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The Impact of Edge Leadership on Marginalized Customer Experience: A Structural Model Analysis in Healthcare Settings

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Abstract: *Healthcare organizations in the public sector seek to improve their performance by adopting modern management approaches that focus on enhancing service quality and achieving a sustainable competitive advantage, thereby helping to meet the needs of diverse client groups. This study aims to examine the role of edge leadership in improving the experience of marginalized clients by analysing the relationships among the study variables and revealing the extent to which this leadership style influences responses to the needs of marginalized customers. The study adopted a descriptive-analytical approach, and the research tool consisted of a questionnaire distributed to 300 health leaders from a study population of 600 leaders, with 243 valid questionnaires recovered for statistical analysis. The study sample was taken deliberately and not randomly, targeting health leaders. For data analysis, a set of advanced statistical methods was used using SPSS V.26 and SMARTPLS V.4.0.8.4. The results demonstrated the practical importance of edge leadership in supporting organizational response and improving the quality of services provided. The study recommended adopting edge leadership in health organizations by fostering a culture of flexible leadership and encouraging adaptation to environmental changes.*

Keywords: Edge leadership, marginalized customers, customer experience, healthcare organizations, quality of healthcare services, Sadr City Medical Centre.

1.INTRODUCTION

Healthcare organizations are among the most complex and sensitive in the public service sector, given the nature of the services they provide and their direct impact on human life and health. There is a growing need to reevaluate health management approaches to improve service quality and enhance the patient (customer) experience within the health organization, as these are key indicators of organizational performance and the effectiveness of administrative processes.

A fundamental problem has emerged, namely the widening gap between the quality of services actually provided and customer expectations, which has led to the emergence of a group that can be described as “marginalized customers”— These are individuals whose needs are not addressed with sufficient attention or effective response, whether due to work pressure, poor organization, or a lack of fairness in the distribution of services. This marginalization leads to multiple negative consequences, including reduced satisfaction, diminished trust in health services, and a decline in the overall quality of the healthcare experience.

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The significance of this study stems from its examination of a modern leadership concept known as "frontline leadership," which represents one of the contemporary trends in leadership thought, as it is based on the leader's direct presence at the actual service delivery sites, This leadership style allows leaders to interact directly with health service providers and clients, and to understand operational and humanitarian issues in their real-world context, thereby enhancing the quality of managerial decisions and increasing the organization's capacity for rapid and effective response.
Frontline leadership is also based on a set of fundamental pillars, the most prominent of which are: flexibility in decision-making, situational awareness, the ability to adapt to field conditions, and direct human interaction with health care providers and clients. These pillars help bridge the gap between senior management and operational reality, improve the quality of health care services, enhance client satisfaction, and foster a more humane and effective organizational environment.
Based on this, the research problem lies in the need to understand the actual role that edge leadership can play in improving the experience of marginalized clients within health organizations, by analyzing the extent to which this leadership style influences the quality of interaction between service providers and clients, and assessing the level of responsiveness to their diverse needs, within work environments characterized by pressure, complexity, and multiple operational challengesBased on the foregoing, this study aims to analyses the impact of edge leadership on improving the experience of marginalized clients at Al-Sadr Medical City in the province of Najaf, to reveal the nature of the relationship between the two variables, and to measure the effectiveness of this leadership style in reducing manifestations of marginalization and improving the quality of the healthcare experience for clients. The study also seeks to provide a set of practical recommendations to enhance leadership performance within healthcare organizations.
This study consists of four main chapters. The first chapter addresses the scientific methodology of the study and relevant previous studies, while the second chapter is devoted to the theoretical framework of the study's variables (edge leadership and marginalized clients). The third chapter addresses the applied aspect through data analysis and hypothesis testing using appropriate statistical methods. The fourth chapter presents the conclusions, recommendations, and methods for their implementation, which contribute to improving performance within healthcare organizations.

2. LITERATURE REVIEW

2.1: Edge Leadership

2.1.1: The concept of edge leadership

The concept of leadership is one of the oldest human concepts and one most closely linked to the history of civilizations. Since its earliest origins, it has been associated with the leadership of armies, nations and large human groups, before gradually evolving to encompass the leadership of small groups and modern organizations. As [1] explained, the word 'leader' first appeared in the 14th century AD, whilst the systematic use of the term 'leadership' began in the 19th century,

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reflecting a shift from the traditional understanding of leadership towards more structured and scientific approaches. [2] A concise and precise definition of a leader as: “a person who rallies others towards a goal shared by himself and his followers”.

The concept of edge leadership is one of the modern leadership concepts that has emerged in response to the profound and rapid transformations taking place in the contemporary business environment, as traditional leadership models are no longer capable of effectively dealing with the levels of complexity, uncertainty, and the rapid pace of technological and organizational change, In this context, the concept of edge leadership was first proposed by Olsen in 2010, who asserted that this leadership style is essential for addressing the complexities of the modern business environment, as it enables leaders to operate in unstable conditions, transform struggling organizations into entities capable of survival and growth, or instill fundamental organizational innovations that ensure long-term sustainability. Olsen bases his argument on the premise that contemporary organizations operate on the ‘edge’ of the balance between stability and chaos, a situation that requires a special kind of leader capable of making critical decisions amidst information gaps, conflicting interests, and time pressures. In this context, the leader does not merely manage day-to-day operations, but goes beyond that to reshape the organizational vision, guide behaviors, and rebuild the organizational culture in line with constant changes. [3]

Edge leadership represents a practical response to the structural challenges facing organizations, as it focuses on empowering leaders to deal with ambiguity and contradiction, rather than seeking to eliminate them. An edge leader does not avoid risks, but rather deals with them consciously, transforming them into opportunities for learning and organizational development. Furthermore, weak or inappropriate leadership in adverse conditions may exacerbate crises rather than resolve them, as such leadership cannot make swift and effective decisions, or the courage required to face unexpected challenges [4].

