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Factors Affecting Strategic Planning in the Saudi Healthcare System

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Abstract

Background.

Strategic planning has evolved as an essential component in the planning process for sustainability, continuity and improvement of healthcare organisations. It assumes that planning promotes services that are high in quality at a low cost and is described as an intellectual journey that aims to envision the future and acts accordingly, to ensure that services are more receptive to community needs and requirements.

Aims.

This study explores factors perceived by employees to affect the effective implementation of strategic plans, identified the types of strategic planning processes adopted by healthcare organisations in Saudi Arabia and how these processes assisted in achieving the strategic plans, and examined the challenges in developing and implementing strategic plans within healthcare organisations in Saudi Arabia.

Methods.

Design: This study adopts a sequential quantitative–qualitative mixed methods design, in that quantitative data informed the structuring of the interview questions used to collect the qualitative data.

Sample and settings: 508 employees participated in this study, representing four main healthcare organisations representing three major cities in Saudi Arabia: King Fahad Medical City (Riyadh), King Saud Medical City (Riyadh), King Abdullah Medical City (Mekkah) and Ar'ar Central Hospital (Ar'ar). Employees and managers from various levels of management and specialisations participated in this study.

Instrument: A new instrument was developed for the purpose of this study, as follows: a comprehensive search was conducted in a range of databases on related literature.Thematic analysis of the retrieved documents was performed to investigate what

constituted strategic planning as a concept. Themes were then transformed into statements that describe the concept, to form the first draft of the study questionnaire, which was sent to experts in the field to obtain face validity. This step resulted in a refined version of the questionnaire. The questionnaire draft, which comprised 64 statements, was then pilot tested on 60 participants from different specialisations (α=.912). As the questionnaire was found to be reliable and had a high internal consistency, no changes were made, and the questionnaire was ready for data collection.

Findings from the quantitative part provided information that guided the interview questions necessary to address what was missing from the data. Therefore, questions were structured based on the quantitative findings. The questions asked:

- What constitutes the process of strategic planning (SP) that leads to choosing, adopting and implementing a plan in healthcare organisations in Saudi Arabia, including the processes and the means to achieving the strategic planning objectives?
- What are the benefits, challenges and barriers to implementing strategic plans effectively?
- How do managers affect the process of achieving strategic plan goals?

The quantitative data were collected using the survey questionnaire and were analysed using quantitative measures as appropriate by testing for normality and descriptive statistics to describe participants' characteristics. Then, factor analysis was conducted to ensure the validity and reliability of the research instrument. Next, analysis of variance was used to examine the effect of different sample characteristics on the mean scores of the factors. Second, the qualitative data were analysed using content analysis, which resulted in emerging evidence on several factors. The participants reported the effects of the process of planning, implementing and evaluating strategic plans in their organisations.

Results.

There were 54 valid statements of the questionnaire, distributed over five factors that were believed to affect SP in Saudi healthcare organisations. These factors are: organisational characteristics, explained by 19 statements on the questionnaire; leader characteristics, explained by 20 statements; mission and vision of the organisation, explained by seven statements; goals and objectives of the organisation, explained by six statements; and management involvement in SP, explained by two statements.

Normality tests and reliability measures were tested to prepare data for factor analysis. As the number of items was high (i.e., statements), principal component analysis was adopted.

Participants had positive views about SP and the required resources to achieve the strategic goals in Saudi healthcare organisations. Participants perceived that the mission and vision, the administration of their organisations, their leaders and the provided resources were all supportive and facilitated carrying out the tasks to achieve the strategic goals, including the presence of consultants and qualified personnel, who were available to provide assistance whenever needed.

There were 17 respondents interviewed from three major healthcare centres. Four main themes have emerged from thematic analysis of these interviews: 1) describing SP; 2) SP is an internal responsibility with external guidance; 3) the success of the strategic plan: everybody is responsible; and 4) SP requires more challenges and barriers.

Discussion and Conclusions.

According to the findings of this study, there are elements that determine the successful implementation of any strategic plan in healthcare organisations, including the presence of a well-written and clearly understood mission and vision, open communication about the details of the strategic plan, and the involvement of all employees in the hierarchy in the

process of planning and implementation of the strategic plans. Additionally, leaders from various levels within the organisation are key components of the SP. It is also imperative to adopt tools and employ specialised personnel to evaluate the progress of the SP, and ensure all plans are prompted and under continuous evaluation. In case of failure, rescue plans should always be available. This requires organisational culture to become more responsive, more intuitive and open to creativity to these factors, so that SPs can be successfully achieved. Finally, SP is a very meticulous and exhaustive process, where resources are utilised wisely and effectively. Sustainability is a major challenge to any healthcare organisation. Strategic plans can improve the outcome of the organisation, therefore enhancing sustainability and improving future services.

Certificate of Originality

I certify that the substance of this thesis has not already been presented for any degree and is not currently being submitted for any other degree or qualification.

I certify that any help received in preparing this thesis, and all sources used, have been acknowledged in this thesis.

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Chapter 1 Introduction

1.1 Introduction

Strategic planning (SP) in the healthcare industry is essential to promoting services that are high in quality at a low cost. The adoption of SP has emerged as a major step in the effort by healthcare leaders to establish expectations for community needs (Sadeghifar, Jafari, Tofighi, Ravaghi, & Maleki, 2015). The teachings of Sun Tzu in 500 BCE on warfare and the strategic underpinnings of success represent the earliest mature forms of SP (Howarth, 2006). The word 'strategy' stems from the Greek *strategos*, which refers to the art of the General or Commander-in-Chief (McKeown, 2012). SP refers to the plans drawn to achieve several goals, including the provision of quality services or products, and facing future changes with minimal effect on the processes that are taking place within an organisation (Blatstein, 2012). SP is concerned with the present and the future, and is usually comprised of action plans that determine adequate flexibility in facing the unavoidable (Walston & Chou, 2006). It examines the fine alignment between changes in the characteristics of the market, and the effectiveness and performance of all elements in the organisation (Slater, Hunt, & Olson, 2010). SP is an intellectual journey that promotes envisioning the future requirements of the organisation or industry (Blatstein, 2012). Strategic plans are schemes that consider community movements as foreseen by experts who have the ability, the knowledge and the skills required to envision possible changes, while promoting adequate flexibility to encompass a range of alternative solutions to any need that emerges within the community (Glaister, Dincer, Tatoglu, & Demirbag, 2009).

SP can shed light on a firm's unique strengths and relevant weaknesses, enabling it to identify new opportunities, and determines the aetiology behind current or projected problems. A strategic plan can provide an invaluable blueprint for growth and revitalisation, enabling managers to explore opportunities of success and growth, and

enhancing thechance of achieving high-quality outcomes in the future. This, in turn, improves leaders', planners' and managers' sensitivity to likely fluctuations in the industry. Then, plans could be made to face such issues, thus ensuring both sustainability and high-quality services (Begun & Heatwole, 1999). In today's organisational environments, which are often highly competitive, organisations of limited scope and no SP might be of little prospect (Blatstein, 2012). The practice of planning has undergone considerable changes over time: a dramatic change occurred in the early 1980s when SP fell out of favour in many business sectors (Candy & Gordon, 2011). Now, SP is a core issue in business firms and organisations, including the healthcare sector, because of its benefits in many industries.

In unstable and volatile healthcare organisations, strategic planners envision patterns that guide organisations into a more stable future. Thus, SP is critical to the survival of any healthcare organisation. According to Alexander (2006), healthcare organisations have considered SP in recent decades after it proved to be effective in promoting the sustainability of other business sectors. SP has become part of the futuristic vision of many healthcare organisations (Duarte, Goodson, & Dougherty, 2014). It increases the possibility that healthcare organisations become more receptive to public demands through ensuring the sustainability of quality services, promoting flexibility in its structure to face future market turbulence and maintaining employee satisfaction (Naranjo-Gil & Hartmann, 2007). Devitt, Klassen and Kartalog (2005) contend that SP improves the success rates of health organisations by achieving goals operational goals related to the organisation in an environment of tremendous change and uncertainty.Zuckerman (2006**)**also found that adopting SP in the United States (US) healthcare sector indicates the presence of considerable improvements in the outcomes, including customer satisfaction, better employee retention rates and better financial performance. The same positive results have been found in other countries (e.g., Japan and Canada); however, some studies have

found that there are implementation difficulties in organisational contexts, and the problems underlying the disappointing or weak results achieved from applying a quality management programme have been the subject of several studies (Kumar, Garg, & Garg, 2011; Lee & Kwak, 2011; Lega, Longo & Rotolo, 2013; Ngai, Law, & Wat, 2008; Subramanian &Hoffer, 2005). According to literature, there are several identified difficulties related to technical and organisational implementation issues, as well as human resource issues (Lazarus, 2011).

SP is known to produce great benefits for organisations, such as reducing the overall cost of services and running expenses. Kaissi, Begun and Nelson (2008) investigated the effect of SP on financial performance in hospitals in Texas. They concluded that SP, regardless of the level of achievement, is still having a positive effect on the financial performance of these hospitals, including net income and profit margins. There is enough evidence indicating that SP has a direct effect on the positive financial performance of healthcare organisations (Van Vactor, 2012).

1.2 Context of the Study: Saudi Arabia

Saudi Arabia was founded by the late King Abdul-Aziz ibn Saud in 1932. It comprises approximately 2.24 million square kilometres. Saudi Arabia is bound by Yemen and the Sultanate of Oman on the south, Yemen on the southwest, Kuwait, Iraq and Jordan to the north, and the Arabian Gulf, Bahrain, Qatar and the United Arab Emirates to the east.

The Saudi landscape comprises highlands, plateaus and deserts over most of the country, and is home to three main deserts: An-Nafud Desert, Dahna Desert and the Empty Quarter. There are no running rivers or lakes in the country, except for dry riverbeds that only have water in the rainy season. Rainfall across most of the landscape is

low, averaging 75 to 125mm annually. The Asir region receives an annual rainfall of 150 to 250 mm (Central Department of Statistics and Information, 2015).

The Saudi population is estimated at 30 million, and annual population growth is as high at 3.2%. Saudis comprise more than two-thirds of the population (more than 20 million), and expatriates from 100 different nations comprise the other third. Saudi males and females are almost equal in number; 67.1% of the population are under the age of 30, and 37.2% under the age of 15 (Central Department of Statistics and Information, 2015). The population of over-60s is less than 6% of the total population. Based on the growth rate estimated by the United Nations, it is projected that the population of Saudi Arabia may reach almost 40 million by 2025 and could be double this towards 2050 (Central Department of Statistics and Information, 2015).Life expectancy among Saudis is 72.5 years for men and 74.7 years for women.

The official language in the country is Arabic, and almost all Saudis are Muslims; the majority are Sunnis, with a Shia minority. Islamic Sharia Law is the main source of legislation (Al-Shahri, 2002). Socially, tribes are still very strong and govern most social duties. However, the nuclear family is the predominant family structure in Saudi Arabia.

Saudi Arabia is a welfare state and health services are provided free of charge to all citizens through the Ministry of Health, which was set up in 1954. The government is obliged, under Article 31 of the Saudi Constitution, to provide free healthcare services to all Saudis (Khaliq, 2012; Mufti, 2000; Qutub, Al-Jewair, & Leake, 2009; Walston, Al-Harbi, & Al-Omar, 2008). The provision of free health services is clearly outlined in two articles of the Basic Law of the Saudi Government, Chapter 5, Article 31, which states: ‘The State shall look after public health and provide health care for every citizen’, and, ‘The State shall guarantee the rights of the citizens and their families in cases of emergency, illness, disability and old age’ (Wikipedia, 2011). If non-Saudis work in

government agencies then health services are also free for them; however, if they work in the private sector they need health insurance (Khaliq, 2012).

Health services in Saudi Arabia are divided into three levels: primary, secondary and tertiary services, provided by health centres, general hospitals and specialist hospitals, respectively (Al-Yousuf, Akerele, & Al-Mazrou, 2002). Healthcare centres usually provide primary services, including preventive and curative care. If a patient needs complex care, s/he will be referred to a general hospital that provides secondary care. Specialist hospitals provide tertiary care for patients who require a consultation from a specialist, such as for the treatment of complex cardiovascular or neurological conditions (Al-Yousuf et al., 2002).

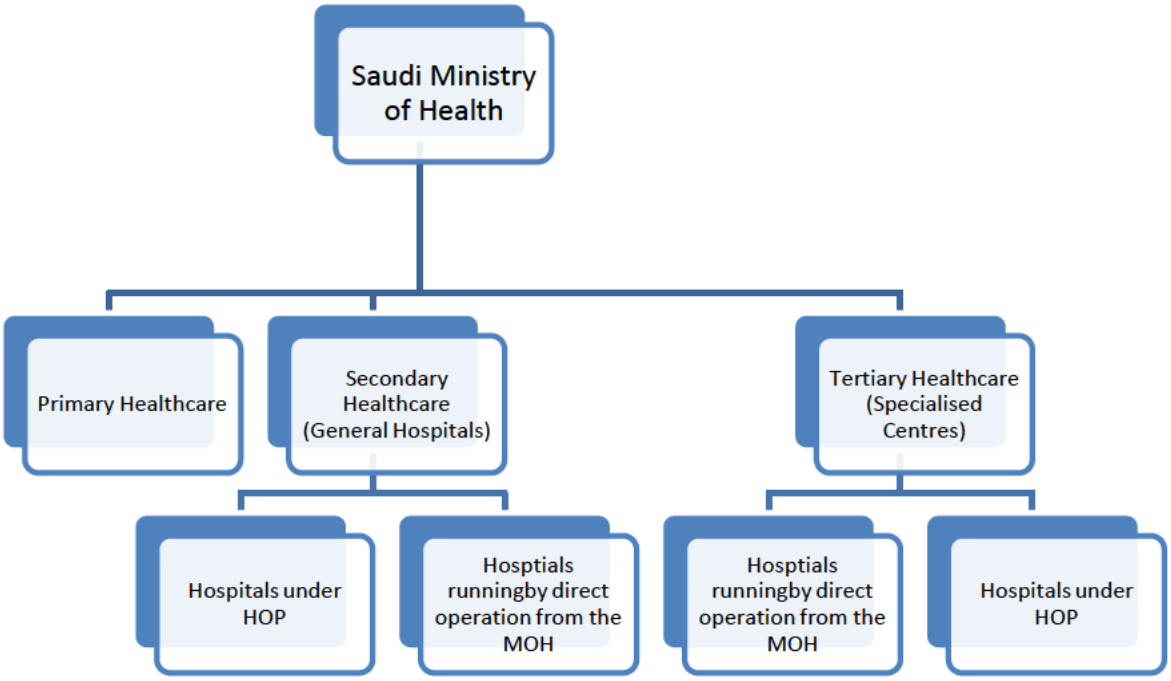

Figure 1.1: Saudi Ministry of Health

1.3 Health Services and SP in Saudi Arabia

The Saudi Ministry of Health (MOH) has adopted the principle of autonomy, in that each directorate can run its hospitals and ensure both high-quality services and limited

budgetary expenditures (Albejaidi, 2010). According to Khaliq (2012) and Almasabi (2013), improvements in healthcare services have been noticed in many areas within the country, including the recruitment of high-standard professionals, the purchase of highly technological medical devices, the seeking of accreditation from well-recognised accrediting bodies and commissions (like the Joint Commission International Accreditation from the US) and the adoption of well-structured healthcare systems.

According to the World Health Organization (WHO) (2000), the Saudi healthcare system is ranked 26th among 190 health systems in the world. In fact, it ranked before many other healthcare systems in the developed world, including Canada (ranked 30), Australia (32) and New Zealand (41). Since this report from the WHO (2000), many challenges have been encountered when planning for the improvement of care services, which should cover the whole population. Saudi Arabia faces particular challenges, such as a fast-growing, young population (the growth rate is 2.5%) and a large but spread-out population who need more ambulatory specialised care (Albejaidi, 2010; Khaliq, 2012). Many significant economic problems have arisen too, such as oil prices: oil is the main source of the country's income, but prices have started to fall below budget expectations.

During the early 1970s, the Saudi MOH considered the issue of improving healthcare services within the country. In that respect, the MOH put a five-year development plan together to ensure health services covered the country (Mufti, 2000). From then, healthcare planners started setting future goals for healthcare services.

SP has been part of the healthcare system of Saudi Arabia for nearly two decades (Walston, Al-Omar, & Al-Mutari, 2010). Strategic plans in Saudi healthcare organisations were set in the mid-1990s (Al-Yousuf et al., 2002). The intention was to increase the quality of services while using the available human and expertise in the country. Future healthcare plans need to consider that fact that budgets are not inflating anymore, and that plans should consider the standards and quality of care provided and yet decrease their

expenditure. It was, therefore, crucial that these organisations considered the adoption of SP as it was initially built, to maximise the benefit of resources without a need to increase expenditure (Phelps et al., 2016).

The literature gives insights into the Saudi Government's budgetary limitations in regard to the healthcare system in the near future. Health planners have been requested to improve services while maintaining the cost and ensuring sustainability (Khaliq, 2012). The reason for this directive is that improvements in healthcare services accompanied inflation in budgetary expenses (Walston et al., 2008). Budget figures have doubled—if not tripled—in some organisations, as healthcare planners' intention was to provide the best care possible to Saudis (Almalki, Fitzgerald, & Clark, 2011).

Strategic plans are essential components of the process of improvement that the MOH has adopted (Al-Yousuf et al., 2002). According to Al-Qahtani and Al-Methheb (1999), healthcare organisations in Saudi Arabia have adopted plans based mainly on experts who received their education and gained their experience in countries that are fundamentally different in many societal and healthcare requirements and structures. Saudi health organisations need to adopt strategic plans that ensure future development while maintaining the delivery of quality services. These plans should then take into consideration the future needs of the community the organisations are serving, such as the health needs of the population, endemic health conditions, aging, urbanisation and changes in the lifestyle of the population. Therefore, strategic plans required for healthcare organisations in Saudi Arabia should be supported by the knowledge and experience of experts in domestic requirements, to reflect the needs of the Saudi community.

Although many leaders in the healthcare sector are aware of these issues, healthcare organisations in Saudi Arabia still face challenges in the development and effective implementation of SP. Whether it is the planning of implementation or the implementation–performance that represents the main challenge to achieving the planned

outcomes, the issues in the present study can be addressed, examined and investigated so that the required remedies can be suggested. Exploring these challenges through an empirical research study that directs its investigation towards Saudi leaders, or those who are expert in both the Saudi community and healthcare system, is a step in the right direction to encountering and then achieving better SP outcomes.

SP is a crucial investment in the healthcare industry, especially as almost all Saudis are insured and the Saudi Government pays for nearly all healthcare expenses. Increments in the budgets and subsidies for healthcare services provided by the Saudi Government in all sectors (e.g., MOH, National Guard Health Affairs and Civil Defence) may not be sufficient to keep the same level of high-quality services. This would occur if SP did not take into consideration future requirements based on good knowledge of the changes within the Saudi community, and the principles of effective action in SP. Although tools can be deployed to signal needs as they arise—including strategic performance management in healthcare (such as SWOT analysis)—there are still a limited number of publications on the performance of Saudi healthcare organisations. This scarcity of publications leaves a very large margin of achievement for observation and/or speculation based on the nonspecific, unempirical opinions of managers and chief executive officers (CEOs). SP, as part of efforts to make the number at the analysis reports as reflective to the real world as possible, employs tools of performance management and determines weaknesses and strengths in the processes undertaken to achieve the strategic plan.

