and resource availability.

Table 2 Leadership Competence

	Mean	Std. Deviation	Description
Strategic and Creativity			
1. Welcome new things to do.	4.32	.476	Very High
2. Suggest new things that can be done.	4.24	.597	Very High
3. I refer to the previous acts to do a follow-up act.	4.08	.759	High
4. I support new Ideas suggested by colleagues.	4.24	.523	Very High
5. I establish a sense of direction in all I do.	4.04	.539	High
Mean	4.24	.523	Very High
Leading and Deciding			
1. I consult others on things that need to be done.	4.32	.690	Very High
2. I use stories to motivate my co-employees.	4.24	.831	Very High
3. I push people up if they feel too lazy to work.	4.12	.726	High
4. I sacrifice my desires for the good of all.	3.76	.779	High
5. I provide options before a collective decision.	4.16	.624	High
Mean	4.08	.759	High
Developing and Changing			
1. I adjust if a new approach is presented.	4.16	.554	High
2. I see office procedures as evolving.	4.12	.726	High
3. I try a new practice and learn from it.	4.20	.707	High
4. I agree that routine jobs are replaced by computers.	3.52	.918	High
5. I collect suggestions to impose new things.	4.08	.759	High
Mean	3.96	.611	High
Implementing and Improving			
1. I do what is proven to be good and beneficial.	4.52	.586	Very High
2. I have room to move forward to do things.	4.16	.554	High
3. I do not stick to my beliefs but open up.	3.76	.831	High
4. I revisit policies if I can suggest an improvement.	4.28	.737	Very High
5. I review what was done yesterday.	4.04	.735	High
Mean	4.08	.640	High
Communicating and Presenting			
1. I talk to co-employees about office ideas.	4.32	.748	Very High
2. I share what I collect as good points.	4.28	.614	Very High
3. I do not Keep Positive news to myself.	4.24	.663	Very High
4. I share options done by the best organizations.	4.48	.653	Very High
5. I reach out to co-employees if they are sad.	3.96	.841	High
Mean	4.36	.569	Very High
Relating and Supporting			
1. I share the benefits one gets from our office.	4.20	.645	Very High
2. I volunteer to be a member of teams.	3.72	1.061	High
3. I have ready resources for my organization.	3.72	.737	High
4. I stand with my colleagues when needed.	4.08	.572	High

5. I have ready Knowledge to share in the office.	3.92	.759	High
Mean	3.84	.624	High
Overall	3.96	.539	High

Level of Work Performance

Table 3 presents the result of the level of work performance of middle managers. There are three indicators of work performance namely contextual, performance, task performance, and counterproductive work behavior. The overall mean is 4.18 while the standard deviation is .500 which ranges from .534 - .833. This denotes that the respondent's response is all clustered to the mean.

Table 3 Level of Work Performance

	Mean	Std. Deviation	Description
Contextual Performance			
I work Beyond office hours.	4.12	.833	High
I give results more than what is needed.	4.16	.554	High
I ask what else has to be done if am finished.	4.12	.726	High
I volunteer on tasks that others did not do.	3.76	.723	High
I suggest options for those not done yet.	4.16	.746	High
Mean	4.12	.666	High
Task Performance			
I contribute to what is needed.	4.52	.586	Very High
I rather do face-to-face than work from home.	4.28	.792	Very High
I do things I see that it is best.	4.52	.510	Very High
I act when it is time to do the work.	4.12	.833	High
I have improved now based on what I did before.	4.28	.737	Very High
Mean	4.36	.638	Very High
Productive Work Performance			
I do disagree if my superior instructs me.	3.84	.800	High
I work even if I work with trainees.	4.32	.852	Very High
I do talk against my organization.	4.00	.577	High
I protect my organization if it is maligned.	4.20	.645	High
I am positive even if things are difficult.	4.32	.748	Very High
Mean	4.13	.534	High
Overall Mean	4.18	.500	High

In particular, the highest mean for contextual performance is 4.16 described as very high in the aspect of suggesting options on those not done yet and giving results more than what is needed. On the other hand, the lowest mean is 3.76 also described as high in the aspect of volunteering on tasks that others did not do. The category mean is 4.12, described as high. This means that contextual performance is oftentimes observed. This suggests that contextual task performance is behaviors that directly or indirectly contribute to the organization's technical core, and contextual performance is behaviors that support the organizational, social, and psychological environment in which the technical core must function. In terms of task performance, the highest level

of task performance is represented by the items I contribute to what is needed and I do things I see that It is best having the same mean of 4.52 described as very high. The lowest mean is 4.12 also described as high in the aspect of acting when it is time to do the work Nevertheless, the category mean of 4.36 which is described as very high. This denotes that contextual performance is oftentimes observed.