2.1.2:Dimensions of Edge Leadership Dimensions

Edge leadership is a contemporary leadership concept that has emerged in response to rapid change and the complexity of modern organisational environments; it focuses on enabling leaders to deal with uncertainty and foster innovation.[3] Six dimensions of edge leadership. These dimensions were selected because they reflect a leader’s ability to adapt to dynamic environments, manage uncertainty, foster innovation and capitalise on organisational knowledge to ensure the achievement of the organisation’s strategic objectives. We will discuss them in detail as follows

2.1.2.1: Have extensive experience

Possessing extensive and accumulated experience is one of the fundamental aspects of cutting-edge leadership; for leadership experience is not merely a matter of the events a leader goes through, but is embodied in the accumulation of situations and experiences that contribute to building deep

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knowledge and the refinement of mental and behavioural capabilities. In this sense, experience represents a primary source of leadership learning; indeed, a single profound experience may be worth more than extensive theoretical study. In a study conducted by Accenture on a sample of leaders aged between 35 and 70, it was found that these leaders gained a deeper understanding of leadership skills through practical experience and life experiences compared to formal training courses. This confirms that the accumulation of experience contributes to the generation of knowledge, enhances a leader's intelligence, and improves their ability to make critical decisions in complex situations [6].

[7]emphasised that prior leadership experience is an important predictor of a leader's effectiveness, even after controlling for team members' abilities. Furthermore, experience directly related to the nature of the leadership role is a stronger indicator than less relevant experiences. Furthermore, experience in subordinate roles, as well as working in high-pressure situations, has been significantly associated with higher levels of leadership effectiveness.

2.1.2.2: Emotional and social awareness

Emotional and social awareness is one of the fundamental dimensions of edge leadership, as the edge leader works with customers and subordinates to achieve the organisation's objectives, which vary according to environmental and organisational circumstances; This dimension is particularly important in service organisations that rely primarily on human resources to deliver services, as an edge leader cannot achieve emotional and social awareness without directly influencing customers and employees [8].

Self-emotional awareness refers to the ability of employees to observe their helpful and unhelpful emotions in the context of their interactions with others, which facilitates the leader's understanding of the impact of emotions on the performance of subordinates, Emotion regulation also contributes to the leader's ability to manage their own emotions when making decisions (self-regulation) and to incorporate the emotions of others into the decision-making process (social regulation) [9].

Emotions represent individual responses to real or imagined situations and involve continuous physiological, cognitive, and motivational adjustments to meet needs, goals, and desires [10].

3.2.1.2:The ability to think

is vital, particularly for a dynamic leader, whose approach is based on innovation, creativity, and the ability to make quick decisions in critical situations; this aspect is crucial for the development of a dynamic leader and for maintaining

their effectiveness within organisations, as it requires learning how to think and adapting one's thinking style according to the leader's organisational level and managerial position [11].

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Management literature focuses on ‘teaching leaders how to think’, ‘enhancing their ability to reason’, and ‘encouraging them to be creative and to apply creativity’ as a systematic approach. This is not limited to traditional education, but also encompasses the development of the capacity for imagination and creativity, as the way of thinking must be constantly evolving to ensure the organisation’s survival and adaptation to change [12], as Albert Einstein said:
We cannot solve problems with the same thinking we used when we created them.

2.1.2.4: Possessing the necessary skills

The dimension of competence forms the foundation that empowers a leader to revitalize the organization and enhance its sustainability following periods of decline or organizational stagnation; indeed, it is the dynamic leader who breathes new life into the organization when it is threatened with extinction. Consequently, the role of the dynamic leader is pivotal in influencing the level of staff commitment to achieving objectives. Furthermore, the successful management of an organization requires structured and transparent oversight based on well-established leadership competencies. Leadership competence is the decisive factor that qualifies a leader to assume leadership roles and prioritizes the most capable individuals for various organizational positions [13].
To understand this dimension more deeply, it is essential to examine the concept of competence, which [14] defines as “an individual’s ability to perform work, encompassing the knowledge, skills, and work-related attitudes required to meet expected performance standards”. From this perspective, competence is not limited to the leader alone, but encompasses
the entire workforce, where the competence of subordinates complements that of the leader to achieve organizational effectiveness.
The success or failure of organizations is largely linked to the competence of both the leader and the workforce, particularly in organizations that rely primarily on human resources, such as service organizations. In this context, [15] noted that competence is essential for improving performance and the quality of staff. [16] added that staff competence leads to good performance that contributes to the organization's progress, and that the organization's ability to carry out its tasks and activities is founded primarily on the competence of its subordinates.