The SP literature suggests that the organisational requirements for the successful implementation of quality programmes may ultimately differ among healthcare organisations (Pirtea, Nicolescu, & Botoc, 2009). This difference then explains why these organisations might direct efforts towards cost reduction and flexibility enhancement, while others go to the automation of processes and the use of technologies to improve the quality of services and decrease human error. Saudi health organisations are no exception

to these approaches. However, the main issue with the Saudi example is that SP, as well as other quality planning, has been adopted in these organisations mainly through consulting external personnel who usually have limited knowledge of the organisational context and culture (Almalki et al., 2011; Al-Qahtani& Al-Methheb, 1999). The resulting plans may lack elements foreseen by Saudi managers as crucial for the successful implementation of strategic plans. Therefore, it is essential to investigate managers' perceived concerns related to inadequacies or inefficiency when implementing strategic plans.

Traditionally, the healthcare industry is vulnerable to any turbulence within the country, such as political unrest, an influx of refugees or changes in the characteristics of the population, like life expectancy, morbidity and epidemics (Begun & Heatwole, 1999; Lega et al., 2013). These changes have induced many new health services and diverse needs among the population, such as the need for senior citizen healthcare and follow-up centres, and rehabilitation for people after major surgery (e.g., cardiac and organ transplantation). Therefore, it was important for healthcare organisation in the country to adopt concepts like strategic thinking and complex adaptive systems (CAS) to improve resource utilisation, increase sustainability and improve services to be able to face future turbulence and challenges of the market. As will be discussed in Chapter 2, strategic thinking and CAS are models that can be adopted in systems of a complex nature that are usually sensitive to community changes, like healthcare organisations.

Many healthcare organisations, as well as organisations from other industries, in Saudi Arabia have adopted SP as one means of ensuring sustainability (Albejaidi, 2010). Strategic thinking has become one component of these organisations; however, the main issue that has arisen is the successful implementation of these plans. This is especially important because of the ever-changing nature of the healthcare services needed to maintain the provision of quality health services (Ginter & Swayne, 2006). Saudi

organisations develop strategies to improve the quality of healthcare services so that they will become a world leader in providing high-quality health services (Baranowski, 2009).

Despite the many improvements in healthcare services, strategic plans were not all successful: some did not achieve the necessary outcomes considering the effort and allocated budgets (Almalki et al., 2011). Some of these strategic plans even failed or achieved weak results, while others showed extreme limitations (Patnaik, 2012). Several reported limitations might be minor, thus not affecting productivity or pre-set outcomes, while others might have a negative effect and threaten the existence of the organisation (Andersson & Muller, 2007). Other studies in countries like the US, United Kingdom (UK), Canada and Malaysia found that elements for successful SP implementation include accelerated changes in work environment, technical aspects of the implementation process and the organisational culture and administrative structure.

The literature on Saudi Arabia has not reported much on the limitations of SP as a planning process, or as plans or schemes that determine future activities, especially in the healthcare industry. Therefore, the international literature has been examined to identify and highlight issues of limited achievement in SP. Generally, limited outcomes, as compared to expenses and resources, have provoked researchers to conduct studies to identify issues surrounding such implementation in several industries and organisations, and the result is a body of knowledge that identifies many issues (Bernroider, 2008). Despite efforts in Saudi healthcare organisations to promote SP as a step towards maintaining quality services, plans have been limited in what they can observe of preparations for the future, including training personnel in new roles, developing or adopting new models of care and restructuring current models applied to healthcare organisations.

1.4 Problem Statement

The personal experience of the researcher in this field is: too many plans, but too little achievement. This thesis recounts the experiences of this researcher with SP and plans in Saudi healthcare organisations. The researcher was part of the managerial team at one Saudi health institute. Regular meetings were held to discuss the planning process and how the implementation of strategic plans was not going in the right direction, as per the plan. Looking at achievements, there were minimal successes as compared to the effort and the financing of the plans. There was a sense of frustration among the planning team, as the obstacles leading to this minimal achievement were not clearly defined. Hence, the exploration of these obstacles was perceived as necessary.

SP in the Saudi context is not new, but the literature that explores its application and dimensions is extremely limited. Perhaps this limitation is related to researchers' focus on quality programmes and the implementation of quality assurance indicators. There has been little research on SP in Saudi Arabia on this issue. Therefore, most of literature used in this study was from other countries.

Improvements in healthcare services have been noticed in many areas within Saudi Arabia (Albejaidi, 2010). However, the cost of healthcare continues to rise, and the government has to spend more on healthcare, despite a weakening economy. Increasing healthcare budgets endlessly is not sustainable. Why it is important to examine SP is clear from the work of Khaliq (2012), who reported that the Saudi Government has been reducing funding to the healthcare system in the last few years, and health planners in the country are requested to improve services while maintaining costs, in order to ensure sustainability. This implies that future healthcare plans must consider these facts while taking into consideration the standards and quality of services provided. It also implies that it is crucial for these organisations to adopt SP or explore obstacles that affect the successful implementation of their strategic plans.

Facing a sluggish economy and a fiscal challenge resting on the shoulders of managers and decision-makers, organisations—like healthcare institutes in Saudi Arabia—have been seeking to sustain or improve current services while maintaining costs within new budgets (Hu, Capucu, & O'Byrne, 2014). Among the domains that could provide workable solutions to several obstacles is the development of strategic plans that move organisations forward and have enough flexibility to face and transform challenges into opportunities for improvement.

It has been widely reported in the literature that SP can help organisations develop strategic thinking that assists in adapting to environmental changes (Albrechts & Balducci, 2013; Mosley, Maronick, & Katz, 2012). However, there are factors or challenges that hinder the process of implementing the plans and achieving the desired outcomes based on this planning (Blatstein, 2012). It was observed by the researcher as part of his professional role in the Saudi health system that such factors are present. Nevertheless, the main issue was to determine which of these factors affected the whole process more significantly. Although SP has been adopted in several healthcare institutes in Saudi Arabia, its affect has not been openly observed. By considering the opportunities that could result from the adoption of strategic plans, it is important to explore how these plans are structured, implemented and then evaluated. There is thus a need for a study that explores and discerns the factors affecting the successful implementation of SP in Saudi health organisations.

SP in healthcare organisations in Saudi Arabia is hardly investigated, leaving many questions about its efficacy and effect on the outcomes and the quality of care unanswered. Due to the importance of this topic and its potential effect on the delivery of cost-effective and efficient services to needy individuals, it is worthwhile investigating the factors that affect the successful planning and implementation of strategic plans in healthcare organisations in Saudi Arabia.

1.5 The Purpose of the Study

This study intends to achieve a number of aims that lead to improving our understanding about SP in healthcare organisations in Saudi Arabia. It aimed to:

- Explore factors perceived by employees to affect the effective implementation of strategic plans.
- Identify the types of SP processes adopted by healthcare organisations in Saudi Arabia, and how these processes assist in achieving the strategic plans.
- Examine the challenges that affect the development and implementation of strategic plans within healthcare organisations in Saudi Arabia.

1.6 Research Questions

1. What are the factors perceived by employee's to affect the effective implementation of strategic plans within healthcare organisations in Saudi Arabia?
2. What is the effect of the personal characteristics of healthcare professionals (e.g., gender, age, profession, position, etc.) on factors that affect the effective implementation of SP within healthcare organisations in Saudi Arabia?
3. What steps are adopted in the process of developing strategic plans in healthcare organisations in Saudi Arabia, and what are the means to achieve these plans?
4. What are the benefits, challenges and barriers that healthcare strategic planners face when developing, implementing and evaluating strategic plans in the Saudi healthcare system?

1.7 Significance of the Study

This study provides an in-depth exploration of the factors that affect the development of rapport necessary for the successful planning and implementation of SP. There is very limited research on this area in Saudi Arabia. In fact, no studies were located

that address SP in healthcare organisations in Saudi Arabia. Many international experts contend that SP is crucial to promoting a sustainable healthcare environment, which has ambitious standards and adopts cost-effective processes and services (Hoque, Hossin, & Khan, 2016; Kash, Spaulding, Johnson, & Gamm, 2014). Managers and other employees—who are key in the planning and implementation of SP—were the main contributors to this study. They provided reflections on what they perceived was practiced regarding this topic. This study is an important contribution to achieving better knowledge of outcomes from the adoption of SP, based on empirical research.

The findings from this study are expected to extend our understanding about the factors perceived by employees and managers to affect not only the planning process, but also the implementation, evaluation and restructuring of strategic plans. It also presents information on the effect of a range of demographic and personal characteristics, which affect SP. In brief, the scope of this study includes answers to different inquiries that would provide baseline data for decision-makers, researchers and experts in the field to put forward well-established plans for better implementation of SP. The significant relationships revealed between levels of implementation, organisational performance in terms of individual engagement, management effectiveness and other possible factors would initially accumulate knowledge for the establishment of a database for executive managers, strategic planners and those interested in SP in the healthcare sector in Saudi Arabia.

Irrespective of industry classification, higher levels of SP execution have been shown in the literature to be associated with higher levels of both understanding and proper planning (Brenes, Mena, & Molina, 2008) in Latin America and Malaysia (Hasnanywati, 2010). Such knowledge is severely under-examined in Saudi Arabia.

Another issue of significance regarding this study is the mixed and unclear results about the relationship between SP, the model of quality management, employee and client

satisfaction and the outcome of these processes (Goldman & Casey, 2010; Rahman & Bullock, 2005; Sadikoglu, 2008). Some SP researchers have suggested that context-based studies are crucial to determining the true relationships among these factors, as they believed that there is no such thing as a universal answer to questions in different organisations or organisational cultures (Elbanna, 2008; Goldman & Casey, 2010). Therefore, the organisations in which these processes occur might differ from one culture to another, and this assumption applies to Saudi health organisations.

In brief, healthcare organisations in Saudi Arabia have adopted strategic plans to promote their services in a cost-effective manner; however, the results have not been examined using research that addresses elements of success. These elements include leadership styles, the style of communication adopted within the organisation and the process of handling issues related to teamwork and evaluation processes.

This study is framed around organisational and systems theory. Literature investigating strategic management/planning suggests that SP develops through various stages from its initial beginnings as simple financial plans, into the process of predicting circumstances that may affect the sustainability and services of the organisation, and then set or adjust plans to face such events as the activities of the organisation become more complex and sophisticated, such as those of the healthcare settings (Elbanna & Child, 2007). However, these activities are affected by several factors that could be viewed as either challenges or enhancers to the process of implementing the strategic plans as they have initially been structured by planners. Further, factors affecting the process of implementing the plans also include those related to the organisation, the employees, the managers, the stakeholders and even the system adopted within the organisation. Therefore, SP and its implementation are affected by both the nature of the organisation and the systems put in place.

1.8 Theoretical Framework

This study examines factors related to SP within healthcare organisational systems. It addresses systems within a specialised industry. Therefore, this study employed general systems theory and organisational theory, both of which are deemed appropriate theoretical frameworks for this study. The various theories, concepts and models of SP inherent in this study are described next.

1.8.1 General Systems Theory

General systems theory determines the presence of interrelated concepts that are interdependent within a general system (Weckowicz, 1989). Initially devised by Bertalanffy in the late 1960s, general systems theory explains that each system is made of several interrelated systems that are interconnected through certain concepts. These concepts define the characteristics and attributes of these subsystems, including transformation process, entropy, inputs and outputs, regulation and hierarchy (Cordon, 2013). There exist systems, models and laws that apply to general systems or their subclasses of subsystems, irrespective of their nature, component or elements, including healthcare organisations. A general system is then made of subsystems that display the qualities that represent similarities, or is morphisms, in the structure and the function of the general system (Hammond, 2005). General systems theory is useful as it provides models that can be used in many areas within different fields, such as healthcare.

General systems theory in this study serves the following purposes:

1. It integrates various sciences, natural and social functioning within a general structure or system.
2. It unifies the general principles running through the system that encompasses a multitude of many subsystems, which in total brings us nearer to the goal of the unity of science.

3. The overall result of this unification reflects a clearer understanding of the main purposes of the system (i.e., healthcare organisation) of improving services, achieving its goals and increasing sustainability.

A system is defined as ‘a regularly interacting or interdependent group of items forming a unified whole’, or ‘a group of devices or artificial objects or an organisation forming a network especially for distributing something or serving a common purpose’ (Merriam-Webster, 2013). A system was also described by Meadows (2009) as things that could be persons, organisms, or parts that are interconnected in such a way that they produce their own pattern of behaviour over time. Similarly, organisations are a form of system that encompasses a group of interconnected systems, such as departments and units, where general systems theory applies (Wheatley, 2006).

A healthcare system (organisation) is a system with diverse levels of complexities. This system involves decision-making levels (high, medium and low), policy-making levels and several professional and non-professional groups of individuals—such as physicians, nurses, social workers, occupational therapists and pharmacists—who shape the way that healthcare is delivered. Additionally, a healthcare organisation encompasses many levels of care, from providing primary healthcare and preventive services to the community to providing highly specialised care or palliative/end-of-life care. Other forms of systems include communication, education and health services.

1.8.2 Organisational Theory

An additional theoretical foundation that serves the purpose of this study is organisational theory. The theoretical premise of this theory emphasises the efforts of the system pertaining to the continuous striving to improve services, achieve staff and customer satisfaction and cost-effectiveness (Senge, 2006). In this respect, organisational theory also serves as a theoretical foundation in this study, and explains how SP, as an

essential part of healthcare organisation, aims to increase the sustainability of the organisation.

While systems theory defines the presence of interrelated systems at various levels and classes, organisational theory refers to a set of interrelated concepts that explain the behaviour of individuals within these subsystems (Daft & Armstrong, 2009). Those individuals (or groups) interact with each other and perform activities aimed at accomplishing the common goal or objectives (the strategic plans in the case of this study) within a predetermined period. Figure 2.1 shows how both theories serve the purpose of this study.

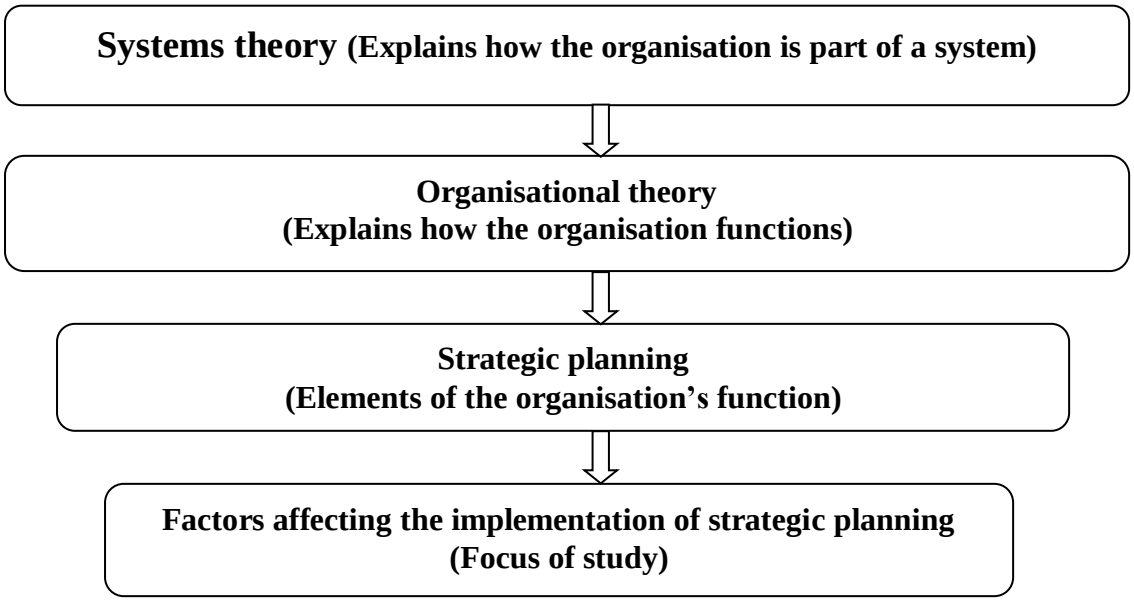

Figure 1.2: Theoretical framework of the study

1.9 Summary of the Thesis

Chapter 2 provides an explanation of the search strategy adopted to ensure that all available, relevant literature was included in the literature review. Then the chapter explains the definitions reported in literature to the SP, and which definition best suited the present study. It also explores the relationship between SP and healthcare organisations, and how these organisations can benefit from this process. It finally

explains the factors identified in the literature that affect the successful implementation of the strategic plans.

Chapter 3 provides an overview of the methods adopted to answer the research questions. Sequential mixed methods using a quantitative survey questionnaire and interview approach were deemed appropriate to explain the complex nature of this study. The reasons for adopting this design are explained later in this chapter. The chapter also explains the study design and the data collection methods, including the instruments that were developed and validated to achieve the purposes of this study. Chapter 2 also explains the characteristics of the population, the inclusion and exclusion criteria that ensured the selection of the proper sample and the sampling and data analysis techniques for the quantitative and qualitative data obtained in this study.

Chapter 4 explains the findings of the study. It presents the sample characteristics and the demographic findings as reported in the study survey. It also provides a detailed explanation of the normality and internal consistency measures that ensure the appropriateness of the quantitative data to run factor analysis. The chapter then explains the process of validating the study survey and the factors found to affect the successful implementation of SP within the study setting. The chapter provides an explanation of the statistical tests adopted to measure the effect of the sample characteristics on the valid survey factors.

Chapter 5 elaborates on the main conclusions deducted from the study findings. It presents these conclusions, considering the existing literature. Further, recommendations for policy and practice are presented, with a focus on contributing to the promotion of the implementation of SP within Saudi healthcare organisations so that the planned objectives can be achieved. Areas for further research are also discussed, and the limitations of this study are identified.

Chapter 2 SP in Healthcare Organisations A Review of the Literature

2.1 Introduction

The literature is replete with studies investigating SP from different perspectives, including its importance in different industries, factors that affect its successful implementation in each organisation and a comparison between industries and organisations that reported adopting SP, and what affect this type of planning had on these organisations.

This chapter analyses the literature found to be relevant to the research, which has explored SP in different industries and healthcare in different contexts. The flow of ideas in this chapter emerged from the research questions that this study sought to answer. Although the experience of planners in healthcare with respect to SP is limited and still nascent compared with other industries (such as the automobile and IT industries), there are considerably positive prospects regarding what SP can achieve in healthcare. Some themes covered by the research questions have not been found in the literature, which makes this study unique in its scope. These issues include the mixture of quantitative and qualitative approaches to obtain data reflecting managers' and employees' perspectives. Additionally, the inclusion of the research question that examined the effect of the demographic and personal characteristics and their effect on the successful implementation of the strategic plans in healthcare organisations can rarely be found in the literature. To this end, this study is among the first to explore the effect of demographic variables on SP implementation.

2.2 Search Strategy

The process of search for articles relevant to the research topic was performed in the electronic databases, including ProQuest and Sage. The main topic was SP as a quality

management tool within healthcare organisations. The keywords used were ‘Strategic Planning, ‘Quality Management’ and ‘Health Care’. These terms were selected based on suggestions made by researchers in the field of SP. Additionally, the selection process was supported by both the knowledge of the researcher in this area of expertise and the research topic. The connecting word ‘and’ was used between the keywords. The summaries and the abstracts of the articles were reviewed for relevance to the main topic (or purpose of the planned study). Relevant documents were reviewed in full and then analysed. The main ideas—including the research purpose, methods, tools, main findings and recommendations—were summarised as notes. A ten-year limit (2003–2013) for the search was specified, in order to ensure up-to-date literature was included. Additionally, the bibliographies/reference lists of the available literature were examined for other studies that could be used as valuable references in this research topic, which would help reach the overall goal of having a clear appreciation of the current standing of SP.