In terms of productive work behavior, the highest mean is the items working even if it works with trainees and I am positive even if things are difficult with the same mean of 4.32 described as high. The lowest mean is 3.84 described as high in the aspect of I do not disagree if my superior instructs me. Nevertheless, the category mean of 4.18 which is described as High. This denotes that productive work behavior is oftentimes observed among middle managers.

In the contextual performance the highest mean is in the aspect of suggesting options on those not done yet and giving results more than what is needed. These findings align with the study of Cappelli and Tavis (2016)., which emphasizes the importance of contextual performance in organizations striving for continual improvement and competitive advantage. Furthermore, effective contextual performance management is crucial for maximizing human resources Lapeña (2018) and driving organizational success. This perspective is supported by the observed high level of contextual performance, which reflects behaviors that support the organizational and social environment, and contribute indirectly to the technical core.

In the aspect of task performance, the highest mean is in the aspect of I contribute to what is needed and I do things I see that it is best. These findings conform to the study of Luthans (2019), who found that good managerial behavior is essential for accomplishing organizational goals. Furthermore, the importance of task performance in sustaining and enhancing social networks, as well as the psychological environment that supports technical activities. The found high mean in task performance demonstrates managers' good alignment with these features, implying that they make considerable contributions to the organization's goals. The lowest mean is in the aspect of I do not disagree if my superior instructs me. This denotes that productive work behavior is oftentimes observed among middle managers. This bolsters the findings of the study of Appelbaum et al. (2022), which stated that positive behavior should be viewed positively in the workplace and that employees should act in a way that is appropriate for them personally rather than detrimental to the company or their coworkers.

Correlation Analysis Between Competency and Work Performance

Table 4 presents the results of the Correlation Analysis whose purpose is to show the correlation of leadership competence and the work performance of middle-managers. The results indicate that all the independent variables were found to be significant predictors of work performance ($p < .05$).

Table 4: Correlation Analysis Between Competency and Work Performance

Competency	Pearson Correlation (r)	P-value	Remarks
Strategic	0.580**	0.002	Significant
Leading	0.793**	0.000	Significant
Developing	0.787**	0.000	Significant
Implementing	0.724**	0.000	Significant
Communicating	0.678**	0.000	Significant
Relating	0.549**	0.004	Significant
Overall Competencies	0.769**	0.000	Significant

Specifically, ($r=0.58$, $p<.05$), showed a moderately positive correlation between strategic competency and work performance. This suggests that improved work performance is correlated with higher levels of strategic competency. Hence, there was a strong positive correlation ($r=0.793$, $p<.045$) between leading competency and work performance, suggesting that improving leading competency would also probably improve work performance. Likewise, there is a very strong positive correlation between work performance and both developing ($r=.787$, $p<.05$) and implementing ($r=.724$, $p<.05$).

On the other hand, there is a moderate relationship ($r=.549$, $p<.05$) between relating and work performance, but a strong relationship ($r=.678$, $p<.05$) exists between communicating competency and work performance. Additionally, there is a strong and positive correlation ($r=.769$, $p<.05$) between overall competency and work performance. Accordingly, an increase in competency would probably result in an improvement in work output.

Higher levels of strategic competency are associated with improved work performance. This conforms to Karami et al. (2020) argument that strategic thinking and planning are critical for improving performance in dynamic work environments. Employees can increase their productivity and efficiency by gaining strategic skills (Pereira, 2021; Huston (2020), which has a favorable impact on overall job outcomes.

Leading competency has a strong positive association with work performance. In other words, the increase in leading proficiency would likely increase work performance. Leadership skills, such as the capacity to inspire, encourage, and direct teams, are essential for achieving peak performance (Northouse, 2018).. Effective leaders inspire high performance by establishing clear goals, offering assistance, and facilitating team cooperation. This substantial association highlights the importance of firms investing in leadership development programs to improve overall workplace effectiveness.

Developing competency entails ongoing learning and skill development, whereas implementing competency entails the successful implementation of strategies and plans (Luthans, 2019). These skills are required for responding to changing job demands and meeting organizational goals. According to Burke (2022), these qualities greatly improve work performance by facilitating personal and organizational development.

CONCLUSIONS

Based on the findings, the following conclusions were drawn:

1. The majority (36%) are between the ages of 31 and 40. Gender distribution shows a predominance of females (76%), while married people make up the majority (64%).
2. The level of leadership competence among middle hospital managers is high. The indicators are also high in the aspects of strategy and creativity, leading and deciding, developing and changing, implementing and improving, communicating and presenting, relating and supporting.
3. The level of work performance of middle hospital managers is also high. Indicators show high levels in the aspects of contextual performance, task performance, and counterproductive work performance.
4. There is a significant correlation between leadership competence and the work performance of middle hospital managers.

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