2.1.2.5: A passion for lifelong learning

A passion for continuous learning is one of the fundamental and essential dimensions of edge leadership, given that organizations operate within dynamic environments characterized by rapid change and intense competition, high levels of uncertainty and the difficulty of predicting the nature, scale, and impact of changes in both internal and external environments. The external environment is volatile, making managing change—particularly far-reaching effects—complex; consequently, continuous learning emerges as a strategic response to these challenges. In this context, Smither [17] noted that self-development is a fundamental pillar of continuous learning in

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changing work environments, where leaders must take responsibility for their own learning and recognize that learning is a process that extends throughout their professional lives.

Furthermore, major transformations and global crises, such as the global economic recession of 2007 and the COVID-19 pandemic, have reinforced organizations' commitment to embedding continuous learning among leaders by providing them with the necessary resources and opportunities to acquire and apply new knowledge and skills, alongside the adoption of clear organizational policies that emphasize the importance of continuous learning [18]. This is consistent with the view put forward by [19] that continuous learning represents an organizational value, belief, and institutional expectation that focuses on the importance of acquiring knowledge and its application. From this perspective, continuous learning is closely linked to organizational culture, as [20] argues that shared values and beliefs define culture; thus, continuous learning can be considered an integral part of the organization's cultural structure.

2.1.2.6: The ability to change

The ability to adapt is one of the key dimensions of edge leadership, given that change is an inherent feature of organizational operations in environments characterized by dynamism, complexity, and constant volatility, affecting both internal and external environments. The challenge is heightened when change is unexpected or difficult to control, requiring a flexible leadership style capable of rapid response and strategic adaptation. Change is occurring everywhere at an accelerating and increasingly complex pace, and the success of contemporary organizations depends to a large extent on the ability of leaders to bring about change within their organizations and adapt to its demands [21].

Effective organizations do not merely face change; rather, they deal with it by adopting flexible leadership practices, as the proactive leader works to develop their leadership skills by employing multiple leadership styles according to the nature of the situation. The transactional leadership style is based on a reciprocal relationship of give and take between the leader and their followers, through a system of rewards and the achievement of specific goals, However, this style may be of limited effectiveness in changing environments, and transactional leadership does not give sufficient priority to environmental or situational changes, given its focus on internal interactions between the leader and subordinates rather than external factors [22].

2.2: The marginalized customer

2.2.1: The concept of the marginalized customer

The concept of marginalization is one that originated in sociology before its use extended to other fields of knowledge. Historically, the American sociologist Robert Park is considered to be the first to have used the concept of marginalization in academic research in 1928, as the concept was initially linked to the study of the phenomenon of the ‘marginalized individual’, particularly in

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his article entitled 'Human Migration and the Marginalized Man', in which he addressed the situation of the individual caught between two cultures or societies, and the accompanying difficulties of social integration [23].

Within the linguistic framework of the concept, [24] explains that the term marginalization derives from the Latin word (Margo), meaning 'edge' or 'limit', and researchers have used various metaphors such as 'on the margins of society', 'on the periphery' or 'in the margins' to describe marginalized groups. In the same context, [25] notes that the concepts of marginalization and marginality are derived from the word 'marginal', and that their connotations stem from the meaning of the word itself, with the Oxford Dictionary defining 'marginal' as relating to or situated on the edge of something.

The concept of marginalization has received widespread attention in social studies, where economic and class inequality, alongside political and social factors, are considered among the most prominent factors contributing to the emergence of this phenomenon within societies. Marginalization occurs when an entire group is excluded from active participation in social life, which leads to their exposure to severe material deprivation or to bearing high costs for integration into society [26].

In the same vein, [27] explained that society can be viewed as a structure consisting of a 'center' or 'core' that is not marginalized, surrounded by a 'periphery', where marginalization is understood as a power relationship between a group that sees itself as occupying the center and regards minorities or non-members as peripheral or marginalized groups.

Numerous studies have attempted to classify the manifestations of marginalization. [28] Categorized marginalization into three main types: economic marginalization, social marginalization (social norms), and legal marginalization. About economic marginalization, [29] argue that it is partly a result of processes of social liberation, as clients' expectations of independence may not align with the actual socio-economic conditions in which they live. As for social marginalization, [30]that multiculturalism may have been an appropriate model in earlier historical periods, but the increase in institutional regulation of the status of ethnic and class minorities reflects the persistence of patterns of social marginalization within society, About legal marginalization, [31]) explains that the proclaimed legal equality of ethnic minorities may often conceal actual forms of marginalization, which is reflected in clients' perceptions of the law and their legal choices in practice.