As the systematic search was open to a wide array of documents, inclusion–exclusion criteria were set to eliminate irrelevant documents. The inclusion criteria were: studies conducted to define SP; identification of SP components; comparisons in the adoption and evaluation of SP; identification of the various levels of SP implementation in the healthcare industry; and an exploration of the managers’ and leaders’ experience of SP within their organisations. All documents retrieved from the search were reviewed for relevance and coverage by examining the aims of each study. The study aims had to match at least one of the topics of this research. The depth of the study in the literature reviewed also had to be appropriate to the underpinning argument of this thesis. A document was excluded from the list if it was found to be biased in its presentation of the topic or superficial in its handling of the literature review and main argument. It was also excluded if it was intended for general readers, if the conclusion and recommendations were flawed or inaccurate or if it had a limited scope of practice that might benefit the intended aims of

the current planned study. Any documents (including studies, literature reviews, conferences and editorial papers) based on philosophical arguments not related to the topic of this search and that relied on weak, disputable empirical evidence were also excluded. Similarly, all documents based on personal or organisational ideology were excluded to avoid biased opinions or arguments. These exclusions followed an in-depth analysis of the literature review, the methods and the document author's own analysis and resultant arguments. Using the abovementioned criteria in this search, four databases were found to include data for the educational, managerial and human sciences. The number of studies shown in Table 2.1 represent the number of discreet studies and documents. They do not include studies that overlap or are duplicated in other documents. Following this cull, the number of relevant documents representing the theoretical basis for this planned study was 80 articles.

Table 2.1. Summary of the documents retrieved from searching electronic databases

Electronic Database	Key Terms		Year Limit	No.
	'*Strategic Panning*' AND '*Quality Management*'	Add '*Health Care*'	2003–2013	
ProQuest	31,532	5676	3187	65
CINAHL	57	31	12	2
Science Direct	34,413	9,175	214	10
Sage	31,446	1,601	72	3
Total				80

The 80 articles included in this review underwent another level of analysis to determine where each belongs within the following themes: definitions, factors affecting the successful implementation of SP; quality management and SP; SP and organisational context; and SP and healthcare organisations. Therefore, this chapter is divided into the following sections: definition of SP, SP in healthcare organisations (challenges and

opportunities), quality management and SP, factors affecting the implementation of strategic plans, and developing strategic plans

2.3 Definition of the SP Process

Strategic planning is a multidimensional concept that has been described by many theorists. Almost all authors contend that SP is a process made of several interconnected steps. These steps are defined by the purpose and the level of decision being made to choose alternative solutions whenever facing an issue or the circumstances (of the market) are changing. For instance, Lorenzen (2006) described it as the effective application of the best alternative information for decisions that should be made to ensure a secure future. Other authors, like Drucker (1993), highlighted that these decisions should significant contribute to the sustainability of the organisation, and embarked on having a future positive impact on the organisation. In that, Drucker (1993) described SP as the continuous process of making entrepreneurial decisions systematically and with the greatest knowledge of their futurity, organising systematically the efforts to carry out these decisions and measuring the results against the expectations through organised feedback. As noted by Johnson and Scholes (1993), SP should be able to determine the direction and scope of an organisation in the long-term, matching its resources to its changing environment and its markets, customers and clients, to meet stakeholder expectations. On the other hand, Herman and Herman (1994) defined SP based on the industry when they described SP from an educational point of view as a set of purposeful actions that influence an organisation to effect change. Further, they argued that SP aims at setting long-term plans that address future change in the present, and aims to achieve a desired vision for an institution or school (Herman & Herman, 1994). To this end, SP is a process, made of a series of steps that aim to improve the chances of sustainability by envisioning futuristic needs of the organisation based on market requirement.

As many experts point out (Adams, 1991; Pralahad & Ramsey, 2004), SP definitions cannot capture all dimensions of SP in contemporary systems or organisations. These experts and others agree that the definition of SP should include certain features: external orientation; a systematic approach; process for formulating plans, objectives and strategies; use of systematic methods when analysing strategic situations and pre-setting alternatives; a commitment to action; and knowing the outcomes.

SP is not an easy concept to define and there is no consensus on what it comprises (Aldehayyat, Al Khattab, & Anchor, 2011). However, many defining characteristics can be found in different definitions within the literature. The definition of SP varies according to the aims and steps adopted by individual plans, and between industries. Some descriptions found SP to be similar to other concepts, such as strategic management and strategic quality management (Ahmed & Siddiek, 2011). In this study, SP is viewed as the process of involving experts in a field who are responsible for assessing, setting priorities, determining futuristic objectives, structuring plans, strategies and methods that would ensure the achievement of the planned objectives, and the process of evaluating the outcomes in the healthcare sector in Saudi Arabia. The overall objective of this process is to ensure sustainability, progression and adequate flexibility to overcome present and future market turbulence.

The search process adopted here allowed for the identification of all surrogate terms that referred to similar meanings among different areas of specialty and expertise. The literature reveals that two terms—strategic planning and strategic management—are often used interchangeably (Lega et al., 2013). For example, Stonehouse and Pemberton (2002) defined strategic management in terms of a set of theories and frameworks that are backed up by instrumental support and techniques, and are designed to promote 'better' systematic thinking among managers so that they can plan and act strategically. Different authors have also reported that SP emphasised the process of setting long-term

organisational objectives, the development of plans that are designed to increase the chances of the organisation to sustain its services, allocate resources imperative to the pre-set plans and the process of implementing these plans.

Both SP and strategic management concern organisational plans for future development. These plans act as vehicles used by management (at all levels of responsibility) to promote the future of the firm. Additionally, they both include the identification of mission and goals, the implementation process towards the achievement of identified goals and objectives and finding solutions or corrective actions in strategy evaluation and control process (Hasnanywati, 2010). The latter leads to the research question in this study, which is concerned with factors that affect the successful implementation of strategic plans.

Johnson and Scholes (2012) suggested that a strategic plan is the long-term planned direction of an organisation that aims to achieve positive outcomes through determining the available resources (e.g., human, technological, materials) within an environment that can be described as challenging. The scope of this plan can be tailored to meet the needs of markets so that it can fulfil stakeholder expectations and ensure sustainability. In their book about SP, Swayne, Duncan and Ginter (2006) indicated that SP is a set of processes that help to identify an organisation's future desired outcomes, which would lead to developing guidelines for making decisions concerning how the organisation behaves in the future. These two definitions resemble how SP is described in this study.

Further, definitions of SP include the strategic process of formulation, which identifies the mission, the vision and the objectives. They also explain details of how the process of implementation should take place, and the detailed steps, criteria and standards of evaluation during and at the end of each phase of implementation of the SP process (i.e., formative and summative) (Daake, Dawley & Anthony, 2004). The issue of

flexibility of planning, ability to modify plans as challenges arise and summarising the outcomes of each phase are among the criteria mentioned in several SP descriptions (Hoadley, Jorgensen, Masters, Tuma, & Wulff, 2010). This refers to the research question that asks about the factors affecting the SP.

In their study, Phelps et al. (2016) found that there appears to be the issue of the instrumentation of SP on implementation, which often affects the proper understanding of this concept as a crucial step towards a more stable future. Thus, some processes become very bureaucratic, risking completing the rounds of formative and summative evaluation forms (e.g., annual or bi-annual) being transformed into mechanical tasks rather than the intended strategic thinking. Hence, when considering the definition of SP, care must be taken not to structure the skeleton of this process merely in terms of its instrumental application of plans. Goldman and Casey (2010) noticed that it can be viewed as an intelligent process that can be adapted to different forms of challenge within and surrounding the firm.

The definition of SP used in this study is a process whereby a firm establishes its objectives, formulates the necessary activities designed to achieve a set of objectives (or outcomes), implements these activities, assesses (evaluates) the progress and results, adopting both formative and summative (or final) evaluation. Homburg, Krohmer, and Workman (2004) observed that the SP process focuses on setting firm objectives and the development and implementation of plans designed to achieve them.

Another term that emerged when examining the SP literature is business strategy. Based on their work, Slater, Olson and Hult (2010) considered business strategy a crucial component for understanding the process of SP. They reported that this ‘business strategy’ is reflected in the pattern of decisions that the business makes to achieve competitive advantage. When examining business strategy as one component of the SP process, it appears that this term focuses on routes to competitive advantage, differentiation of low

cost and inflated cost services. Based on findings by Czaplewski, Olson and Slater (2002), it can be concluded that this strategy is a key factor in the process of SP, and comprises the prospect of many of its outcomes in terms of achievement and sustainability. In this study, the business strategy was assessed when managers were interviewed and asked to define their roles and how strategic plans are structured in their organisations.

The implementation of a plan requires elements that will determine its success on the one hand, and can ensure achieving the planned objectives on the other. Yet such achievement requires a clear identification of the SP process and the specific plan of the form itself. In addition to the nature and culture of the firm, Homburg et al. (2004) and Rivard, Lapointe, and Kapose (2011) found that this knowledge entitles strategic planners to adapt the plan to the needs of the firm, while appreciating its characteristic qualities and defining components, such as employee qualifications, the nature of managerial hierarchy and modes of communication between managerial lines. Elbanna (2008) reported in his study that the type of SP employed within any firm usually evolves and becomes more formal, complex and sometimes demanding over time. This necessitates the continuous observation of progress and objective achievement.

There is enough evidence in the literature of strategic management suggesting that, as the activities of the organisation become more complex and sophisticated (such as those in healthcare settings), SP will develop through various stages, from its initial beginnings as simple financial plans, into the process of predicting the circumstances that may affect the sustainability and services of the organisation, and then set or adjust plans to face such events (Elbanna & Child, 2007). However, these activities are affected by several factors that could be viewed as either challenges or enhancers to the process of implementing SP, as they have initially been suggested by the planners.

It is well understood that SP refers to the process of utilising, and sometimes guiding, both the mission and vision of an organisation to promote future development by

setting long-term organisational objectives designed to increase the opportunities of the organisation to sustain its services, allocate resources imperative to pre-set strategic plans and ensure the process of implementing those plans to achieve strategic objectives. These processes promote the development of a culture that nurtures employee loyalty to the organisational objectives and allows for their engagement in all steps of planning and implementation, while maintaining a cost-effective, long-sighted view of the surrounding environment that affects the organisation and its sustainability. Additionally, this process must be flexible where corrective actions can be taken at any time during the implementation process, as a response to an emerging need or to correct any bias from the planned objectives.

2.4 History, Theories, Concepts and Models of SP

2.4.1 History and Theoretical Premise of SP

In the early 1920s, the Harvard Business School developed a policy model that is among the earliest SP methodologies for private businesses (Blackberry, 1994). Strategy in the process of planning refers to the common thread or underlying logic that holds a business together (Hammer, 1996). The organisation draws its goals and objectives in a manner that unites resources, senior management, information (from the market and the community) and social mandates. Candy and Gordon (2011) argued that appropriate strategies usually determine organisational structure, thus leading to improved overall performance.

SP has evolved since the 1920s. Based on his observation, Hammer (1996) said that the presence of three major stages related to the evolution of SP over the last five decades. The first is the era of portfolio management, where the organisation became a holding company, managing a pool of capital to be allocated among its constituent businesses (194–195). In this era, Mintzberg, Ahlstrand, and Lampel (2009) observed that

the focus of SP was on the management of risk, industry growth and market share. According to observations of Hammer (1996), strategic decisions in the next stage became dependent on findings from analyses of competitive power relationships, and information about customers and suppliers, and threats posed by substitute products and services, new entrants to the industry and market rivals determined largely all strategic plans. In the third era, Hammer (1996) also noticed that core competencies became the main area of evaluation. Every company needed to identify what it was good at and then build its strategy around those issues. The main concern raised by experts was that organisations might not be able to identify core competencies, and that there were still potential issues SP might not consider fully in the planning and implementation processes, including psychological, sociological, political and cultural considerations (Hammer, 1996).

Experts in the field of strategic planning noticed that interest in and utilisation of SP has grown significantly in many countries over the last seven decades (Candy & Gordon, 2011). Kash et al. (2014) discerned that all organisations, regardless of specialisation and service, have adopted SP as one method of improving resource utilisation, minimising cost and ensuring sustainability.

The philosophical premise of SP emphasises the necessity of planning that seeks insights into a range of domestic elements within the society that the organisation is serving, including the socio-economic and ethic-legal conditions and the customs of the local community. Based on the observation made by Adams (1991), the four major planning theories underpinning SP are philosophical synthesis, rationalism, organisational development and empiricism. These theories are defined as follows:

1. Philosophical synthesis, which emphasises the planning process that considers all data about the social, economic and ethical conditions of the community the organisation is serving.

2. Rationalism represents the mechanistic aspect of the planning process, through which individuals and their relations are defined as utility and instrumental. Models of the rational planning assume a logically sequenced cycle of goal setting and objective determination, plan making and implementation, and finally reviewing of outcomes and results of actions and planning steps.
3. Organisational development, which includes the approaches adopted in human relations to introduce change in management models and style, employee satisfaction, decision-making processes and the organisation's overall performance.
4. Empiricism emphasises the significant role of empirical studies on the performance of the organisation. It acknowledges that specialists like public administrators, economists and other social planning theorists are interested in findings from research on system behaviour. Empiricism uses a positivist premise when defining its goals, in that it is less normative and less concerned with planned social change.

Descriptions of SP represent what decisions should be made in advance. They further examine the what, how, when and who when developing goals, policies and plans. Based on empirical evidence, Siciliano (2006) reported that they also consider setting alternative courses of action necessary to ensure the achievement of pre-set goals and objectives.

SP focuses on the evaluation of the present and past performance of an organisation and how decisions made by its managers influenced the outcomes of its function. It also examines what information about the community, the economy and other areas that usually affect the status of the organisation in the industry. It further investigates the future requirements needed for the firm to stay in the market. In this respect, Hu et al. (2014) indicated that SP examines the foreseeable strengths, weaknesses and threatening factors, and ensures that plans are developed to deal with these. Currently, SP is moving towards the adoption of modern technologies, aimed at promoting better outcomes of

services and products, gaining more flexibility when encountering the fast-changing market and ensuring the sustainability of the organisation.

2.4.2 Rationale of SP

SP is crucial to the present and future of any organisation as it sets reasonable, well-studied plans to meet the needs of the community that the organisation is serving. 'Community' here refers to the local community in which the organisation is directly providing services, or the mega community of the country (Lega, Longo, & Rotolo, 2013).

Another rationale for SP concerns planning for expansion. When an organisation plans for expansion, it should observe a minimum standard to ensure an acceptable level of quality performance. Therefore, within certain industries like higher education, these standards cover the number of faculty, qualifications, ratio of students, facilities, laboratories, training settings and the number of administrative personnel. Phelps et al., (2016) argued that these standards could be achieved through conducting field surveys and evaluation studies to operations and outcomes, as well as cost–benefit analysis.

The effective implementation of strategic plans makes the organisation more responsive to socio-economic changes within the community. This responsiveness also improves the viability and sustainability of the organisation to live longer, develop and learn to be more resilient. Another rationale for using SP is the need to establish priorities depending on the knowledge that resources available for sectoral services are unstable, as they might decline at any point in time. SP can provide judicious alternative plans that aim to maintain the service at the minimum standard and promote the effective use of available resources. . Finally, Schneider (2015) observed that SP simply means a vision of future changes and more realistic forecasting of events.

2.5 SP in Healthcare Organisations: Challenges and Opportunities

Several healthcare organisations have adopted SP in recent decades after it was tested in other industries (Alexander, 2006). However, many other healthcare organisations have not yet involved SP as part of their futuristic vision for sustainability and growth (Blatstein, 2012; Duarte et al., 2014). Based on his work in the field, Zuckerman (2006**)** argued that after nearly three decades of adopting SP in the American healthcare industry, results indicate the presence of considerable improvements in the outcomes, including customer satisfaction, better employee retention rates and better financial performance. Yet these outcomes are limited compared with other industries, which adopt the process of SP and follow these plans for longer periods.

By referring to the research question about factors affecting the effective implementation of SP, the next sections address some of the most frequently reported factors. They also address the question concerned with the individuals involved in the steps of SP. It has been suggested that SP is the responsibility of all employees and managers. Managers assign qualified individuals to run needs assessments for the population and set the prospect of the organisation (Phelps et al., 2016). Depending on their knowledge and experience in SP, those individuals engage employees in all steps of assessment, planning and then implementation of the strategic plans. Based on findings in the literature, Riley (2012) argued that strategic plans exist at almost all levels of an organisation, whereas SP involves those at the top, middle and lower management, in addition to the individuals working within. However, the senior managers are responsible for ensuring the successful implementation of those plans. O'Regan and Ghobadian (2002) found that the process of SP included the use of elements and techniques in a systematic way to achieve a specific target, and involved establishing clear objectives and the necessary activities and resources to achieve them.

Although SP or the management phase focuses mainly on strategy in relation to business environment, markets and competitors, Pirtea et al. (2009) found in their study that the most common process within this understanding is still based on preparing plans that involve all levels of corporate organisation, which involves participation and learning. Kohtamaki, Kraus, Makella, and Ronkko (2012) also found in their study that the participative and learning processes, which engage employees in implementing strategic plans and ensure their proper implementation, should also be considered as key components of the SP process when looking at defining the concept.

Based on his observation and expertise in the field, Zuckerman (2006) suggested 10 practices to improve the outcome, from adopting SP to promoting high-quality work, sustainability and progression. These practices belong to two main categories that have been defined based on the type of functions: the product of SP and the implementation of SP. Zuckerman (2006) said that the main aim in proposing those 10 practices was to improve the outcome of healthcare organisations so they would join the top-tier healthcare settings (Zuckerman, 2006).

Practices that belong to the product of SP include establishing a futuristic vision; addressing critical issues that affect strategic plans; developing strategic plans that can be understood, implemented and evaluated easily; differentiating between competing organisations in the industry; excelling in the services customers usually seek; and achieving measurable benefits (Zuckerman, 2006). Duarte et al. (2014) shared this view and emphasised the need for a clear, mature vision that involves all employees in the steps taken to ensure quality services. Practices that belong to the process of SP orient employees to strategic plans, their objectives, timelines and what the employees at all levels are expected to achieve during implementation of these plans (Zuckerman, 2006). SP processes include identifying the roles of everyone to promote the successful implementation of SP, being sensitive to future changes, managing the process of

implementation at the micro and major levels, managing in a manner that allows for evolving plans to come to the surface and solving any contingent problem or challenge (Zuckerman, 2006).

From his observations, Alexander (2006) confirms Zuckerman's argument, and adds that addressing these 10 practices should improve the healthcare industry. Further, some in the industry have long assumed it is different from other industries. This assumption has left many aspects of SP within the industry behind other industries (Alexander, 2006). Alexander and Zuckerman indicated that, notwithstanding the 'different' nature of healthcare as a human service, SP remains similar in many of its dimensions compared to other industries that have different objectives and services.

Based on his observation, Blatstein (2012) argues that SP is crucial for the survival and livelihood of any organisation, including healthcare. Some health organisations tend to underestimate the effect of the factors that affect the process of organisational implementation of strategic plans. These organisations often focus on problems concerning a single aspect of the implementation, while other sources of the problem exist within the area between assessments through evaluation (Naranjo-Gil & Hartmann, 2007). This represents a serious risk for a successful implementation process of the strategic plans. If all factors are not appropriately addressed, and properly identified and anticipated, they may arise once work is underway, and the result would then be reduced effectiveness in implementing the plans. Therefore, it is crucial to investigate what managers at various levels on the organisational administrative ladder perceive as concerns and issues that affect the implementation process. It is essential to explore the perceived factors that managers believe deter the achievement of the 'good' objective from the strategic plans.