2.2.2: Dimensions of the marginalized customer

As noted by [32] identified three dimensions of the marginalized client were identified as a multidimensional phenomenon arising within complex service contexts, particularly in healthcare settings. This marginalization manifests through the interaction of individual, relational, and organizational factors which collectively contribute to shaping the client's experience. Accordingly, these dimensions can be explained in detail as follows:

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2.2.2.1: The individual dimension

The individual dimension is one of the key factors in explaining the phenomenon of client marginalization, as it relates to clients' behaviors and implicit biases, particularly amongst healthcare providers. This dimension manifests itself in patterns of personal interaction that may be characterized by unconscious bias, poor listening skills, and misunderstandings, as well as discriminatory practices based on race, gender or sexual identity. Contemporary society faces a range of complex challenges that require effective intervention from senior management. The marginalization of clients is one of the most prominent of these challenges, and marginalization at the individual level arises as a result of organizational imbalances and biases practiced by the state and organizations, alongside the erosion of and the accompanying decline in the value system [33].
Individual bias is also manifested in the favoring of some clients at the expense of others in the context of daily interactions, which leads to the exclusion of certain groups from opportunities for social integration; and that some clients are excluded from the Laboure market either because it is unable to accommodate them or because of a reluctance to employ them compared to others, thereby excluding them from one of the most important areas of social integration [34].
Prejudice plays a negative role in reinforcing marginalization, as it undermines processes of social adaptation, leads to the erosion of ethnic identity, and affects the cultural resources of society, thereby negatively impacting the quality of service delivery [35]. Furthermore, bias is embedded in everyday language through implicit verbal associations, as illustrated by [36]that certain names or groups are mentally associated with stereotypical concepts (such as linking female names to the arts as opposed to the sciences, or linking the names of African Americans to negative concepts).

2.2.2.2: The interactive dimension

The interactive dimension relates to the customer's experience during their direct interaction with the healthcare provider, and is considered a crucial factor in explaining why customers are marginalized within service settings. This dimension is manifested through the patterns of customer response to interactive situations, which may take various forms, including: confrontation, withdrawal and avoidance, excuses and justifications, or the search for solutions and alternatives. The customer experience is the result of cumulative interactions with healthcare staff [37].
Each customer undergoes a unique experience through these interactions, making the customer experience a rich source of information that can be utilized in designing more efficient and effective healthcare services. Furthermore, the interactive environment enables organizations to understand customers' preferences and communication needs, and recognizing these preferences helps staff adapt to customers, thereby enhancing the effectiveness and quality of communication [38].
At its core, the interactive experience reflects an interconnected system of touchpoints where the roles of various staff members within the organization overlap; interactions are not limited to the bilateral relationship between the customer and the service provider, but extend to include all team

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members, and indeed the organization as a whole, within diverse environmental and societal contexts. In this context, customers may be exposed to forms of implicit bias during these interactions, which negatively affects the quality of communication and undermines the standard of service provided [39].

2.2.2.3: Organizational/structural dimension

The structural organizational dimension relates to the nature of organizational policies and practices, and patterns of power distribution within the health system; it is considered one of the main determinants of client marginalization. This dimension encompasses a range of manifestations, the most notable of which are: The difficulty of reporting bias due to procedural complexities, the phenomenon of medical gaslighting, and the significant power imbalance between the healthcare provider and the client.

Healthcare staff, particularly service providers, maintain a dominant position within healthcare organizations across multiple levels of authority. Service providers enjoy a high degree of professional autonomy in performing their work without being subject to effective evaluation by other health professions; they also exercise supervisory and regulatory authority over those professions, as well as possessing that extends to controlling referrals and access to non-health-related privileges [40].

Although health systems are moving towards adopting best practices as a means of improving performance and quality, their implementation is not without challenges. define best practices as: "processes based on knowledge exchange and benchmarking, aimed at achieving outstanding performance and sustainable, evidence-based quality." However, these trends may be undermined by the persistence of healthcare dominance, as [41] point out that managerial staff and allied health professionals continue to face difficulties in achieving autonomy due to the dominance of service providers over centers of power within the health system.

At the level of public policy, organizations face increasing pressure to ensure efficiency and equity in the delivery of health services, prompting them to adopt regulatory reforms, including a move towards privatization; however, these policies have had negative consequences, including a reduction in the size of organizations, weakened competition, and difficulties in measuring performance, as well as limited citizen participation and associated problems relating to service quality, equitable distribution, abuse of power, and administrative corruption [42].

3. MATERIALS AND METHODS

3.1: Materials

In this study, the researcher adopted an analytical approach, utilising appropriate scientific tools to collect data relating to the study variables. The theoretical framework of the research was reinforced by a comprehensive review of the existing literature, which included a variety of academic sources, such as books, journals, research papers, and master's and doctoral theses, in

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addition to information available online. On the practical side, the researcher used a questionnaire as the primary tool for collecting data to test the study's hypotheses and achieve its objectives. To ensure the validity of the tool, it was presented to a group of expert reviewers for evaluation and review before field application. The questionnaire consists of 49 items, of which 32 relate to the 'front-line leadership' variable and 17 to the 'marginalised customer' variable. During field visits to the organisations under study, the researcher conducted face-to-face interviews with a number of employees at the organisations, which enhanced the practical significance of the study through the accurate diagnosis of problems and data collection. The questionnaire was analysed using many statistical tests available within the statistical software packages SPSS Version 26 and SMARTPLS V4.0.8.4 to obtain accurate and reliable results consistent with the study's objectives.

3.2: Research methodology

To reflect the integration of the theoretical and field-based frameworks of the present study, the researcher adopted an analytical approach, drawing on data obtained from the study questionnaire completed by members of the sample. This methodology is characterized by its exceptional ability to provide an accurate and detailed description of the subject or phenomenon underlying the problem, and to break down its components to analyze and study the relationship and influence between its variables. This leads to the derivation of comprehensive findings that assist in diagnosing the reality, understanding the present, and identifying solutions to the research problem.

4. THE POPULATION AND THE STUDY SAMPLE

A primary objective of the study is to identify the study population and sample, as well as to explicitly delineate their features, especially in the context of field research. Given the nature of the study and its variables—namely, marginalized leadership and clients—the city of Sadr Medical City in the province of Najaf al-Ashraf was selected as the study area for the following reasons:

1. The vital role played by this sector in Iraqi society.
2. Given the significant impact this organization has on society, this environment is considered suitable for addressing the marginalization of clients affected by fringe leadership, with a view to achieving social balance and justice.
3. The researcher aims to ensure that this study makes a genuine and effective contribution to addressing the marginalization of clients, and to encourage researchers to study the impact of marginalization in other sectors.

The researcher surveyed health leaders at Al-Sadr Medical City in the Governorate of Najaf, as they constituted the study population, given their role in addressing the marginalization of the organization's clients in the field of study. The study sample consisted of 600 individuals, selected in accordance with the table provided by [43] regarding the appropriate sample size. After distributing the questionnaire to the study sample, the researcher received 243 valid replies that were appropriate for statistical analysis. The features of the sample were arranged by analyzing the

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data pertaining to the respondents' demographic information from the first section of the questionnaire. The study sample demonstrates social variety, with 72% of the participants being female (175 people) and 28% being male (68 people). The study sample also represented a range of ages, with the 22–30 age group ranking first at 70%, comprising 170 individuals, whilst the age group of 31 years and overcame second with a proportion of 20%, comprising 49 individuals. This indicates that the younger age group is the most represented among staff at Al-Sadr Medical City in the study sample, whilst the age group of 32 years and over came last with a proportion of 10% and a frequency of 24 individuals. A bachelor's degree accounted for 61% of the sample of healthcare workers at Sadr City Medical Center, while a diploma accounted for 39% of the sample, which included 95 people.

5. THE VALIDITY OF THE QUESTIONNAIRE

Cronbach’s alpha is used for this purpose and is one of the primary measures used to test the reliability of research instruments, and its value ranges statistically between (0) and (1); where a value close to one indicates high reliability of the scale, whilst a value close to zero indicates a lack of

The present study adopted this coefficient in light of the academic guidelines issued by [44], which state that the acceptable value for the reliability coefficient in administrative and behavioral research must be higher than 0.70. The empirical results of the study show that all calculated Cronbach’s alpha values exceeded the acceptable threshold (0.70), confirming the consistency and reliability of the measurement instrument used, as shown in Table (5-1)

Table (5-1) Cronbach’s Alpha for the Mission Scale

Cronbach's alpha	The symbol	Dimension	Cronbach's alpha	variable
0.751	HBSE	Have extensive experience	0.801	Edge Leadership
0.810	BEASA	Emotional and social awareness		
0.787	VBP	The ability to think		
0.723	PC	Possessing the necessary skills		
0.850	PFCl	A passion for lifelong learning		
0.843	ATC	The ability to change		
0.748	INDD	The individual dimension	0.782	The Marginalized customer
0.870	INTD	The interactive dimension		
0.851	O/SD	Organizational/ structural dimension		

Source: Compiled by the researcher based on the results of SPSS V.26

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6. DATA ANALYSIS

Descriptive statistical analysis is essential for producing a concise overview of the study sample's responses to the research topic (including major and sub-topics) using descriptive statistical methods, which helps the researcher fully understand the nature of the data being examined. Results are usually displayed in tables, analytical discussions, or visual graphs to give a better image and make the interpretation of this data easier [45].

The researcher uses statistical analysis to ascertain the degree and importance of the study variables, specifically "Edge Leadership (ED)" and the marginalized customer (CM) at Al-Sadr Teaching Hospital in Najaf. This is accomplished based on the responses of the 243 respondents in the sample. The arithmetic mean (Mean) to assess the central tendency of the data and the standard deviation (Standard Deviation) to gauge the degree of its dispersion were the primary descriptive statistical indicators used to ascertain the trends in their opinions regarding the themes of the questionnaire. Note that a five-point Likert scale (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree) was used in the design of the study tool. To evaluate the results, a hypothetical mean of 3 was used as a benchmark for comparison; responses were accepted and considered positive if the calculated mean was equal to or higher than this value, whilst they were rejected and considered negative if they fell below it. This analysis is presented in detail as follows:

6.1: Statistical analysis of edge leadership variables

To assess the availability of the independent variable, which is edge leadership, consisting of six dimensions (having extensive experience, emotional and social awareness, thinking ability, possessing competencies, passion for continuous learning, ability to adapt), several tests related to the mean, standard deviation, and relative importance were conducted in the institution included in the study. Tables (6-1) provide the descriptive data and the final ranking of the dimensions, showing the level of interest among the sample members in these dimensions and their practical importance. The dimension ranked first, with a mean of 3.755 and a standard deviation of 0.765, indicating that it is the most prevalent dimension in the Al-Sadr Teaching Hospital in Najaf Al-Ashraf, while the dimension at the last rank in terms of importance had a mean of 3.045 and a standard deviation of 0.893, showing that it is the least prevalent dimension in the hospital. The ranking is as per the following table.