2.6 Role of Staff in SP

The research questions in this study ask about the role of all individuals within a firm, the literature discussing how employees and managers influence the outcome of the SP is discussed here. The role of the manager in improving all processes concerning the organisation cannot be ignored; this also applies to the process of SP. Al-Turki (2011) aimed to introduce a framework for developing a maintenance strategic plan that integrates with other functional areas within corporations in Saudi Arabia. Al-Turki (2011) argued that the involvement of the main stakeholders and the top management's commitment is essential, as they ensure the successful development of a maintenance strategic plan (Al-Turki, 2011). Although the process of developing a strategic plan in maintenance differs from that in other areas, the main conclusions can be applied to healthcare organisations, especially in Saudi Arabia. The author also contended that additional emphasis should be put on handling senior management and other partners within the organisation to improve the process of planning, implementing and evaluating strategic plans. VanVactor (2012) emphasised that leaders must have a sound logistics platform so that healthcare organisations can be prepared for any turbulence or disaster.

Managers, especially CEOs, are key to the successful planning and implementation of strategic plans. Although managers at various levels of responsibility have the role of ensuring that the outcomes of SP are achieved, the CEO is often responsible for the final decisions that will determine the implementation of strategic plans, present and future processes and who will perform them (Sollenberger, 2006). Naranjo-Gil and Hartmann (2007) analysed the effect of hospitals on the strategic performance of two types of organisational requirements in Spain: the hospital's CEO and of their management information system (MIS). They reported that hospitals spend nearly 15% of their budget on gathering and using management information, which provides managers and planners with information reflecting the outcome of many processes within the organisation that is

crucial to the successful implementation of strategic policies. They also suggested that the CEO's background affects the use of MIS, which in turn affects the strategic policies adopted by the health organisation. One main finding indicated that CEOs that have a 'dominant administrative' background often use MIS more diagnostically than interactively. That is, they tend to use the information provided to evaluate both performance and financial processes. Naranjo-Gil and Hartmann (2007) observed that this information is inadequate in the healthcare industry that comprises comparably important non-financial information for decision-making, such as health-related and employee satisfaction information. However, CEOs whose background is mainly clinical usually use MIS interactively rather than diagnostically, in that their use of this information brings them closer to the outcome of the processes that take place in the clinical areas (Schultz, Pal, & Swan, 2004). They also use clinical information more than financial information to reflect the result of SP. Naranjo-Gil and Hartmann (2007) suggested that CEOs with diverse backgrounds tend to align in how they make SP decisions. Therefore, clinical CEOs are aligned better with the roles of CEOs of hospitals (Naranjo-Gil & Hartmann, 2007).

Managers should be able to assess and manage problems related to both financial and non-financial areas, on time, using knowledge of management and health. Sollenberger (2006), reflecting on the key role of the CEO, also said that her role as a CEO was a determinant of the success of the strategic plans at the University of Wisconsin Hospital and clinics in the US.

The role of frontline staff to the success of SP in any organisation cannot be overstated. The literature suggests that the effect of employees and how human resources are managed can affect the effectiveness of SP. The literature reported that human resource strategic management has a critical effect on the quality of services provided within healthcare organisations, thus affecting the implementation of strategic plans

(Gowen, McFadden, & Tallon, 2006). Among the indicators associated with human resource management are employee commitment, error reduction barriers, quality management processes and practices, programme results, and competitive advantage. Bou and Beltran (2005) stress that human resource strategic management practices act as moderators when measuring the effect of a quality management system on organisational performance. Employee commitment is a crucial factor in the success of any strategic plan in a health organisation (Gowen et al., 2006). Objectivity, involvement of all levels of management and flexibility and diversity (in approach and implementation) thereby enrich and promote the success of these plans (Hoadley et al., 2005).

Gowen et al. (2006) investigated the importance of strategic human resource management in healthcare errors, error reduction barriers, quality management processes and practices, quality programme results and competitive advantage. They reported that human resource management is central to reducing the factors (or errors) that negatively affect the process of achieving SP outcomes successfully. They further suggested that customer satisfaction and financial improvement have increased by adopting strategic human resource management. Hence, a study that addresses factors that affect SP should consider the relationship between SP and financial performance on the one hand, and human resource management on the other. In their study on non-profit organisations in the US, Hu, Capucu, and O'Byrne (2014) also found that time commitment from staff is crucial to the successful implementation of strategic plans. Mosley et al. (2012) reported similar findings and added that employees, once committed to the strategic plans of the organisation, could ensure their success, even with limited resources.

In healthcare, SP should be a goal-directed approach with exclusivity of both planning and implementation, and should provide flexibility in structure and performance, while taking into consideration the community it serves (Gin, Lee, & Ellis, 2006; Lazarus, 2011). Thus, the success of any given plan in one organisation or industry does not

necessarily imply its success in another. Gin et al. (2006) investigated the effect of two factors—community orientation of the hospital and strategic flexibility—on financial performance in the technological turbulence of the US market. They concluded that both factors have led to the better financial performance of hospitals. This finding suggests that strategic flexibility in planning, which considers community needs and requirements in the present and the future, are crucial, not only for obtaining quality outcome services, but also to improve the financial performance of hospitals (Gin et al., 2006). Therefore, it can be assumed that strategic plans made by non-Saudi strategic planners may not be as effective or able to achieve their outcomes, such as cost-effectiveness, staff satisfaction and retention and service.

Hoque et al. (2016) examined the benefits and challenges of adopting software called Strategic Information Systems Planning (SISP) within healthcare organisations in Bangladesh. They reported that key challenges included healthcare environment and culture, lack of resources, limited budgets, lack of motivation of the top management and lack of end-user involvement. Similarly, Littman-Quinn, Mibenge, Antwi, Chandra and Kovarik (2013) suggested that adopted top-down initiatives for implementing strategic plans using technology did not often result in significant achievement.

Other studies have examined the adoption of software developed to improve and enhance decision-making regarding strategic plans. Lee and Kwak (2011) investigated the adoption of strategic enterprise resource planning in a healthcare organisation, utilising the Multi-Criteria Decision-Making (MCDM) model. The MCDM was developed and analysed based on information obtained from a patient-oriented provider of healthcare services in Korea. They concluded that the enterprise resource planning model has resulted in improved outcomes in strategic decisions related to financial performance, work force management, capacity, revenues and admissions. This study has provided evidence of the potential that decision-enhancing software could have on improving

strategic plans, thus improving the outcome of different, multi-layered processes within healthcare organisations.

While many American and European business organisations adopt different forms of quality initiatives within their operative environments and operations (Silvestro, 2001), such initiatives have not been widely deployed in Arab or Saudi organisations (Elbanna, 2008). For example, an analysis of American firms indicates that even with the presence of quality management and control programmes and well-established instructions of application, experts still see limited benefits of such efforts (Ryan & Moss, 2005). When examining Saudi organisations that adopted programmes of quality improvement, the effect of the adoption has not been established by clear quality indicators and outcomes (Khaliq, 2012). The absence of these indicators might be related to issues like lack of information on the individuals engaged in applying the programme, a decreased level of participation of end-users in planning (Tseng, Tansuhaj, & Rose, 2004) and, sometimes, the presence of an unclear vision by either the planners or the top management on how the programme can be implemented and its outcomes fulfilled (Yusof & Aspinwall, 2000).

Finally, according to the literature and its evidence of the sophisticated nature of the SP and the crucial role it plays in ensuring the possibility of survival in any industry, Saudi organisations are largely dependent on traditional methods. The organisations are criticised for their limited achievement and high failure rates, so need urgent investigation of challenges (factors), evaluation of processes and assessment of successes and failures. Above all, there is a need to identify what was done well and what needs to be fixed in the future. The recognition of these challenges may improve the possibility that these organisations can change and improve their prospects for survival, thus also allowing the expansion of services in a cost-effective manner. Examining the challenges that both Saudi healthcare leaders and other employees perceive or encounter when developing and implementing SP in their organisation is required.

2.7 Factors Affecting the Implementation of Strategic Plans

SP processes increase the ways an organisation manages its internal resources by determining how to position them within the organisation (Yusuf & Saffu, 2009). This section of the literature review examines the main factors, challenges and obstacles in the implementation of strategic plans. Many SP programmes are intended to improve the quality of services provided (Pirtea et al., 2009). However, several factors have been identified in the literature examining SP and quality management that can deter the successful implementation and achievement of the planned outcomes. The problems underlying the disappointing results after adopting SP and the implementation of these plans are manifold. For instance, some include the technical aspects of the implementation process. There are also factors that cause concern to strategic planners and have an effect on the outcomes. These include factors related to the organisational implementation of the plan or the detailed processes that take place at every service delivery point, and the inclusion of parties who are involved at some point in providing services (Ettelt, Fazekas, Mays, & Nolte, 2012).

Additionally, the culture of the organisation (e.g., hierarchical structure, reward-punishment system, incentives, teamwork, communication within and between departments and the presence and effect of negative news on employees) was found by Garcia and de Val Pardo (2004) to be a factor affecting the implementation of strategic plans. Other researchers found that the use of information technology and how much employees are interested in or even adept at using this resource, and how this technology fits into the human and service components within organisations, were found to influence the implementation of SP (Elbanna, 2009; Garcia & de Val Pardo, 2004).

Performance improvement or appraisals that indicate the level of employee awareness and engagement in the achievement of strategic plans is another crucial factor

that affects the success of any SP in healthcare organisation. Lazarus (2011) said that it is important to evaluate cyclic strategic plans periodically, to make the necessary correcting steps for any inadequacy or under-achievement of objectives. These steps include performance improvement indicators, which ensure that employees are aware of their involvement in the process, and determine the organisational capacity to improve (Lazarus, 2011).

The strategic plans of these programmes have not been explicitly identified, so their outcome might be assessed in conformity with such plans. Although these factors reported in the literature could explain the inadequacy and ineffective implementation of quality management planning in Saudi organisations and enterprises, there might still be missing factors that require exploration. While research supports, identifies and evaluates the adoption and implementation of quality management programmes, little effort can be found in that regard in Saudi Arabia. There is still a gap in the knowledge concerning the effectiveness and the barriers affecting the development, implementation and evaluation of quality management plans and the process of SP.

Among the issues of concern is the adoption of diversified strategies that may guarantee the presence of solutions at a time when problems of SP arise. Gary (2005) examined the process of implementing a related diversification strategy. He concluded that in the absence of diversified policies, related diversification can affect firm performance negatively, even when substantial synergy opportunities exist. He also reported that contrary to the existing theory of the usefulness of diversification (Zott, 2003), these diversified strategies based on a very high degree of relatedness can lead to lower performance than less related strategies in some circumstances. Counter intuitively, extracting potential synergies may require additional investment in shared resources. It is therefore important to highlight that, contrary to the common assumption; the adoption of

diversification strategies may not achieve their respective outcomes, when they are taken solely with no consideration of other factors.

The factors affecting the implementation of plans also include factors related to the organisation, employees, managers, stakeholders and even the system adopted within the organisation. Many researchers (Conca, Llopis, & Tari, 2004, Sadikoglu, 2008; Sila & Ebrahimpour, 2003) reported that the critical factors of total quality include SP, employee training and management, information and analysis, supplier management, process management, customer-care and continuous improvement.

El Banna (2007) in his study about strategic planning practice found the presence of many challenges to the development of a range of industries in Arab Middle Eastern countries. Although these might differ in some areas, most apply to the healthcare industry (Lee & Kwak, 2011; Leg, Longo, & Rotolo, 2013). Discussing these challenges, which delimit the scope of administration of any organisation and applying them to the healthcare industry, can make understanding (potential) future problems much easier, and help the SP. These include the following dimensions:

- Fast changes in the business environment:

Keeping pace with the evolutionary nature of technological advances is an extremely challenging task for almost all strategists. These changes can be clearly seen to affect many aspects of communities, including the political, social and economic. For instance, revolution in the communication industry is occurring at a pace that is hard to follow, thus posing a very challenging issue for strategic planners. Therefore, strategists must set plans that are flexible, to encompass a very wide range of changes in the future.

Based on findings from an interventional study, O'Sullivan (2016) argues that continuous changes in the business milieu demand continuous revisions and changes to planned objectives. Based on evidence from his study, Balkaran (2016) emphasises

the importance of auditing to ensure contingency of strategic plans in all aspects of implementation, including methodology (process), implementation and evaluation. In their interventional study, Bolisani and Bratianu (2017) found that the current business world is an increasingly turbulent environment, and is governed by uncertainty in many aspects. This uncertainty is critical to SP and to the sustainability of the business. Therefore, strategic planners should be very cautious about the plan of action they set, and should envision the expectations of the market in the future. In his book, Spender (2014) even contended that the knowledge of the world that the planner possesses could make an enormous difference on whether the firm can stay or would face difficulties in the future.

- Universality of business:

Globalisation is a reality that every company or institute must live with. It is not enough to set goals based on domestic markets anymore; the vision and mission of any organisation needs to consider the world's movement in their industry. Limitless boundaries of trans-global companies have increased the challenges businesses encounter today. Even though healthcare has been improving in all aspects, the emergence of trans-global businesses as an inevitable partner or competitor to this industry has increased, or changed, customers' requirements. Customers have become highly aware of their rights, can distinguish between 'good' and 'no good' services, and can determine cost versus quality. These facts, among others, have made business less domestic, and more global, than ever before.

- Technological innovations:

Technology is highly appreciated for what it can provide to any industry in terms of competitive advantages necessary for both survival and growth in the business world. It is changing rapidly, and those who lag behind will face real threats that go beyond just sustainability. Managers who intend to make plans to face competitors with better

technological innovations must develop innovative ways of competing and taking advantage of technologies, even when these are not the most recent. This quality can be achieved by utilising the best, most well trained individuals who can make the most of what is available. Based on findings from their study in Russia, Kabakova, Plaksenkov and Korovkin (2016) emphasised the importance of strategic thinking and planning in predicting the market future, and actions can be modulated based on this information. Ertek, Tokdemir, Sevinç and Tunç (2016) in their study report argued that the accuracy of decision processing could be significantly affected by the availability of information. That is, a decision can be made faster and better if information is provided using technological instruments, such as graphs and direct visualisation of the objects under study.

Mora, Wang, Raisinghani and Gelman-Muravchik (2017) in their analysis noticed that the use of business information technology strategic alignment—as a model for information processing to assist in decision-making—is helpful and improves the adaptability of the business to market changes. Additionally, Baptista, Vasconcelos and Rocha (2017), who evaluated the effect of an information system through its maturity, found that the decision-making process could be improved using information processing to feed the SP process and to reduce uncertainty and inherent risks.

- Lack of resources:

Lack of resources is a common challenge to all industries, including healthcare. Many industries face serious shortages of raw materials, skilled and trained personnel and other things needed to provide a production or service. This shortage requires both short and long-term strategic management plans that can reach, or even prepare, the necessary materials and trained hands so that the service can be finally provided over an extended period and at same, if not better, quality. It is the responsibility of the decision-makers among managers to decide what should come next, how it will be

achieved and who is going to perform it. Among those are the strategic planners who might be held responsible for reflecting the real picture of what is, will or might be happening in the future in the industry.

Although the above factors included the fundamental issues concerning SP within healthcare organisations, more factors were identified in other studies. Kash et al. (2014) conducted a study that addressed successful factors for strategic change initiatives based on the qualitative responses of the healthcare administrators in the US. There were 61 in-depth personal interviews using open-ended questions that focused on administrators who represented various levels of organisational hierarchy. Kash et al. (2014) identified the 10 most frequently reported success factors: culture and values; business processes; people and engagement; service quality and client satisfaction; coherent planning; financial resources and accountability; leadership; market forces and external demands; access to information; and communication.

Culture and values refer to the presence of support for strategic plans and the acceptance of required changes to achieving the strategic objective. Business processes refers to the operational activities conducted within the organisation (including patient transfer between organisational departments, time spent waiting to receive the service and how processes within the organisation should work).

The people and engagement factor refer to the processes followed to engage employees in the SP. These include hiring, training and education to reduce turnover rates and reward those who perform well. The results of this study indicate that the success of strategic plan initiatives requires the engagement of employees, while leaders conduct activities and make decisions that support the creation of a culture that facilitates the successful achievement of strategic objectives. Additionally, Kash et al. (2014) stress the importance of quality and safety measures that require the collaborative work of

employees from different specialisations, such as administrative personnel and healthcare professionals.

The authors stressed that the leadership and communication factors usually identified in the literature as the main factors affecting the successful implementation of SP are less influential in the case of SP than the previously explained factors of employee engagement and organisational culture. The focus of this study is on the change required in employees to create a culture that accepts the introduction of strategic objectives in the organisation (Kash et al., 2014).

Although most of the challenges or factors encountered in any industry have been discussed above, a closer examination can be beneficial to determining what other details are required to explore SP's effect on quality management.

2.7.1 Management and Resource Problems

Other factors have been reported to affect the successful implementation of plans. Among the management problems is lack of information and knowledge pertaining to the strategic plan among those engaged in preparing, managing and providing the intended services. According to findings by Elbanna (2008), these have been found to contribute to weak implementation, or even to deter the successful implementation of SP processes in firms. When technical and organisational problems are not considered or are improperly identified, the anticipated outcome will be deterred, as they may arise once work is already underway. Therefore, it is crucial for any management or planners to consider both issues when choosing the strategy for any programme.

SP is very different from operational planning. It is sometimes useful, but not always desirable, to involve 'grassroots' managers in the writing of strategic plans (although it is often valuable to devise ways that enable ideas to come into strategic thinking from all levels of management). Involving managers in SP refers to the full

participation of the management team in many or all steps that produce the strategic plan. It is essential in both short and long-term planning success (Elbanna, 2008). Additionally, lower-level managers may also participate in this process. This participation is beneficial either because they have the required skills, knowledge and experience on which the firm should draw, or because the motivational value of such participation or involvement is usually high (Elbanna, 2008). Conversely, Pirtea et al. (2009) in their analysis of literature noticed that it is not always desirable for a company's total strategic plan to be known too widely or at all levels within the company when there is a major acquisition strategy. Yet, it may be valuable for selected aspects to be published at several levels so that their prospects can be foreseen, and then reported as feedback during the implementation phase (formative evaluation). That evaluation loop helps the timely adjustment of plans, depending on the problems arising.

In his study, Elbanna (2008) aimed to investigate relationships between SP practice, management participation and SP effectiveness. The researcher recruited 87 participants from privately owned firms working in Egypt, who completed questionnaires. The findings indicated that SP practice, but not management participation, was significantly associated with SP effectiveness. Further, the researcher reported that both SP practice and management participation enhanced the effectiveness of SP. The study further emphasised the significant role of the employee when engaging in the process of SP.

2.7.2 Technical Problems

Technical problems are one important source of challenge to the successful implementation of SP. Grant, Hall, Wailes, and Wright (2006) found in their study that they include, but are not limited to, inadequate orientation or ill-defined functional requirements, inadequate underestimating of the difficulties related to legacy closing and

errors in the choice of ERP software. Conversely, Bernroider (2008) in his study found that other problems related to the organisational implementation of strategic plans include top management's lack of commitment to the programme components of steps, relationships, communication and objectives, the partial or total disengagement of end-users and clients from the programme and the subsequent resistance to change resulting from this issue.