Table (6-1) Ordinal importance of the dimensions of the 'Barefoot Leadership' variable

Dimension	The average	Standard deviation	Ordinal significance
The ability to change	3.755	0.765	The first
Possessing the necessary skills	3.746	0.887	The second
Emotional and social awareness	3.678	0.876	The third
Have extensive experience	3.440	0.881	The fourth
The ability to think	3.105	0.891	The fifth
A passion for lifelong learning	3.045	0.893	The sixth
Edge Leadership	3.46	0.8655	

Source: Prepared by the researcher based on the results of the SPSS v.26 program

6.2: Statistical analysis of the marginalized customer variable

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Table (6-2) presents descriptive statistics and the final ranking of the dimensions, showing how much the participants in the sample cared about these dimensions, as well as their level of practical involvement and seriousness. The (interactive) dimension took first place, with a mean of 3.88 and a standard deviation of 0.899, indicating that it is the most common dimension in the Al-Sadr Teaching Hospital in Najaf Al-Ashraf. Meanwhile, the (organizational/structural) dimension came last in terms of importance, with a mean of 3.77 and a standard deviation of 0.875, showing that it's the least common dimension in the hospital. The ranking was as follows: (interactive, individual, organizational/structural).

Dimension	The average	Standard deviation	Ordinal significance
The interactive dimension	3.88	0.899	The first
The individual dimension	3.82	0.880	The second
Organizational/structural dimension	3.77	0.875	The third
The marginalized customer	3.593	0.909	

Table (6-2) Ordinal importance of the dimensions of the marginalized client variable
Source: Compiled by the researcher based on the results of SPSS v.26.

7. TESTING THE RELATIONSHIP BETWEEN THE VARIABLES UNDER STUDY

7.1:The first main hypothesis

The first null hypothesis (H0) states: There is no significant correlation between edge leadership and marginalized customers. Regarding the validity of this hypothesis, Table 3-18, which presents the correlation matrix, shows a significant correlation between edge leadership and marginalized customers, with a correlation coefficient of 0.500** at a significance level of 0.000. This leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis (H1). Six sub-hypotheses branch out from this hypothesis, namely:

1. There is no significant correlation between having extensive experience and marginalized customers**:**

Table (7-1), which presents the correlation matrix, shows a statistically significant correlation between having extensive experience and working with marginalized customers; the correlation coefficient was 0.494 at a significance level of 0.000. This leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis**.**

2. There is no significant correlation between emotional and social awareness and marginalized customers:

Table (7-1), which presents the correlation matrix, shows a statistically significant positive correlation between emotional and social awareness and marginalized customers; the correlation coefficient between them was 0.382** at a significance level of 0.000, which leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis.

3. There is no significant correlation between the ability to think and marginalized customers:

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Table (7-1), which presents the correlation matrix, shows that there is a statistically significant correlation between thinking ability and marginalized customers; the correlation coefficient between them was 0.683 at a significance level of 0.000. This leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis.

4. There is no statistically significant correlation between possessing the necessary skills and being a marginalized customer:

Table (7-1), which presents the correlation matrix, shows a statistically significant correlation between the possession of competencies and marginalized customers; the correlation coefficient was 0.802 at a significance level of 0.000. This leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis.

5. There is no significant correlation between a passion for lifelong learning and marginalized customers:

Table (7-1), which presents the correlation matrix, shows a statistically significant correlation between a passion for continuous learning and marginalized customers; the correlation coefficient is 0.7590 at a significance level of 0.000. This leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis.

6. There is no significant correlation between the capacity for change and marginalized customers:

Table (7-1) Correlation between adaptability and marginalized customers; the correlation coefficient between them is (0.618**) at a significance level of (0.000). This leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis.

Table (7-1) Correlation matrix between the dimensions of edge leadership and marginalized customers.

Correlation												
	Edge Leadership	Dimension gaining extensive experience HBSE	Dimension: emotional and social awareness (BEASA)	Dimension the ability to think (VBP)	Dimension acquiring the skills (PC)	Dimension: the passion for continuous learning (PFCL)	Dimension: the ability to change (ATC)	The marginalized customer	The individual dimension INDD	The interactive dimension INTD	The Organizational /Structural dimension O/SD	Edge Leadership
Edge Leadership	Pearson Correlation	1	.693**	.678**	.809**	.827**	.757**	.744**	**500.	.660**	.722**	.675**
	Sig. (2-tailed)		.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	243	243	243	243	243	243	243	243	243	243	243
After gaining extensive experience HBSE	Pearson Correlation	.693**	1	.422**	.521**	.541**	.456**	.377**	.494**	.412**	.471**	.438**
	Sig. (2-tailed)	.000		.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	243	243	243	243	243	243	243	243	243	243	243
After emotional and social awareness (BEASA)	Pearson Correlation	.678**	.422**	1	.424**	.429**	.416**	.585**	.382**	.282**	.409**	.329**
	Sig. (2-tailed)	.000	.000		.000	.000	.000	.000	.000	.000	.000	.000
	N	243	243	243	243	243	243	243	243	243	243	243