However, these are not the only technical problems identified in the literature. Douglas and Judge (2001) surveyed 229 senior hospital administrators and noted that adoption level positively related to performance. There were six quality management components used in the study: top management involvement; breadth of quality philosophy; quality-oriented training; customer focus; process improvement; and management. Examining problems related to the implementation of a newly developed programme is a step towards identifying factors that affect the achievement of the expected outcomes as per SP. Al-Mashari and Zairi (2000) in their study in Saudi Arabia found that the company management often underestimates the difficulties encountered when applying a new programme, especially those related to organisational implementation.

Ryan and Moss (2005) investigated the implementation of a total quality management programme in small to medium-sized manufacturing firms. The purpose of their study was to investigate relationships among quality management implementation and performance. They introduced a new total quality management (TQM) implementation strategy called the 'Core' approach. They tested the efficacy of a five-element quality management model that includes customer focus, supplier relations, cross-functional teams, scientific thinking and statistics and process management heuristics. They concluded that there is a significant relationship between the level of implementation and firm performance. Irrespective of industry classification, higher levels of quality

management programme execution were associated with higher levels of both financial and operational performance. More importantly, Ryan and Moss (2005) contended that implementation was not a contingent process, and the more holistic the execution or implementation of TQM, the more successful the organisation can be.

Based on findings from their study, El Amrani, Rowe and Geffroy-Maronnat (2006) suggested that when a strategic plan fails to achieve its objectives, the focus is often on the technical problems. Failure to consider problems related to technical and organisational implementation steps may jeopardise the accuracy of choosing a suitable implementation strategy that conceives an appreciated level of achievement. Consequently, inadequacy concerning choice of strategy will affect the outcome of implementation afterwards. In this vein, Daft and Armstrong (2009) in their book noted that strategic performance management tools observe the achievement of strategic objectives. Ultimately, these tools observe the progress of strategic plans, provide empirical evidence on achievement and shed light on the quality of performance for each unit within the organisation. They also highlight issues of service quality and quantity (adequacy), such as waiting time of patients, delays in imaging services, elective surgery waiting lists and critical care bed needs versus supply. Aguinis (2009) observed that performance management is the tool adopted by an organisation to identify, measure and develop the performance of individuals or groups and align this performance to the strategic goals of the organisation.

The UK's National Health System adopted a performance assessment framework that consisted of a number of performance indicators grouped together in six domains. In the analysis, Smith (2002) noted that performance management provides solid indicators on the services and success of the SP. It targets health improvement (including rations of mortality and morbidity rates); fair access (such as the standardised rate of certain surgeries run for a specific age group, such as tonsillectomy for pre-schoolers,

laparoscopic cholecystectomy for older women; effective delivery of appropriate healthcare (e.g., the percentage of emergency admissions for patients complaining of nonspecific chest pains and the number of those who return within 28 hours; efficiency(e.g., number of cases of day surgery as a percentage of all elective emergency and clinic admissions); patient/caregiver experience (e.g., percentage of outpatients examined by specialists during the previous eight weeks after being referred from emergency residents, versus those requiring admission and treatment as inpatients); and health outcomes of healthcare services (Smith, 2002). These indicators often offer a balanced view of service performance and reflect the adequacy of plans to manage all necessary versus offered services, and provide evidence of the effectiveness of the services.

Similarly, Saudi healthcare organisations are required to adopt tools of performance management that, on average, reflect the progress of strategic plans and highlight areas that need straightening or changing. Various sophisticated tools measure strategic performance, and the choice of which to use depends on the strategic plan and the expertise of the planners. Some of these tools include the appraisal system, job descriptions, training and educational needs of employees (Lutwama, Roos, & Dolamo, 2013).

The complex process of SP has been faced by factors that, on one hand, impeded its progression and, on the other, affected the perceived effect of this process on the outcome of the firm. Among these are technical factors or problems, which play a crucial role in the survival of the firm and the successful development and implementation of the plans.

2.8 Developing Strategic Plans: Effect of Organisational Context

Organisations differ in their perspectives, components and services, even within the mission and vision they adopt. It can be argued that although many organisational contexts may be similar in a range of issues, Saudi organisations have their specific contexts and problems that need to be considered and examined. Additionally, while the philosophical approach in many Western countries emphasises that more human engagement and flatter organisational structures are crucial to the success of any quality plan (Kash et al., 2014; Ryan & Moss, 2005), such a premise has not been established in Saudi Arabia via empirical study. As suggested by researchers such as like Claycomb, Droge and Germain (2002), Kash et al. (2014) and Wang (2004) in their studies, inadequate achievement from quality management initiatives has resulted from a mismatch between the steps of those programmes and problems present within their respective environments. Kash et al. (2014) in their qualitative study found that both the culture of the organisation and employee engagement are among the main determinants of the successful achievement of strategic objectives. Each organisational culture is a unique structure that determines a range of aspects within the organisation, including the SP. This also applies to Saudi organisations. The culture of Saudi healthcare organisations has not been investigated for its effect on strategic plans, and it either promotes or hinders the implementation of these plans. Therefore, the adequacy of SP and the implementation process adopted within any healthcare organisation may not be evaluated based on literature alone without investigating the specific culture of the organisation. Thus, this study has explored the factors affecting the implementation of quality management plans in Saudi organisations and enterprises.

Sadeghifar et al. (2015) investigated the strategic management process in 24 teaching hospitals in Tehran. They collected data using a questionnaire containing 130

items. The study questionnaire measured the situation of formulation, implementation and evaluation of SP requirements, facilitators and benefits in these hospitals. The findings indicate that all investigated hospitals had a strategic plan. The rate of compliance with requirements and quantity of planning facilitators were rated as medium, indicating an acceptable level of compliance among employees. Attention to stakeholder participation while planning, attention to the planning components, the status of evaluating a strategic plan and the benefits of SP for hospitals were in the medium limit (Sadeghifar et al., 2015). However, employee commitment to the SP process was lower when compared with the stakeholders. In addition, the adoption of SP in these hospitals was not clearly justified for all employees. The stakeholders reported that the strategic plans were developed in their hospitals to signify the best achieving hospitals from the less achieving ones under the supervision of the ministry of health (MOH). The authors concluded that the absence of an incentive system that rewarded the best achieving hospitals led these public hospitals to formulate SP based on plans set by the MOH rather than the need of the hospitals themselves. Therefore, all investigated hospitals had strategic plans that were implemented efficiently, but the result of the evaluation had not been performed so as to guide the next phases of planning and implementation. In this vein, strategic thinking has been suggested by many experts to ensure achievement of the planned strategic objectives.

Spender (2014) noted that the notion of strategic thinking implies the ability of an organisation to anticipate the turbulence of the market, and assumes a position that entitles it to initiate efforts that guarantee its sustainability and growth. Strategic thinking is a mental process oriented to the future, as it reflects the philosophy of the organisation in regard to work, competition and winning (Bolisani & Bratianu, 2017). In times of market uncertainty, Bratianu (2015) noted that strategic thinking could integrate nonlinear, solution-producing models for the complex, dynamic and fuzzy healthcare organisations generating environments that are conducive to productivity and progressive. This is

especially important in the present market in Saudi Arabia, which is fast changing. Current operational thinking based mainly on short-term plans is not adequate anymore. Therefore, SP requires the adoption of strategic thinking that enhances the view towards the anticipated change in needs and requirements, and envisions the future (Bratianu, 2015).

The issue of successful adoption and implementation of SP is a key factor in the sustainability, survival and livelihood of an organisation. This topic has been investigated by many researchers in different areas of the world. Brenes et al. (2008) measured the effect of key variables on the successful implementation of business strategy. They included 300 companies in Latin America, targeting board members and executive presidents or general managers. The questions in the questionnaire were: 'How important is the role of the Chief Executive Officer and management actors?'; 'Do firms prioritise actions prior to implementing strategy?'; 'Are control and follow-up tools valued?' and 'How is a successful strategy implementation ensured?' Based on their findings, Brenes et al. (2008) concluded that the development of SP has a significant effect on the sustainability of companies within a very competitive atmosphere (such as that of Latin America) that is witnessing vast developmental changes as their evolving political systems have led to the development of policies that are more open. Empirical evidence obtained through this study confirms how hard it is for companies to alter their performance unless they radically adjust some practices to facilitate the implementation of the strategy chosen. The authors also found that the most successful companies reported corporate governance leading the change, CEO leadership and suitability, motivated management and employees and the strategy formulation process. Yet, they contended that change requires participation of all levels within any firm.

Strategy formulation is just the first step in a long journey that involves a range of activities within SP, including diversification of strategies, engaging different employee levels and taking into consideration the specific cultural components of the organisation

(Sollenberger, 2006). Learning from Latin American companies, Saudi organisations are required to work on similar models, not necessarily by adopting the specific steps but rather by interpreting data coming from these and other experiences, such as the Malaysian one, and modulating an approach that may achieve the sought outcomes.

The issue of quality measurement and SP has concerned many investigators, but important aspects of evaluation of the outcomes have not been identified in Saudi Arabia. Healthcare organisations are complex systems that include many tiers and diverse specialisations, all of which determine stages of the SP process within the organisation. These specialisations also determine many aspects of the successful implementation of the strategic objectives. Based on their observation, Paina and Peters (2012) argue that the complexity of healthcare organisations, coupled with the need to scale up the services provided to the public with sustainable and manageable cost-effective services, require CAS. CAS are multi-disciplinary approaches that aim to understanding the behaviour of individuals or groups within an organisation, and are diverse and interconnected (Anderson, Issel, & McDaniel, 2003). Those individuals or groups perform many processes in the system, which has the capability of re-organising, learning and adapting as individuals implement the planned tasks (Maguire, McKelvey, Mirabeau, & Oztas, 2006). Within these systems, several internal rules govern how, when, where and why individuals act, thus leaving limited margins for improvisation (Plsek & Greenhalgh, 2001). Therefore, control over these tasks becomes higher, depending on the level of activity and individuals involved. McDaniel, Lanham and Anderson (2009) summarised the characteristics of CAS, all of which apply to healthcare organisations, as follows: diverse individuals who are learning; the presence of nonlinear interdependencies within the system; self-organising; emergence and co-evolution.

As healthcare organisations are very complex, multi-layered systems, SP is an ambitious approach that provides such structured systems with flexibility, engaging all

layers of employees in the process of planning, implementing and evaluating futuristic objectives that aim mainly to improve cost-effectiveness, promote better services and ensure sustainability and customer satisfaction (Wilson & Eirletsen, 2010). According to Paina and Peters (2012), the local 'cultural' context(s) within the organisation affects the implementation of any quality health programme that aims to promote healthcare services. This is especially true in a country like Saudi Arabia that has many cultural characteristics, making it different from the other social contexts around the globe. Healthcare organisations in Saudi Arabia depend mainly on non-Saudi professionals, as the current number of Saudi healthcare is less than required. Therefore, the healthcare workforce is comprised of professionals from diverse cultures, all of which form the internal cultural context of Saudi healthcare organisations. In their study, Jaana, Teiltelbaum, and Roffey (2014) found that SP could harmonise the efforts of those professionals towards the achievement of objectives utilising the energy, knowledge and expertise of employees from various backgrounds.

Therefore, it is crucial to identify factors affecting the successful implementation of strategic plans assumed to achieve high-quality outcomes while managing the sophisticated and overlapping system-related factors within firms.

2.9 Conclusion

The literature indicates the vital role that proper SP could have in improving healthcare organisational achievement for positive outcomes. These outcomes are related to decision-making on issues like present and future financial planning, work force and employee retention and satisfaction, improved services and, above all, customer satisfaction. In Saudi Arabia, strategic plans have been adopted for many years, yet their effect could not be widely detected. Limited studies have explored issues concerning the planning and implementation of strategic plans within Saudi healthcare organisations.

Additionally, indicators to successful implementation have not been addressed in this important system in the country.

As discussed in this chapter, there are factors that affect the meeting of strategic plans and thus the overall performance of an organisation. This study investigates these factors, drawing on international literature when determining the items to be explored while appreciating the cultural context within which this study is conducted.

Chapter 3Methods

3.1 Introduction

This study was conducted in four major healthcare settings in Saudi Arabia. It explored factors perceived by managers and employees to affect the successful implementation of SP in their healthcare organisations. The adoption of this type of planning in healthcare organisations usually aims to promote several issues related to quality and sustainability, including quality services, employee satisfaction and retention, customer satisfaction and improved resource utilisation. As discussed earlier, SP has been adopted in many Saudi healthcare organisations, but this did not guarantee the achievement of these outcomes, as the effect that SP has on organisational outcomes had not been established.

This chapter provides an overview of the methods adopted to collect and analyse the data for this study. This chapter first explains the study design, the characteristics of the sample and the sampling techniques. It also explains the data collection methods and instruments that were developed and validated for this study and data analysis (quantitative and qualitative) to answer the research questions.

3.2 Study Paradigm

3.2.1 Research Paradigm

A paradigm can be understood as a set of ideas about the way a particular problem exists, and a set of agreements about how such a problem can be investigated (Mukherji & Albon, 2010). A paradigm can also be defined as the framework that encompasses the basic set of beliefs the researcher uses to clarify the topic under investigation, and identify the appropriate method to plan and conduct the study to obtain information on the study variables and answer the research questions (Neuman, 2014). Paradigms are important in

the research process, as the selection of a paradigm for any research guides the methodology used and also affects how the researcher perceives what is being investigated (Mukherji & Albon, 2010).

3.2.2 The Nature of Paradigms and Mixed-Method Research

Although there are many paradigms, the four main ones are the positivist paradigm, the interpretivist paradigm, the critical paradigm and the pragmatic paradigm (Mertens, 2007; Rubin & Babbie, 2009). Paradigms such as positivism, post-positivism, realism and constructivism have also been identified in social science research (Weaver & Olson, 2006). The basic assumptions and principles of paradigms are affected by the nature of the knowledge and relationship within the concepts, including ontology, epistemology and methodology (Neuman, 2014). Ontology is a theory of being that is concerned with what is known, and the form and nature of the world. It explains what kinds of things exist or can exist, the condition of their existence and the way they are related (Neuman, 2014). Epistemology is a theory of knowing, or how we obtain knowledge of reality. It is concerned with origin, nature and the limits of 'human' knowledge, and how things can be made known to investigators (Neuman, 2014). Methodology explains how the issues and their realities are investigated (Lincoln, Lynham, & Guba, 2011). Therefore, it is crucial to clarify the structure of inquiry and methodological choices made in this study.

This study investigates an area of limited knowledge. Therefore, there is a need to elaborate on some of the quantitative variables, which mainly concern the exploration of managers' practices, beliefs and own perspectives concerning what is taking place in their organisations about the process of planning, implementation and evaluation of the strategic objectives. The qualitative component of the study adds to the information obtained using the quantitative questionnaire. This reflects a mixed-method approach, and

pragmatism underpins mixed-method research design, representing its ‘paradigm’(Johnson & Onwuegbuzie, 2004, p. 24).

3.2.3 Pragmatism

Pragmatism is regarded as the philosophical premise of mixed-method design, and is the underlying philosophical orientation of this type of research (Biesta, 2010; Teddlie & Tashakkori, 2009). This paradigm provides a set of assumptions about knowledge and inquiry underpinning mixed-method design, as it determines the main drive of inquiry depending on the need of the researcher, and it allows this inquiry to adopt more than one method to collect information about the examined phenomenon (Creswell, 2009). Pragmatism distinguishes this design from the quantitative (post-) positivist design, and from the qualitative (constructivist or interpretivist) designs (Rallis & Rossman, 2003).

In this study, the main concern was to determine the dimension which the inquiry should address knowing that there is a very limited literature in Saudi Arabia discussing SP. Therefore, the review of literature was conducted and the reported factors from international studies were justifiably considered as the main contributor to build the study questionnaire. Based on this process, the quantitative part of the study was prepared following acceptable empirical steps to ensure validity and reliability of the study questionnaire and its findings. The next step was to conduct the qualitative part, which addressed the study topic from different perspective (i.e., the managers), and the findings added a new dimension to the study. The justification for using a qualitative approach is to obtain data about the topic from informative persons, who can contribute significantly to the study findings. Therefore, the quantitative data were collected from the employees, who were large in number and had diverse experiences. The qualitative data were collected from the managers, who were more informative and knowledgeable in areas of SP planning, implementation, and evaluation.

The philosophy of pragmatism—first called empirical naturalism by Dewey—derives from the writings of Peirce, Dewey and James in the 19th and 20th centuries and Rorty in the late 20th century (Greene, 2008; Morgan, 2007). The categories that represent pragmatism and the mixed-method are actual behaviours, beliefs that underlie behaviours and the consequences of behaviours (Johnson & Onwuegbuzie, 2004). These principles resonate with the aims of this study, which explored the perceived factors that effected the structuring, implementation and evaluation of SP in Saudi healthcare organisations. This study investigated what decisions humans made and how they behave. It also examined what beliefs and attitudes they have towards the process of building, implementing and evaluating the SP in their corresponding organisations.

3.3 The Study Design: Mixed-Method

A sequential, explanatory mixed-method design using a quantitative survey questionnaire and interviews was deemed appropriate to explain the complex nature of this study. The reasons for adopting this design are explained later in this chapter. Generally, this particular design was selected due to the scarcity of information about the research topic in Saudi Arabia as the quantitative data were collected, and certain themes surfaced after analysing the data. These themes were used to structure the questions and items included in the interview. Therefore, the qualitative data were collected after having a priori of some of the issues concerning SP within the studied cultures.

The literature review presented in Chapter 2 highlighted the multiple perspectives and interests to be considered when examining factors that affect the successful implementation of SP in healthcare organisations. This is an area of extremely limited research, as no studies were located examining SP in Saudi Arabian healthcare organisations. Therefore, the adoption of a design that provides an in-depth examination of this area was required. A mixture of qualitative and quantitative approaches could provide

this level of investigation, thus increasing the flexibility pertaining to types of collected data and allowing for a better understanding of the topic under investigation. Therefore, the researcher used a qualitative approach and a quantitative, self-reporting questionnaire that promoted better understanding of the topic among many participants.

Investigating a complex topic that is particularly related to human behaviours, attitudes and perceptions in its natural context, as the present study sets out to do, requires the adoption of multiple methods in order to obtain data from different sources (i.e., managers from different levels of management) (Creswell, 2003; Andrew & Halcomb, 2009). The use of these data is expected to lead to the exploration of the factors that compose the phenomenon under exploration within the specific cultural context, Saudi healthcare organisations. Therefore, the researcher used a mixed-method design that comprises a considerable amount of the quantitative data needed to reflect a 'good' representation of the study sample, and qualitative data that gives an in-depth examination of human thoughts, beliefs and attitudes.

The use of a mixed-method research design facilitated the exploration of the different dimensions that SP in Saudi healthcare organisations comprises (Bergman, 2008). According to Teddlie and Tashakkori (2009), studies that adopt this research design bring valuable information that is both representative of a considerable number of individuals within the study population, and in-depth enough that it highlights what constitutes human feelings and ideas. The careful planning and accurate implementation resulting from the adoption of this design through the utilisation of two types of data collection methods under two different domains (i.e., quantitative and qualitative) enabled the researcher to minimise the effect of the shortcomings of each method, and compensated for a good proportion of these negative effects (Creswell, 2009). The important outcome from joining two different types of data collection was in providing a better in-depth understanding of human-related phenomena (Creswell, Hanson,

PlanoClark, & Morales, 2007). As this design has become increasingly used in the human and social sciences (Irfine, Abdul-Azeez, & Hammed, 2011), in this study it provided reasonably good outcomes.

Mixed-method research also attempts to legitimise the use of different approaches to collect information that answers the research question, rather than delimit the researcher's choice of a single method or approach (Johnson & Onwuegbuzie, 2004). This design expanded the options that the researcher in this study had for data collection, and promoted creativity in research. Further, it provided this study with an inclusive, pluralistic and complementary scope when selecting the data collection methods, as it suggests that researchers take an eclectic approach to choosing the proper method and deciding how to conduct data collection and analysis techniques (Creswell, 2003).

This research design used two different methods of data collection that promotes a better understanding of human-related topics, including their behaviours, attitudes and beliefs (Andrew & Halcomb, 2009; Bergman, 2008). In mixed-method research the quantitative data obtained through the survey questionnaire provides information about a considerable number of participants. The qualitative data obtained via interviews validates the quantitative data through direct interactions between the researcher (who can instantly verify any unclear, less informative finding from the data analysis) and the informant (who may explain any response s/he makes fully) (Andrew & Halcomb, 2009). Thus, this study adopted a sequential quantitative–qualitative mixed methods design, in that quantitative data informed the structuring of the interview questions used to collect the qualitative data.

Mixed-method, with a predominantly quantitative approach, have been assumed appropriate to explain the complex nature of this study and provide a clear understanding of the elements investigated on the topic of SP in healthcare organisations in Saudi Arabia.

3.4 Settings and Sample

Four main healthcare organisations representing three major cities in Saudi Arabia were included in the data collection process. These hospitals and medical cities were King Fahad Medical City (KFMC) (Riyadh), King Saud Medical City (KSMC) (Riyadh), King Abdullah Medical City (Mekkah) and Ar'ar Central Hospital (Ar'ar). A medical city in Saudi Arabia usually consists of different hospitals within a geographical area, distributed based on the specialisation of healthcare services provided. These settings represent the east, the west and the north parts of the country. As well the centres were among the largest healthcare systems in these cities. The southern part of the country did not have any major healthcare setting to include in this study, and thus, it was excluded.

Employees and managers from diverse levels of management and specialisations were recruited to participate in the quantitative part of this study. All departments within the healthcare setting were included so as to have a representative sample from each functional unit. The employees and managers were recruited using convenience sampling. Recruiting managers for interviews was very challenging, as they were nearly always busy and had limited time to participate in the study. The candidate managers received invitations to participate in the study; many of them could not participate and sent their apologies. The researcher met with the managers, who accepted to participate, in their offices during working hours. These meetings were used to explain the study purposes, procedures, benefits and what to expect when participating. Most managers agreed to participate in the study.

All ethical considerations were followed. In addition to an explanation, all candidates received a study explanation sheet comprising the study purposes, benefits, possible inconveniences, study procedure and the researchers' contact details (so that they could be contacted to inquire about the study). When managers agreed to participate, they received the study package, which contained a copy of the study questionnaire, a blue pen,

a return envelope with the return address printed clearly and a return stamp on the envelope. Participants were informed that they had one week to complete and return the study questionnaire. They were also instructed that they needed to complete all items of the study instrument so that it could be considered in the analysis. Incomplete questionnaires were not considered.

Managers interviewed in this study were contacted individually through an appointment. The researcher explained the importance of the study, and how its findings are expected to promote better SP outcomes. The researcher made a meeting time that suited the manager. This was done by arranging a time with an administrative assistant or secretary, according to the schedule of the manager. All ethical issues were ensured during data collection. Oral permission was obtained for the interviews; the researcher used an audio recorder, and then transcribed the interview. The transcribed interviews were submitted for each interviewee to approve so that no misunderstanding or misinterpretation could occur during any phase, and so all interview content was written verbatim.

3.5 Inclusion/Exclusion Criteria

Employees were personnel within a Saudi health organisation who were in decision-making circles, and in one of the following positions in their organisations: head of department, head of section, executive manager, CEO or general manager. Participants had served a minimum of six months in a managerial role, to ensure that all participants had adequate exposure to issues related to the SP and other managerial plans in their corresponding department or organisation.

The quantitative part (the main component) was conducted using a survey questionnaire. This was developed specifically for this study from several instruments and

themes found in the literature, which examined factors affecting the successful implementation of SP.

Data in the qualitative part (the second component) was collected via interviews, which were conducted with the top managers in organisations. Managers in this study were both knowledgeable and informative. The researcher assumed that top managers provided quality information about the process of planning, structuring, implementing and evaluating SP in their organisations. They also reflected the challenges, obstacles and facilitating factors that were encountered in the successful implementation of strategic plans. Open-ended questions were used during interviews. These were structured to reflect both themes from the literature (that investigated factors effecting the successful implementation of SP in any given organisation) and findings from the quantitative component of this study.

3.6 Instrument of Study

The use of a survey questionnaire to collect quantitative data is advisable in many studies. This method is inexpensive, maintains anonymity and confidentiality, covers a large geographical area and collects data within a limited period with minimal effort (Polit & Beck, 2006). Mason (2002) advised that any sensitive questions in the questionnaire could cause the response rate to fall when used in interviews or focus groups. Generally, there were no sensitive personal questions in this study. However, there were questions concerning how employees perceived quality issues regarding the SP, management involvement and other issues that might be viewed by some as a possible source of threat to their career and employment. This threat was extinguished by using anonymity and confidentiality, and through having the collected data accessible only to the researcher and his supervisors.

Additionally, responses to a survey questionnaire can be more consistent and truthful than other data collection methods, such as interviews. This is believed to be achieved by using a questionnaire that does not contain any identifying information. Further, the survey may include an open-ended question, which provides a space for participants to reflect on their own ideas, thoughts and beliefs within the area of study, or explain further points not clear in the quantitative section. Therefore, copies of the study questionnaires were made attractive by not containing large sections of text, being light white in colour, including only a small introductory paragraph explaining how to respond to the questionnaire, and only having a short statement with clear responses. The questionnaire was also easy to complete, and the introduction was written in a manner that promoted interest in the participants. According to Patton (2001), survey questionnaire methods improve response rates, especially when participants are aware of the importance of the results of the study in their work. To ensure this, the researcher visited the settings frequently (twice a day) during the period of data collection and ensured understanding, highlighting the importance of this study for the future of SP in their organisations. The response rate was also improved by the researcher following a consistent and sincere follow-up. This included frequent field visits, responding to all inquiries and highlighting the positive effect of the recommendations when applied to the participants' work place.

Polit and Beck (2006) explained issues related to the use of the survey method, and these were taken into consideration when adopting this method of data collection in this study. These included dealing with incompletely filled questionnaires and the presence of the researcher to clarify any unclear point within the questionnaire. The effect of these issues was minimised by encouraging the participants to complete the questionnaires on time, by making frequent field visits and by providing them with the contact details of the researchers so inquiries could be answered promptly.

3.7 Using Interviews for Data Collection

Generally, the best possible data collection method for exploring this topic is interviews, with an underpinning qualitative paradigm (Delattre, Ocler, Moulette, & Rymeyko, 2009; Osnes & Lieblein 2003). Creswell (2009) suggested that interviewing is an effective and efficient method of exploring an area of investigation when limited knowledge about it is available. Although what Creswell proposed can apply to the present study, it may not be effective at all levels of management. Thus, the researcher adopted another method besides interviewing: survey questionnaires. The reasons were twofold. The first concerned managers from various levels, especially from the middle and low-level management, who might have considered being interviewed as a challenge or a test to their knowledge and experience. It was also possible that they would think that all data gathered during the interview would be provided to top management, which might jeopardise their position. The other reason concerns the validity and truthfulness of data obtained from the interviewees who could have viewed their practice as role models. It was expected that those managers would not report any negative practices concerning SP or its implementation in their areas and organisation. Hence, inaccurate data might be recorded in these interviews, leading to inaccurate findings and recommendations later. Therefore, top managers participated in the interviews conducted in this study.

Interviewing managers and asking sensitive questions related directly to their roles as role models in their areas might lead to unwanted issues, including validity, consistency and response rate (Mason, 2002; Patton, 2001). These issues were expected, because interviewing involved participants sharing part of their practices, beliefs and thoughts. To minimise the occurrence of these shortcomings, the researcher used codes that referred to the position and the person, and data were accessible only to the researcher and his supervisors. Additionally, managers were assured that only codes

would be used to indicate the position, person and institution. So, nowhere within this thesis or any other research report based on the findings from this study will there be an indication of the person or the institute that the manager was working at during data collection.

According to Stake and Usinger (2010),interviews are conducted for one of the following purposes: to obtain information that is interpreted only by the interviewee; to gather an aggregate of data from many persons who have unique information about the investigated phenomenon; or to find out about the studied phenomenon, which cannot be obtained any other way. In this study, the unique information reported by the managers was crucial for highlighting many issues concerning SP. This information helped gain insight and promote a better understanding of SP within Saudi healthcare organisations, thus achieving the purpose of this study.

According to Delattreet al. (2009), the validity of the data gathered from the interviews was a major concern as informants might not always be truthful to provide responses that reflected 'ideal' practices, thus leading to an inaccurate representation of what occurs within the organisation. Recommendations built according to these findings might be extremely limited in improving actual practices. In this study, the researcher interviewed only top managers who are usually responsible for making decisions and who hold high levels of autonomy and power, which resulted in responses reflecting what the informants really believed. Participants were assured that all information would be handled as important and would, if significant, be included in the recommendations of the study.

Data from interviews were verified through direct, face-to-face explanations of ideas or responses that needed further explanation (Gallita, 2013). Speculative meanings were minimised through the interview process. When asking about perceptions of factors related to the success of strategic plans that might raise concerns for managers,

responses might not be entirely truthful. The researcher would then rely on the quantitative findings to structure the interview questions, which could be explained to the informants early in the interview. This step would legitimise the interview questions as they were coming from the responses of managers from other levels.

There were advantages to using both survey questionnaire and interviews, as response rates were significant in this study (Bergman, 2008). When using just interviews, response rates are often very low as managers do not readily agree to be interviewed, either face-to-face or by telephone, fearing that their anonymity might be compromised, that the time commitment would be high or that it might be difficult for them to allocate time for an interview (Patton, 2001; Polit & Beck, 2006). Therefore, the researcher considered using interviews only for a limited number of top managers who, due to their position as decision-makers, could be informative and open.

3.8 Developing the Study Questionnaire

The development of a survey questionnaire is a very challenging process. The researcher found two questionnaires that had been used and validated in the literature. The owners of those two instruments were contacted via e-mail and the researcher asked for permission and a copy of each instrument. However, within 10 weeks, none of the authors had provided the researcher with the required copy. So, due to time constraints as the researcher was a PhD candidate, with the approval of his supervisors the researcher developed a new instrument that would serve the purpose of this study.

Development of the content validity of the new instrument involved the following steps. The first concerns the development of a comprehensive search. This search ensured that the literature available and accessible to the researcher was examined in full. The researcher then examined the available studies and reviewed it, as well as commentaries. For that purpose, printed journals within the library index and electronic databases were

selected. E-databases searched included ProQuest, PubMed, Science Direct, Wiley Online Library and the Cochrane Database of Systematic Reviews. Links to other studies from the reference list were also explored, when citations within the examined articles were found to relate to the topic of this proposed study. Further searches of authors' names found in the initial search were conducted, as well as of the names of their projects.

The second step in this process aimed to analyse the available documents from the first step, and write down all themes identified within them. Thematic analysis of the available documents from the first step was performed to achieve the target from this step. This step resulted in the formulation of both general and specific themes that were all related to the topic of this study. These themes were gathered into groups that had the same or similar general meanings, or that fall under the same category. These items were transformed into statements that reflected their meanings, and each belonged to the underlying theme. These statements were arranged into a newly developed questionnaire so that they belonged to the same category. A new instrument was developed to collect data on factors affecting SP in health organisations.

An additional step was necessary to ensure the comprehensiveness of the themes and statements that explain them within the questionnaire (i.e., content validity). For this purpose, three strategic planner experts were consulted. A copy of the new questionnaire was sent to them for review, which consisted of five main themes (factors): leadership characteristics; mission and vision of the organisation; goals and objectives of the organisation; management involvement in SP; and processes of planning and implementation of SP. Over two weeks, those experts produced as many descriptions and statements as they believed were necessary to explain each theme. These descriptions were then matched with the themes, and the researcher highlighted the similarities and fixed them as the component of the final draft of the questionnaire. Differences between experts were discussed further, and an agreement on the best items was made by the

researcher and supervisor based on their knowledge of the topic and the organisations within which this study was conducted. Finally, the researcher, supervisor and experts reached an agreement on the themes and their related factors. This entire process resulted in identification of the main factors affecting the successful implementation of SP in healthcare organisations.

The researcher examined the instrument for logical consistency of the statements forming the themes of the instrument. In addition, readability, clarity of meaning, ease of handling and reading and clarity of instructions to complete the questionnaire were checked. These issues were evaluated by five individuals from similar areas where the study was conducted. The item set of factors was critically reviewed to evaluate their relevance using a self-administered questionnaire submitted to 10 individuals who were knowledgeable about SP. They were asked to judge and quantify the validity of the items individually and as a group, to suggest revisions and to identify areas that were missing. They were asked the following questions:

- Do questionnaire statements belong together under each factor (or do these statements represent a similar domain)?
- Does each statement belong to the factor where it was put?
- Do these factors and underlying statements cover the factors affecting the achievement of SP?

Relevance was validated using a 5-point scale; 0 indicates ‘not relevant/complete at all’; 1 indicates ‘may be irrelevant/complete’; 2 indicates ‘mildly relevant/complete’; 3 indicates ‘moderately relevant/complete’; and 4 indicates ‘strongly relevant/complete’. All required changes were made to problematic statements based on the recommendations of experts, thus making them clear to readers by removing all potentially ambiguous meanings. The end of these steps determined both content validity and face validity of the new instrument, which made it ready for the next step.

There was a necessary step to ensure that the questionnaire components were easy to read and respond to. The next step explains the pilot testing performed on the study questionnaire. The results from the pilot testing were excluded from the study; they were only used to ensure the readiness of the study questionnaire for use in data collection (Appendix 3).

3.9 Translating the Study Questionnaire

The language spoken in Saudi Arabia is Arabic, but the language of communication inside health organisations is English. All employees speak English, but some are adept, and others are not. As most Saudi and non-Saudi employees speak Arabic, the questionnaire was translated into Arabic so that a greater number of employees could participate. It is always advisable to translate the instrument in newly developed scales or scales used for the first time in any given (organisational) context using a different language (Nieswiadomy, 2008).

This translation, even when it was highly accurate and reflected what was meant in the original, inviting language, might still be missing some of cultural issues related to the use of some terms that could carry different meanings or indications in diverse cultures. The researcher consulted four experts in the field of SP from Saudi culture, who did not participate in this study. They were asked to comment on any item that carried two different meanings or was unclearly defined within Saudi culture, such as terms not frequently used in Saudi Arabia. The response of those experts indicated that the study questionnaire was clearly structured, and its words had understandable meanings that could not possibly be confused.

The use of both Arabic and English versions had an advantage: the time required, and other issues related to the difficulty of completing some questionnaire items could be managed as the instrument was provided to all employees in both languages. Taking a

copy of the study questionnaire was considered the participant's consent to participate. Participants were mature persons who could make decisions without pressure or coercion.

3.10 Pilot Testing

The study questionnaire was pilot tested on 60 participants who represented employees from different specialisations: 12 nurses, six physicians, 22 administrative personnel and 10 managers. Cronbach's coefficient of the questionnaire was 0.912. In addition to Cronbach's Alpha, other normality tests were measured. The results were as follows: Guttman split half was 0.876 and the Kolmogorov-Smirnov test 0.085 (p<0.001). The Kolmogorov-Smirnov test was used as a goodness of fit test and Bartlett's test of sphericity (Marsaglia, Tsang, & Wang, 2003). Both tests measure whether the normality of distribution of the sample are standardised and can be compared with a standard normal distribution (Corder & Foreman, 2009). The findings represented acceptable statistical standards to proceed to performing factor analysis, which was conducted on the whole sample.

3.11 Tests of Normality and Factor Analysis

The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity are used to indicate correlation between items (Corder & Foreman, 2009). KMO statistical test is a summary of how small the partial correlations are, relative to the original (zero-order) correlations on the correlation matrix (Corder & Foreman, 2009). The interpretation of the result from running the KMO measure of sampling adequacy are as follows: a correlation of 0.90 is considered good; a correlation of 0.80 is OK; a correlation of 0.70 is middling; a correlation of 0.60 is mediocre; a correlation of 0.50 is poor and a correlation of less than 0.50 is unacceptable (Marsaglia et al., 2003). The intention of the researcher was to get a result between 0.80 and 0.90.

The value of the KMO measure of sampling adequacy for this set of factors (themes) was tested and then labelled according to the abovementioned criteria. If the KMO measure of sampling adequacy met the minimum criteria, the researcher would then examine the Anti-Image Correlation Matrix. This matrix indicates whether there are high inter-correlations between items (>0.30) (Corder & Foreman, 2009). That is, items that overlap and require taking a step that distinguishes the highly-contributing items from low-level contributions (Marsaglia et al., 2003). Bartlett's test of sphericity will be used to test the hypothesis that the correlation matrix is an identified matrix (i.e., all diagonal elements have a value of one, and all off-diagonal elements have a value of 0). The result will indicate that items of the questionnaire tested here are uncorrelated. When we have a significant value for this test that is less than the alpha level (p <.05), the null hypothesis that states the population matrix is an identity matrix will be rejected (Marsaglia et al., 2003). The final issue will then be to conclude that the data set (i.e., items of the questionnaire) is appropriate for factor analysis (Bartholomew, Steele, Moustaki, & Galbraith, 2002).

The factor analysis deemed appropriate for this questionnaire was principal component analysis (PCA). This type of factor analysis was adopted to reduce the number of items (and factors) so that only factors that contribute significantly to the explanation of the concept under examination would be kept and used in the later stages of the research and other studies (Jolliffe, 2002). The questionnaire comprises 79 items under five factors; this number is high compared to the average number of items used in similar instruments. Thus, PCA reduced this number and kept only those items and factors that made a considerable contribution to the explanation of perceived factors affecting the successful implementation of SP. As this step was complete, the tool was ready for use in data collection.

3.12 Pilot Testing the Interview Questions

The qualitative (interview) questions were also pilot tested by three Arabic-speaking persons who had at least a bachelor's degree in management; these interviews were not included in the sample of the study. This step guided the researcher to the time required to answer the interview questions and the comprehensibility of these questions. Additionally, those participants who were pilot tested were asked to rewrite the meaning of each question as they heard it in Arabic. Comparisons were then made, and any question with a confusing or unclear meaning was changed to reflect a single, easy-to-understand meaning to the Arabic reader. There were no questions requiring changes in their structure as all pilot testing participants reported that all items were clear and comprehensible.

3.13 Ethical Considerations

Ethical approval was granted by the Human Research Ethical Committee of the University of New England (Appendix 1) and the Saudi MOH (Appendix 2). Candidates were provided with a study information sheet (SIS). In addition to outlining what participants would be experiencing once they agreed to participate, this contained a full disclosure of the researcher's, supervisors' and University of New England ethical officer's details. By reading and approving the content of the SIS, participants were consenting to participate in this study.