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Dimension the ability to think (VBP)	**Pearson Correlation**	**.809****	**.521****	**.424****	**1**	**.741****	**.650****	**.493****	**.683****	**.597****	**.588****	**.641****
	Sig. (2-tailed)	**.000**	**.000**	**.000**		**.000**	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**
	N	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**
Dimension acquiring the skills (PC)	**Pearson Correlation**	**.827****	**.541****	**.429****	**.741****	**1**	**.716****	**.467****	**.802****	**.648****	**.741****	**.756****
	Sig. (2-tailed)	**.000**	**.000**	**.000**	**.000**		**.000**	**.000**	**.000**	**.000**	**.000**	**.000**
	N	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**
Dimension the passion for continuous learning (PFCL)	**Pearson Correlation**	**.757****	**.456****	**.416****	**.650****	**.716****	**1**	**.588****	**.759****	**.657****	**.743****	**.632****
	Sig. (2-tailed)	**.000**	**.000**	**.000**	**.000**	**.000**		**.000**	**.000**	**.000**	**.000**	**.000**
	N	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**
Dimension the ability to change (ATC)	**Pearson Correlation**	**.744****	**.377****	**.585****	**.493****	**.467****	**.588****	**1**	**.618****	**.592****	**.538****	**.523****
	Sig. (2-tailed)	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**		**.000**	**.000**	**.000**	**.000**
	N	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**
The marginalized customer	**Pearson Correlation**	**0.500****	**.494****	**.382****	**.683****	**.802****	**.759****	**.618****	**1**	**.863****	**.887****	**.925****
	Sig. (2-tailed)	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**		**.000**	**.000**	**.000**
	N	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**
The individual dimension INDD	**Pearson Correlation**	**.660****	**.412****	**.282****	**.597****	**.648****	**.657****	**.592****	**.863****	**1**	**.607****	**.706****
	Sig. (2-tailed)	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**		**.000**	**.000**
	N	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**
The interactive dimension INTD	**Pearson Correlation**	**.722****	**.471****	**.409****	**.588****	**.741****	**.743****	**.538****	**.887****	**.607****	**1**	**.763****
	Sig. (2-tailed)	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**		**.000**
	N	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**
The Organizational /Structural dimension O/SD	**Pearson Correlation**	**.675****	**.438****	**.329****	**.641****	**.756****	**.632****	**.523****	**.925****	**.706****	**.763****	**1**
	Sig. (2-tailed)	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**	**.000**	
	N	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**	**243**
****. Correlation is significant at the 0.01 level (2-tailed).**												

Source: Compiled by the researcher based on the results of SPSS v.26.

7.2: Testing the second main hypothesis:

The second main hypothesis (H2) states: There is no statistically significant effect of the independent variable (edge leadership) on the dependent variable (marginalized customer), as Table (7-2) presents the results of the structural model assessment for this hypothesis.

Table (7-2) Results of the Evaluation of the Second Main Hypothesis Model

R^2 The	Coefficient of Determination	Impact Size	The result	p Value	t Value	Path Coefficient	VIF	The path	hypothesis

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average	R^2	f^2							
0.413	0.419	0.32	Rejecting the null hypothesis and accepting the alternative hypothesis	0.000	2.85311	0.500	1.76	Edge <-Leadership The marginalized customer	H2

Source: Compiled by the researcher based on the results of SPSS v.26.

Table (7-2) presents the results of evaluating the structural model for the second main hypothesis, which concluded that the path coefficient (effect) reached (0.500), which is considered significant when the t-value exceeds 1.96 and the P-value does not exceed 0.05, according to [46]. Accordingly, the null hypothesis is rejected, and the alternative hypothesis is accepted.
The results also showed that the adjusted R-squared value reached 0.413, which indicates that the variable (edge leadership) was able to explain the dependent variable (marginalized customer) by 67.1%, with the remaining percentage attributed to other factors not covered by the study. Based on the above result, the hypothesis stating that 'there is no significant effect of the independent variable (edge leadership) on the dependent variable (marginalized customer)' will be rejected.

Several sub-hypotheses stem from the second main hypothesis, namely

1. There is no statistically significant correlation between having extensive experience and marginalized customers:

Table (7-3) shows a statistically significant relationship between having extensive experience and serving marginalized customers; the coefficient of determination (0.639) is statistically significant (p=0.000), leading to the rejection of the null hypothesis and the acceptance of the alternative hypothesis.

2. There is no statistically significant relationship between emotional and social awareness and marginalized customers:

Table (7-3) shows a statistically significant relationship between emotional and social awareness and marginalized customers; the correlation coefficient was 0.548 at a significance level of 0.001. This leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis**.**

3. There is no statistically significant correlation between cognitive ability and marginalized customers:

Table (7-3) shows a statistically significant relationship between cognitive ability to think and marginalized customers; the coefficient of determination was 0.446 at a significance level of 0.002. This leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis.

4. There is no statistically significant correlation between possessing skills and being a marginalized customer:

Table (7-3) shows a statistically significant relationship between the possession of competencies and marginalized customers; the coefficient of determination was 0.738 at a significance level of 0.000. This leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis.

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5. There is no statistically significant correlation between a passion for lifelong learning and marginalized customers:

Table (7-3) shows that there is no statistically significant relationship between a passion for continuous learning and marginalized customers; the coefficient of determination between them was 0.281 at a significance level of 0.083. This leads to the acceptance of the null hypothesis and the rejection of the alternative hypothesis.