All rights were explained at the beginning of both study parts, especially the qualitative part. No disclosure of information that could have identified an informant was made at any stage, either during it or after its conclusion. Participants were not asked to write names during data collection or at any stage of the study. Each participant was assigned a code number and no names were recorded. Each informant was identified using only a code number. The results will not be provided to any manager at a higher level.

Copies of the results and recommendations were provided collectively, representing the whole sample to participating organisations and any organisation interested in this study.

The choice to participate was made by participants without any coercion or undue influence (Scanlan, 2008). Participation and withdrawal could have been made any time during the study without any consequences, including during the qualitative interviews. The results of this study are expected to assist those interested or engaged in SP. Each participant was informed that s/he was entitled to receive a copy of the results after the study had finished. Participants were not exposed to any exploitation as they had received full disclosure of what to expect during the study, and had signed a consent form.

3.14 Procedure

After obtaining the required approvals from the studied hospitals—which took nearly two weeks from sending the request via electronic mail and receiving the approvals—the researcher went to the ethics committees of each hospital to obtain written approval. All approvals were made within three weeks. Then, the researcher went to meet the hospital managers, explained the study purposes, and agreed on the steps for distributing the study questionnaires and recruiting for the interviews. These meetings occurred after making an appointment with the secretaries of each manager; the secretaries were again consulted to agree on the mechanism of sending and distributing the study questionnaire.

The administrative assistants received copies of the study questionnaire inthe mail, and then distributed them to the participants. This process took nearly two weeks for each hospital. In addition to the researcher's daily visits to the data collection settings, reminders were sent to the secretaries through e-mail and phone calls one week after receiving the study questionnaire. Participants from KSMC were recruited from the general hospital, paediatric hospital, women's hospital and medical hospital.

Participants from KFMC were recruited from all service centres, including the general hospital, paediatric hospital, women's hospital, endocrine centre, human resource department, IT department and medical college. The researcher then went to the northern borders to recruit from Ar'ar Central Hospital, and similar steps were adopted there. Data collection from this hospital took nearly four weeks. Data entry commenced immediately, then the interview questions were refined based on the results obtained from the quantitative data. The time taken for the entire process of quantitative data collection was three months. During this process, the researcher encountered the following difficulties:

1. Obtaining the approvals, distributing the study questionnaire and getting the completed ones' back was very slow.
2. The extra precautions taken out of fear of the Corona virus made the procedure even slower.
3. There were so many other researchers in the process of collecting data for their studies that the organisations involved in data collection were crowded with those seeking approval. This made the process of both getting approvals and collecting data slow, and made data collection a burden to all participants.
4. Communicating via e-mail was not easy, as responses were always late. Phone calls were also not easy, and the researcher was often put on hold for long periods, then transferred to someone who knew nothing about the study. This occurred in all hospitals. The researcher had to frequently visit the hospitals in person.
5. Data collection took place in three different cities: Riyadh, Mekkah and Ar'ar. The distance between Riyadh and Mekkah is nearly 1000 kilometres, and that between Ar'ar and Riyadh nearly 1150 kilometres. This made it very challenging for the researcher, especially as this study was conducted in two phases.

Next, the study interviews were conducted. This process was much easier, as the number of persons recruited was less than for the quantitative part. The biggest challenges

were the long distances between participants, the need to make two visits to obtain approval from each person, and some cancellations or postponements of interviews shortly before they were meant to take place. The latter issue occurred with five participants, requiring the researcher to take another appointment based on the manager's schedule. Generally, dealing with managers and their tight schedules was not easy.

3.15 Data Analysis

3.15.1 Quantitative Data Analysis

Data were analysed using descriptive statistics to explain the demographic and personal characteristics of the study sample. These characteristics included gender (male and female), position, academic degree and other details that may affect the study findings. Further, as the instrument planned for use in this study is new, it was tested for its reliability and internal consistency. Hence, the internal consistency was measured using Cronbach's Alpha and Split Half tests. As the number of items in the study questionnaire was high, factor analysis that determined the most influential items and factors was identified, and only the items significantly affecting the concept under investigation were kept, representing a valid and reliable tool.

Measures of central tendency include mean, median, maximum, minimum, standard deviation and standard error. These usually reflect the distribution of the sample on the normal distribution curve, and are utilised in the next step of inferential statistics. It is important that normal distribution, or similar distribution, be established to move to the next phase of parametric analysis (Field, 2005). Additionally, an internal consistency measure was required for this modified instrument. Thus, the findings from the study questionnaire could be submitted to analysis of variance and other types of reliability and internal consistency testing, such as ANOVA and Cronbach's Alpha.

In this study, the questionnaire responses used a five-response Likert's scale. The appropriate measurement test for this type of scale is Cronbach's Alpha (Cronbach & Shavelson, 2004; Field, 2005). As a newly developed research instrument, it is crucial that several measures be tested before proceeding to the validity process step using factor analysis. These include an internal consistency value of no less than 0.6, KMO sampling adequacy and factor loadings with a reasonably acceptable correlation between the tested items and their corresponding factor (Hayes, 2002).

To answer the first research question, several statistical tests were adopted. The question asked about the factors perceived by employees to affect implementing SP. The first step was testing the normality of the participants; the validation process of the study questionnaire followed. Questionnaire items were then kept or excluded, based on their loading on the factor. Loadings here refer to the contribution of the item to explain the main factor (Field, Miles, & Field, 2012).

It is imperative to have a reliable instrument that achieves an acceptable level of internal consistency (coefficient > 0.60) in order to perform factor analysis (Field et al., 2012). Internal consistency measure is a statistical test that reflects the relationship between items. It also refers to the relationship of each item to the collection of items or total score, or how well these items fit together on a conceptual or theoretical basis (Hayes, 2002). Internal consistency usually indicates both accuracy and precision of a research instrument (DeVon et al., 2007). Further, it informs the researcher about the instrument's level of accuracy of items, the relative qualities of the items comprising the instrument, the sample, the setting in which the study is conducted and the objective(s) of the study (Delaney, 2005). Reliability and internal consistency of the research instrument answers the following question: does the research instrument measure the attributes of the

concept under examination, and what does it imply to measure? That is, does the research instrument measure what it is supposed to measure?

Factor analysis used in this study was a principal component with a varimax rotation method. This method of analysis ensured that all overlapping items in the questionnaire were identified and removed. Only items with considerable contribution to the explanation of the factors were kept. Additionally, the results from this type of analysis would be a decrease in the number of items within the questionnaire. An essential step before proceeding to the tests of validity is to establish normality. Normal distribution of the study sample should be assumed in order to proceed to factor analysis (Bryman & Cramer, 2005).

The Kolmogorov-Smirnov goodness of fit test and the quantile-quantile probability plot (Q-Q plot) tests were used in this study to prove normality (Munro, 2005). The Kolmogorov-Smirnov test measures goodness of fit, and it was appropriate to apply this test to different distributions, such as the research instrument using the Likert's scale (Oztuna, Elhan, & Tuccar, 2006). It is also a more sensitive measure near the centre of the distribution than at the tails at both ends of the distribution (Hou, Parker, Harris, & Wilman, 2009).

The use of a Q-Q plot in this study is a normality measure that is a graphical representation of the responses, which compared a probability distribution against a normal (theoretical) distribution (Makkonen, 2008). This graphic was developed by plotting the quantile scores against each other, thus forming a line of some form, depending on the relationship between the obtained scores.

KMO sampling adequacy guided the researcher and ensured the appropriate sample size for this type of factor analysis (Field et al., 2012). The KMO values range between zero and one, where a value of 0 indicates that the sum of partial correlations is large in comparison to the sum of correlations. This means that there is diffusion in the

pattern of correlation as they are not fitting into a single channel of correlation, and thus the distraction of correlations can be detected and reported. However, when a value close to one is obtained, it refers to the assumption that factor analysis would yield distinct and reliable factors (Field, 2005).

For testing the research instrument for validity, PCA was deemed to be appropriate and was used in this study as there were high values of inter-item correlations, and the number of items included in the study questionnaire was relatively high (Field, 2005). The cut-off point for the accepted loading values was 0.60, a high cut-off point for this type of research (Stevens, 2002).

This type of factor analysis is a statistical method used to measure how well the instrument was developed, and cluster items under the main factors. Additionally, it showed how these items could interpret the underlying factor. Loading in this case refers to the level of association between an item and a factor; its value ranges between zero and one (Jolliffe, 2002). According to Bryman and Cramer (2005), higher loading values are likely to represent the fact that the items are explaining the factor better. This type of analysis also summarises all items into a small number of factors (Bryman & Cramer, 2005). The result would be a list of items that belong to each other, and should be said to explain the underlying factor. Related items define the parts of the construct that can be grouped together to form several factors that explain the construct examined (Munro, 2005).

When there are many factors, a substantial number of items and the researcher cannot decide the items or factors to keep or remove, PCA is a powerful tool of analysis (Jolliffe, 2002). It makes the number of items less by combining them without losing any of the necessary information gathered in the originally collected data.

The use of the varimax rotation method was deemed appropriate as it refers to the mathematical method that rotates the axes in geometric space to make it easier to

determine which variables load on which factors (Jolliffe, 2002). Varimax rotation produced multiple group factors within the scale that defined the themes explaining the originally measured construct. This method assumed that the factors forming the study tool were not related, and the process of analysis was used to minimise their number and keep only those that contributed to the explanation of the study concept. In the case of varimax rotation, a simple solution means that each factor has a small number of large loadings and many small (or even zero) loadings (Lewis-Beck, Bryman, & Futing, 2003). After a varimax rotation, each original variable (within the factor) tends to associate with a smaller number of factors. Therefore, each factor was represented only by a small number of items.

To answer the research questions, descriptive statistics and inferential statistics were used to identify the statistically significant effect of the sample characteristics on the findings. Correlations between the demographic factors and the findings of the study questionnaire were measured. Specifically, the statistical tests used to answer the research questions were as follows:

- For research question 1 (What are the factors perceived by employees to affect the effective implementation of strategic plans within healthcare organisations in Saudi Arabia?), descriptive statistics (yielding mean scores, percentages and standard deviations) were used.
- For research question 2(What is the effect of the personal characteristics of the healthcare professionals [e.g., gender, age, profession, position, etc.] on factors that affect the effective implementation of SP within healthcare organisations in Saudi Arabia?), the statistical procedure ANOVA (for age, profession, type of hospital, experience and position that have more than two possible responses) or *t*-test (for gender and previous experience in SP, which have two possible choices).

- Research question 3 (What are the steps adopted in the process of developing a strategic plan in healthcare organisations in Saudi Arabia? What are the means of achieving these plans?), and research question 4 (What are the benefits, challenges and barriers that face healthcare strategic planners when developing, implementing and evaluating strategic plans in the Saudi healthcare system?) were answered using qualitative responses.

There are many procedures for analysing qualitative data. In this study, a thematic data analysis approach was adopted to explore themes obtained from the interviews conducted with the top managers. After all interviews were transcribed verbatim by the researcher, context-based and cultural concepts were considered, to avoid any possible misinterpretation of any expression or phrase within the transcripts.

The researcher in this study used the six-phase process of thematic analysis described by Braun and Clarke (2006):

Phase One. Familiarisation with the Data:

In this phase, the researcher is immersed in the context of the collected data. The researcher feels familiar with the data as s/he reads and re-reads it. The initial analysis begins.

Phase Two. Coding:

This phase involves generating labels for key features in the collected data that are relevant to the research question(s) and guide the process of analysis. According to Braun and Clarke (2006), coding is not a method of data reduction but a process of analysis where the initially labelled codes can capture both a semantic and conceptual reading of the data from Phase 1. The researcher codes every data item and ends this phase by collating all their codes and relevant data extracts.

Phase Three. Searching for Themes:

A theme is a meaningful pattern in the data relevant to the research question, and clarifies certain meanings within the data. Braun and Clarke (2006) say that codes are the bricks and tiles, while themes are the walls and roof panels. Searching for themes is an active process, as they can be discovered by the researcher. The researcher ends this phase by collating all coded data relevant to each theme.

Phase Four. Reviewing Themes:

This phase involves checking that the discoveries made in phase four could work in relation to both the coded quotes (extracts) and the full dataset. The researcher is required to show readers that these themes tell a convincing story about the data, and begin to define the nature of each individual theme and the relationship between the themes. In this phase, themes might be separated or collated depending on the necessity of the themes in relation to the whole dataset.

Phase Five. Defining and Naming Themes:

The researcher examines each theme by asking ‘what story does it tell?’ and ‘how does this theme fit into the overall story of the data?’ They identify the truth about each theme and construct a concise and informative name that reflects the essence of these themes.

Phase Six. Writing Up:

This phase involves weaving together the outcome of the analysis to tell the reader a coherent and convincing story about the data, and contextualising it in relation to existing literature.

In this study, these six phases where adopted. Transcripts were written verbatim, and were treated carefully through vigilant revisions and transcription on paper. Texts

were subjected to thematic analysis via careful reading, analysis, grouping and coding and the use of concepts commonly employed in this field. Thematic analysis is a systematic coding and categorising approach used to explore a variety of textual information to determine emerging trends and patterns (themes) within the informants' reported words, as well as their frequency and relationships, and to determine structures and discourses of communication (Vaismoradi, Turunen, & Bondas, 2013).

Thematic analysis was performed in this study to highlight what managers from different specialisations understand by SP, how it was developed and implemented and how it is evaluated in their organisations. Manual handling and analysis of the interview transcripts was performed. Although there are several software programs (such as leximancer) that analyse interview transcripts, the researcher used a manual method of analysis to reflect the cultural component of what some expressions mean within Saudi culture, and to avoid any misconceptions over the use of such software. At the end of the thematic analysis process, four themes were identified (discussed in the results chapter).The themes are: describing SP; SP is an internal responsibility with external guidance; the success of the strategic plan: everybody is responsible; and SP requires more: challenges and barriers.

Thematic analysis was adopted to guide the process of identifying themes from the responses to the interview, which illustrated the processes and factors that affected the successful implementation of strategic plans in three Saudi healthcare organisations. Thematic analysis was deemed an appropriate approach for identifying the ideas reflected by the respondents during the interviews (Neuman, 2014). It allowed the researcher to highlight patterns as they appeared among the responses, which were not always so elaborative (Krippendorff, 2004). The patterns emerging during analysis reflected the unique experience of participants in their organisations.

Responses to the interview questions were recorded using an audio recorder, which was presented to the interviewee before commencing the session and after obtaining their approval. The researcher and emerging categories were identified, then patterns were arranged to create themes that highlighted the unique experiences of employees in their organisation. The open-ended questions posed during the interview were:

- How would you define strategic planning?
- What are the strategic plan processes you supplied to the organisation?
- What are the components necessary to meet strategic plans?/What are the factors that affect SP in the organisation?
- What are the factors that affect SP in your organisation? Also, comment on the leadership characteristics, mission and vision of the organisation and management involvement in the SP process.
- What leadership characteristics do you believe would facilitate the achievement of strategic plan goals?
- What is happening in your organisation now?
- Do you have a sharp vision and mission in your department/organisation? Do you believe this helps in formulating and achieving strategic goals? What are the visions and missions of your organisation?
- How would you improve your vision and mission?
- Is there a strategic plan? How is this plan managed?
- Do you have clear pre-set goals and objectives concerning the plan in your department and organisation? Who developed these? How were these goals and objective developed? How do you believe they contribute to the overall process of SP?

- In your experience, what promotes the involvement of employees and the process of planning, implementing and evaluating strategic plans? At what level do you believe you can fit in the process of planning for your organisation and department?
- How would you improve the current planning processes in your department/organisation?
- Would you like to add any points that have not already been covered concerning the success of planning and implementing SP in your department/organisation?

Select quotations were numbered in the questionnaire, preceded by a code representing the organisation and the number of the interviewee, such as A3 (A represents the healthcare organisation and 3 stands for the interviewee code).

3.16 Summary

The process of collecting data was very challenging, especially when it involved managers who are usually very busy. The researcher managed to collect data from three different cities in Saudi Arabia. Both the quantitative and qualitative data reflected the participants' understanding of the phenomenon. Therefore, a data analysis plan was prepared to reflect the findings and highlight the participants' experience ofSP. The following chapters present the findings of both components.

Chapter 4 The Quantitative Findings

4.1 Introduction

This chapter presents the findings from the quantitative part of the study. It is structured to answer the research questions and provide a detailed presentation of the study findings. The specific purposes of this study were the identification and evaluation of current approaches to SP used in the Saudi Arabian hospital system; the development and validation of a tool that identified factors that promoted or inhibited effective SP in the Saudi Arabian hospital system; and the development of a model for maximising the effectiveness of SP in the Saudi Arabian hospital system. The findings chapter presents the process and the results through which these aims were met.

This chapter begins with an overview of the main study findings, summarised in a manner that allows for a quick review and prepares the reader for the next sections. The chapter proceeds to discuss how missing data and outliers were treated so that they would not affect the validity and reliability of the results. Next, it explains the characteristics of the participants who completed the survey questionnaire, addressing those most commonly reported in SP literature.

As a newly developed research instrument, the next section presents the process of measuring the reliability and validity of the study survey, including tests of normality and factor analysis. The findings of the survey are then discussed. The next part of the chapter presents the findings of the qualitative phase, beginning with an overview of the findings by presenting the emerging themes, the process adopted in the analysis process and the findings, with quotations that illustrate each theme.

4.2 Summary of Study Findings

Overall, there were 750 questionnaires distributed, of which resulted in 508 employees participating. This number was adequate to achieve a medium effect size (Faul, Erdfelder, Buchner, & Lang, 2009). Reporting the effect size is considered good practice when presenting research findings, as it facilitates the interpretation of the substantive significance of the research findings (Ellis, 2010). More than half of the participants were females, nurses and with a baccalaureate degree as their highest academic qualification. The pilot test was conducted on 60 participants from the study sample; normality was established, and these findings represented acceptable statistical standards to proceed to factor analysis, which was conducted on the whole sample later. The result after running the PCA was five factors explained by 54 items. These factors and their corresponding items were: organisational characteristics (19 items); leader characteristics (20 items); mission and vision of the organisation (seven items); goals and objectives of the organisation (six items) and management involvement in SP (two items).

The mean scores obtained on the whole scale indicate that the participants had a positive view of SP and the resources required to achieve the strategic goals in Saudi healthcare organisations. By examining factors within the study scale, the mean scores for the five factors indicated that the participants reported perceiving the mission and visions, administration of their organisations, leaders and provided resources to be supportive to carrying out the tasks required to achieve the strategic goals. This included the presence of consultants and qualified personnel available within the organisation to assist whenever needed.

Finally, only a limited effect of sample characteristics was found on the five factors of the SP survey examined in this study.

4.3 Missing Data and Outliers

Questionnaires that were missing more than 50% of the data were excluded from the study. Analysis was performed only on complete questionnaires, which is a common way of managing missing data (Barladi & Enders, 2010). The main purpose of deleting these copies of the study questionnaire was to ensure that data are representative of the participants' thoughts and attitudes. Therefore, it was necessary to keep only questionnaires with significant responses from participants.

The next phase of this analysis was to examine the presence of normal distribution and the outliers that could have affected the findings in this part of the study. The outlier scores were examined in this variable by trimming the top and bottom 5% of the scores and then measuring the means. The trimmed mean score was 242.5, with a lower bound mean score of 239 and higher bound mean score of 248.3; the mean score with no trimming was 250.01 (SD=37.77). The difference between both mean scores was small, representing less than one standard deviation. Therefore, the trimmed results were neglected (Tabachnick & Fidell, 2007). Questionnaires with missing data were excluded.