6. There is no statistically significant correlation between the capacity for change and marginalized customers:

Table (7-3) shows that there is no statistically significant relationship between adaptability and marginalized customers; the coefficient of determination between them was 0.354 at a significance level of 0.013. This leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis.

Table (7-3) Results of Evaluating the Second Main Hypothesis Model

Path	VIF	Path Coefficient	t Value	p Value	The result	Impact Size f^2	Coefficient of Determination R^2	The average R^2
Possessing Extensive Experience - The Marginalized Client	1.65	0.639	127.76	0.000	Rejection of the hypothesis of nothingness	0.253	0.432	0.421
Emotional and Social Awareness - The Marginalized Customer	1.69	0.548	143.76	0.001	Rejection of the hypothesis of nothingness	0.231		
The Ability to Think - The Marginalized Customer	1.87	0.446	114.74	0.002	Rejection of the hypothesis of nothingness	0.196		
Possessing Competencies - The Marginalized Customer	1.32	0.738	187.63	0.000	Rejection of the hypothesis of nothingness	0.298		
Passion for Continuous Learning - The Neglected Customer	5.98	0.281	0.872	0.083	Acceptance of the null hypothesis	0.087		

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Ability to Change - The Marginalized Customer	2.6	0.354	13.761	0.013	Rejection of the hypothesis of nothingness	0.175		

Source: Compiled by the researcher based on the results of SPSS v.26.

Table (7-3) presents the results of the structural model evaluation for the sub-hypotheses of the second main hypothesis, which found that the path coefficients for the sub-hypotheses are significant; these are considered significant when the t-value exceeds 1.96 and the p-value does not exceed 0.05, in accordance with the rule (Hair et al., 2017), whilst the path coefficient for hypothesis (H2-5) is not significant. The table clearly indicates acceptance of the null hypothesis for (H2-5) and rejection of the null hypotheses (H2-1, H2-2, H2-3, H2-4, H2-6). The results also showed that the adjusted coefficient of determination reached (0.421), indicating that the dimensions of the independent variable (edge leadership) were able to explain the dependent variable (marginalized customers) by a proportion of 0.421, with the remainder attributable to other factors not addressed in the study.

Based on the above results, the sub-hypotheses (H2-1, H2-2, H2-3, H2-4, H2-6) stating that:

(H2-1) There is no statistically significant relationship between having extensive experience and marginalized customers

(H2-2) There is no statistically significant relationship between emotional and social awareness and marginalized customers:

(H2-3) There is no statistically significant relationship between cognitive ability and marginalized customers:

(H2-4) There is no statistically significant relationship between the possession of competencies and marginalized customers

(H2-6) There is no statistically significant relationship between the capacity for change and marginalized customers:

Acceptance of the hypothesis

(H2-5) There is no significant relationship between a passion for lifelong learning and marginalized customers.

8. CONCLUSIONS

1. The existence of a statistically significant positive correlation between edge leadership and marginalized clients highlights the practical importance of this leadership style, as it reflects its ability to influence how the organization deals with this group and to improve the level of responsiveness to their diverse needs.
2. The dimension of competence is one of the most relevant and influential factors in improving the management of marginalized clients, as high levels of competence enable healthcare providers to understand complex challenges and address them with flexibility and high efficiency.
3. Analytical thinking plays a pivotal role in enhancing the ability of healthcare providers to address the challenges associated with marginalized clients by analyzing problems in depth and making informed decisions based on factual data and evidence.
4. Marginalized clients are directly affected by the extent to which an organization adopts modern leadership practices, as the use of advanced leadership approaches helps to improve the quality of

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interaction with them and enhances the organization's ability to understand and respond effectively to their needs.
5. Improving the management of marginalized customers is closely linked to the capabilities and professional skills of healthcare providers, as high levels of competence enable individuals to deal with the challenges associated with this group more efficiently and flexibly.
6. Dealing with this group requires a deep and evolving understanding of their changing needs, achieved through the continuous analysis of their behavior and expectations, thereby ensuring the provision of services tailored to their specific circumstances.

9.Recommendations

1. Boost the adoption of edge leadership by embedding a culture of flexible leadership within the organization, encouraging adaptation to environmental changes and quick responses to challenges, while helping create a dynamic organizational environment that supports creativity and innovation.
2. Focus on developing the competencies of healthcare providers by designing and implementing specialized training programs aimed at building professional and analytical capabilities, enabling healthcare providers to handle complex situations efficiently and professionally.
3. Enhance analytical thinking and problem-solving skills among healthcare providers by using modern training and practical methods that help them analyze data and make informed decisions based on scientific and methodical foundations.
4. Develop targeted strategies that directly focus on marginalized customers by analyzing their characteristics and needs and designing marketing programs that take their uniqueness into account, which helps integrate them better into the intended market.
5. Improving communication channels with this group by using more flexible and clear ways to connect, allowing the organization to continuously interact with them and better understand their needs and expectations, which strengthens the quality of the relationship between both sides.
6. Designing services and products that fit the requirements of marginalized customers by considering individual differences and economic and social conditions, ensuring real value that aligns with their abilities and aspirations.

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