Before proceeding to the next phase of analysis it was essential to establish a normal distribution of the mean scores. Normal distribution was established in order to proceed to the inferential statistical analysis planned in this study (Hansen, McDonald, & Newey, 2010). The presence of normal distribution and the outliers that might affect the quantitative findings should be calculated and identified before proceeding to the next phase of analysis. As data follow a normal probability distribution, all parametric tests can be implemented, such as t-test and analysis of variance (Field, 2009).

4.4 Characteristics of the Sample

This study was conducted at four healthcare organisations in three areas of Saudi Arabia: Riyadh, Mekkah and Ar'ar. The participants were nursing staff, administrative

personnel, medical staff and managers who had worked for at least one year. Although the number of returned questionnaires was 559, the final number of returned and analysed questionnaires was 508. The 51 excluded questionnaires had missing data of 50% or more of the total questionnaire items. The study questionnaires included in this analysis were all complete. The response rate was 67.73% (from a total of 750 distributed questionnaires), a rate adequate to reach the required effect size. The measured sample size was 350 participants, to achieve the required statistical significance based on G*Power software and factor analysis.

Table 4.1 presents the findings on the additional four characteristics of the study sample. There were significantly more female participants than males, at 75.6% (n=384) and 24.4% (n=124), respectively. There were three times more participants from urban hospitals than rural ones, as urban hospitals were bigger so had more employees. The average age of participants was 42 years, possibly indicating a reasonably wide range of years of experience among participants, and also possibly reflecting a range of different perspectives due to the range of age groups. More than half of the participants were nurses, followed by administrative personnel. Additionally, the number of years' work experience (whether the total or in the current position) ranged from a few months to 40years, reflecting a wide range of experience. This may represent the structure of many hospitals in Saudi Arabia, where nurses usually comprise the majority of employees.

Table 4.1.Descriptive findings of the study sample (n=508)

Variable	Findings	
	Category	N (%)
Type of Hospital	Urban	311 (61.2%)
	Rural	197 (38.8%)
Age (range 20–62years) Mean=37.40 (SD=8.85)	<25	31 (6.10%)
	26–35	212 (41.73%)
	46–45	165(32.48%)
	46–55	80(15.75%)
	>55	20 (3.94%)

Variable	Findings	
	Category	N (%)
Gender	Male	124 (24.4%)
	Female	384 (75.6%)
Position	Nursing staff	284 (55.9%)
	Administrative personnel	89 (17.5%)
	Medical staff	88 (17.3%)
	Manager	47 (9.3%)
Academic Degree	Diploma	158 (31.1%)
	Baccalaureate	307 (60.4%)
	Masters	42 (8.3%)
	PhD	1 (.2%)
Have you studied or trained outside KSA?	Yes	336 (66.1%)
	No	171 (33.9%)
Do you have previous experience in strategic planning?	Yes	189 (37.2%)
	No	319 (62.8%)
Experience in current position	Range=0.30–33 years	7.95 (SD=6.38)
Total work experience	Range=0.30–40 years	11.88 (SD=6.15)

More than half of participants held a baccalaureate degree (the first university degree) as their highest academic qualification, while only one participant had a PhD. When asked whether they were trained outside Saudi Arabia, nearly two-thirds responded that they were. However, no questions indicated the country or the type of training or education they had received. Most participants reported having no previous experience with SP. Although a description of this experience did not exist in this study, its presence may indicate that employees' previous knowledge in SP concepts would be reflected in their responses, as they would be familiar with the items in the study questionnaire and the language being used to structure these items. Therefore, the question which asked about the SP did not reflect whether they actually had previous experience with the components of the strategic plans, including the process of formulating the objectives, the implementation and actions to achieve these objectives, and the steps undertaken to evaluate the achievement of the SP objectives.

4.5 Reliability and Normality

The study survey was developed based on published literature that explores SP, especially in healthcare organisations. Therefore, it was both empirical and necessary to test its reliability and validity. The appropriate test for the Likert's scale test is Cronbach's Alpha (Nunnally & Bernstein, 1994). Principle component analysis was also deemed appropriate, due to the relatively high number of items (n=64). Before proceeding to the validation process, it is recommended to establish the normality and reliability of the scores on the survey.

Cronbach's Alpha was measured for the newly developed scale to determine internal consistency, and the value was 0.982, a reasonably high value (Nunnally & Bernstein, 1994). Therefore, performing factor analysis was an acceptable step to be performed next (Tabachnick & Fidell, 2007). Items were submitted to factor analysis using PCA (the results are presented in detail in the next section). On the split half reliability test, the Cronbach's Alpha for the two halves were 0.973 and 0.975. The distribution of the scores on the normal distribution showed a slight skewness to the right (Figure 4.1). However, this was not adequate as measurements of skewness and kurtosis as other normality tests are available, and present a more accurate and statistically acceptable view, such as the Q-Q plot and the Kolmogorov-Smirnov goodness of fit.

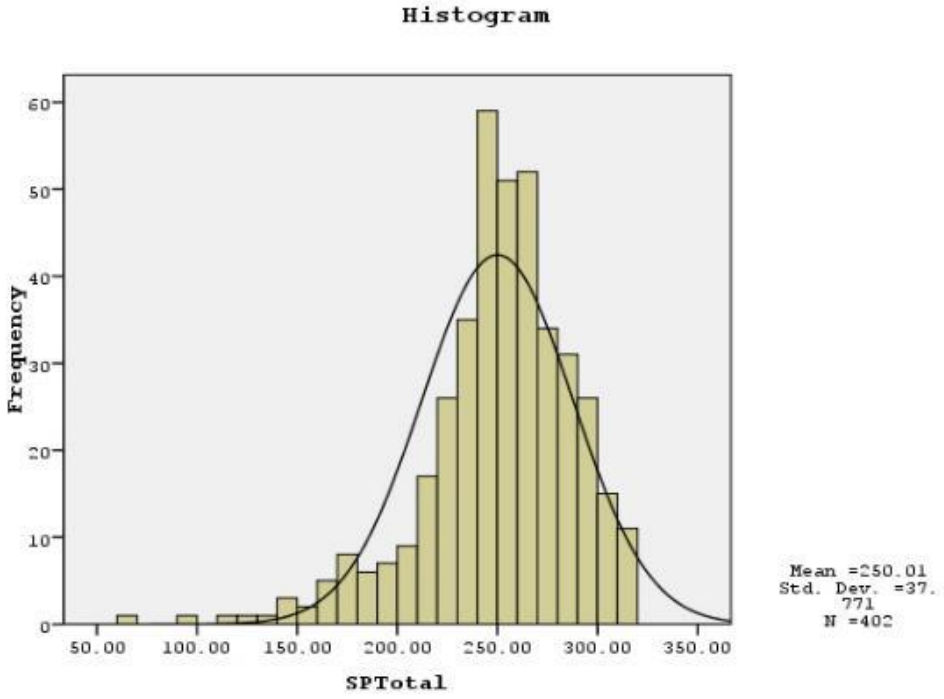

Figure 4.1: Histogram representing the scores compared to the normal distribution curve

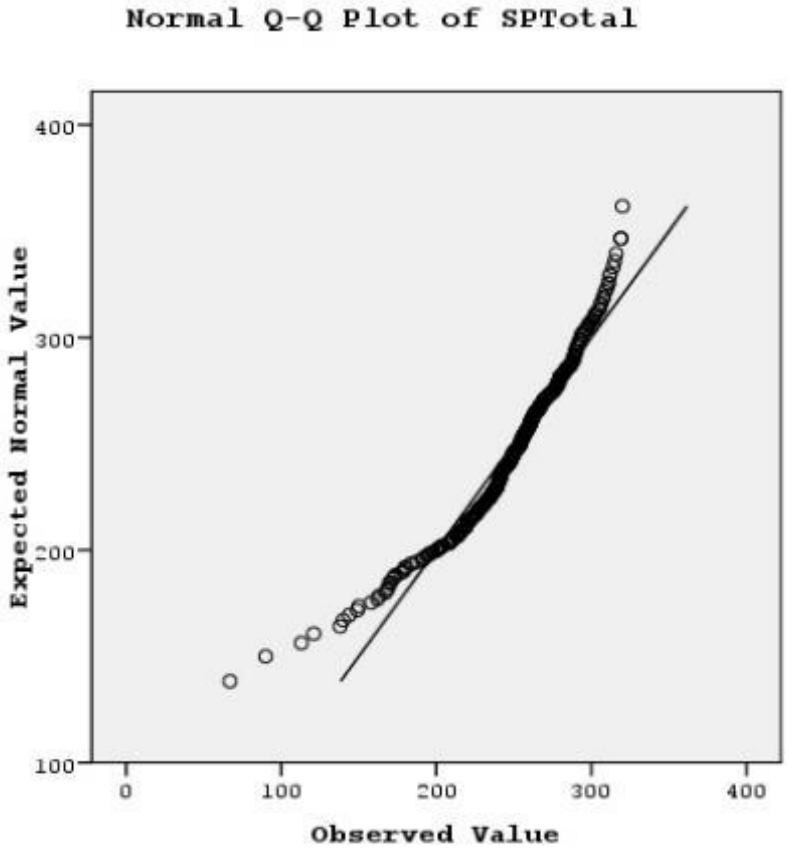

Figure 4.2: The Q-Q plot of the scores on the survey

The Q-Q plot has a very small tail; however, the shape reflects a normal distribution for the mean scores. Therefore, the assumption of normal distribution needs to be confirmed using other methods of normality to confirm. The skewness of the scores was –0.961 (SE=0.122), the kurtosis=1.773 (SE=0.243) and the Kolmogorov-Smirnov goodness of fit=0.098 (p<0.001) (the lower bound of the true significance is 0.200). Normality can be accepted in this case; it is often rejected when kurtosis is higher than 2 and skewness is higher than 1 or lower than -1, which indicates that the distribution of the scores on the survey departs significantly from normal distribution (Nunnally & Bernstein, 1994).

To statistically confirm that scale items have an acceptable internal consistency, the Spearman-Brown coefficient was 0.842 for both equal and unequal length. Additionally, the Guttman split-half coefficient was 0.841, indicating an acceptable item correlation (Hansen et al., 2010). The quantile-quantile probability plot in Figure 4.2shows scores close to the normal line, indicating scores that are statistically accepted as normally distributed (Klaassen, McKveld, & van Es, 2000). Based on the above-explained tests of normality, a normal distribution assumption can be said to be present, so moving to the next phase—factor analysis—seemed like a logical step.

4.6 Factor Analysis

Principal components analysis with a varimax rotation was performed with the original seven factors, represented by 64 items. The resulting factors after running the PCA were five factors explained by 54 items (Table 4.2). The cut-off point used in this analysis was 0.6, which is a good value for the loadings of the items on the factor (Jolliffe, 2002). The first seven items of the tool explained more than 70% of the total variance (Table 4.2). The KMO measure of sampling adequacy result was 0.969, which indicates a good value of inter-ratter correlation among the items (Field et al., 2012; Marsaglia et al.,

2003). This result was consistent with Bartlett's test of sphericity, which showed that the correlations between the items were sufficient to perform factor analysis, with an approximate chi-square of 25124.827 (p<0.001). This statistical test measures the hypothesis, which says that the correlation matrix is an identity matrix (Hutcheson & Sofroniou, 1999). The value in this study is significant (p<0.05), and items are correlated with each other and explain one another on the concept examined in this study (Field et al., 2012).

Tables 4.2. Factors, item loading value, the explained % of variance for each factor and its alpha value

No	*Factor 1: Organisational Characteristics (Explained 38.1 % of the variance, α =.951)*	Loading
1	A strong commitment to innovation, creativity and change	.769
2	Effective processes for identifying present and future staffing requirements	.761
3	Clearly communicated its strategic plan to all staff	.759
4	Has effective risk assessment mechanisms to identify and address surprises, threats and crises	.757
5	Clearly stated and disseminated processes for ensuring the effective implementation of its strategic plan	.754
6	Strong proactive mechanisms for identifying emerging business opportunities	.754
7	Effective financial quality control measures	.746
8	Effective quality assurance processes for professional activities	.745
9	Processes for involving staff at all levels in the development of its strategic plan	.743
10	Sufficient flexibility and capacity to adapt quickly and effectively to unanticipated events	.735
11	Effective processes for identifying present and future resource requirements	.720
12	A clear and effective SP process	.719
13	Mechanisms for the ongoing monitoring of change processes	.716
14	A commitment to the use of tools such as forecasting, trend analysis and SWOT analysis in developing its strategic plan	.715
15	A strong commitment to organisational learning	.707
16	Demonstrated a strong commitment to identifying and removing barriers to the implementation of its strategic plan	.703
17	Effective and comprehensive processes for reviewing past professional performance	.674
18	Effective and comprehensive processes for reviewing past financial performance	.660
19	An effective programme for the professional development of all staff	.638
	Factor 2: Leader Characteristics (Explained 25.9 % of the variance, α=0.971)	
1	A good role model for staff	.833
2	A good delegator of activities and responsibilities	.788
3	Someone who rewards high levels of effort and achievement	.784
4	Creative and innovative	.774
5	An inspirational leader, someone who inspires others to do their best	.771
6	Someone who leads by example (by actually doing)	.765
7	Someone who regularly assesses achievement of organisational goals and objectives	.764
8	A good team leader	.758

9	Communicating well/a good communicator	.758
10	Aware of the current and future needs of our organisation	.753
11	Someone who regularly provides staff with feedback about their achievements and performance	.749
12	Prepared to make decisions when needed	.744
13	A forward thinker	.739
14	Someone who supports and encourages teamwork	.739
15	Willing to support and implement change	.738
16	Willing to take risks when needed	.735
17	Open to different ideas and approaches	.701
18	Someone who expects high performance standards from staff	.693
19	An independent thinker	.690
20	Oriented to the needs of the external community	.677
	Factor 3: Mission and Vision of the Organisation (Explained 18.2 % of the variance, α=0.949)	
1	Achievable and realistic	.738
2	Compatible with the future direction of the community we serve	.706
3	Stated as 'actions' that can be described and measured	.701
4	Easy to understand	.686
5	Realistically linked to the capacity and skills of staff	.661
6	Openly communicated to all staff	.635
7	Realistically linked to the availability of funding and resources	.624
	Factor 4: Goals and Objectives of the Organisation (Explained 10.6 % of the variance, α=0.949)	
1	A clear action plan for achieving each goal	.716
2	A clear timeline for achieving each goal	.715
3	Statement of goals for both the organisation as a whole and for individual departments	.683
4	A process for the ongoing assessment of progress towards the achievement of goals	.664
5	Clearly identified goals (outcomes to be achieved) for the short term (1 to 2years)	.608
6	A process for assessing how well each goal has been achieved at the conclusion of the action plan	.600
	Factor 5: Management Involvement in SP (Explained 7.2 % of the variance, α=0.929)	
1	Highly qualified staff who collectively have the knowledge and skill required to meet our goals	.707
2	Highly experienced staff who collectively have the background necessary to meet our goals	.656

In brief, the results obtained from data analysis, including normality and factor analysis, indicated that the resulting five factors subsumed within 54 items are a valid and reliable tool. The remaining items were deleted from the scale, as they could not load adequately on the corresponding factors and scored less than the cut-off value. This section explained the process of statistical analysis and the measurements, which were adopted to ensure that the results obtained in this study, could be presented because of the utilisation of a valid and reliable tool. These findings indicated that this tool could be used to measure what it was built to measure, as its psychometric properties are statistically acceptable.

4.7 Findings of the Study Questionnaire

Research question 1 asked about the factors that affect the successful implementation of SP in organisations. The descriptive statistical analysis conducted to ascertain the factors affecting the successful implementation of SP in their organisations was conducted for the full scale, and the five factors identified after factors analysis (Table 4.3). The newly validated study questionnaire is composed of 54 items explaining five factors. These validated factors, and the number of items that explain them, are 'organisational characteristics' (19 items), 'leader characteristics' (20 items), 'mission and vision of the organisation' (7 items), 'goals and objectives of the organisation' (6 items) and 'management involvement in SP' (2 items).

The survey is a Likert's scale composed of 5-point responses ranging from 'strongly disagree' (1) to 'strongly agree' (5). The total score ranges between 54 and 270; each item has been assigned one mark. Table 4.3 shows the results in descending order, with the highest mean score on top and the lowest at the bottom. It indicates that out of the 54 items, the top five items were 'Mission and vision are achievable and realistic' (Mean=4.21, SD=0.835), 'Someone who rewards high levels of effort and achievement'

(Mean=4.19, SD=0.850), 'Stated as "actions" that can be described and measured' (Mean=4.17, SD=0.817), 'A good delegator of activities and responsibilities' (Mean=8.15, SD=0.839) and 'Someone who regularly provides staff with feedback about their achievements and performance' (Mean=8.14, SD=0.832). On the other hand, the items with the lowest means scores are 'A strong commitment to organisational learning' (Mean=3.67, SD=0.938), 'Demonstrated a strong commitment to identifying and removing barriers to the implementation of its strategic plan' (Mean=3.67, SD=0.854), 'Effective and comprehensive processes for reviewing past professional performance' (Mean=3.67, SD=0.938), 'Effective and comprehensive processes for reviewing past financial performance' (Mean=3.65, SD=0.910) and 'An effective programme for the professional development of all staff' (Mean=3.62, SD=0.879).

Table 4.3. Mean scores and standard deviation of the items on the scale

Item	Mean	SD
Mission and vision are achievable and realistic	4.21	.835
Someone who rewards high levels of effort and achievement	4.19	.850
Stated as 'actions' that can be described and measured	4.17	.817
A good delegator of activities and responsibilities	4.15	.839
Someone who regularly provides staff with feedback about their achievements and performance	4.14	.832
Compatible with the future direction of the community	4.14	.828
A good role model for staff	4.12	.831
Someone who regularly assesses achievement of organisational goals and objectives	4.11	.762
Communicating well/a good communicator	4.10	.813
An independent thinker	3.97	.892
An inspirational leader, someone who inspires others to do their best	3.94	.811
Aware of the current and future needs of our organisation	4.10	.781
Creative and innovative	4.10	.804
A good team leader	4.09	.818
Open to different ideas and approaches	4.08	.860
Oriented to the needs of the external community	4.07	.799
Someone who expects high performance standards from staff	4.06	.830
Easy to understand	4.05	.794
Openly communicated to all staff	4.04	.793
Willing to take risks when needed	4.04	.842

Item	Mean	SD
Prepared to make decisions when needed	4.04	.876
Someone who leads by example (by actually doing)	4.04	.799
Realistically linked to the capacity and skills of staff	4.04	.779
Willing to support and implement change	4.03	.838
A forward thinker	4.02	.842
Someone who supports and encourages teamwork	3.99	.880
Realistically linked to the availability of funding and resources	3.99	.818
A clear action plan for achieving each goal	3.95	.846
Highly qualified staff who collectively have the knowledge and skill required to meet our goals	3.95	.854
Highly experienced staff who collectively have the background necessary to meet our goals	3.93	.864
A clear timeline for achieving each goal	3.92	.842
Statement of goals for both the organisation as a whole and for individual departments	3.90	.786
A process for the ongoing assessment of progress towards the achievement of goals	3.87	.819
A process for assessing how well each goal has been achieved at the conclusion of the action plan	3.85	.817
Clearly identified goals (outcomes to be achieved) for the short term (1–2 years)	3.83	.851
A strong commitment to innovation, creativity and change	3.82	.865
Effective processes for identifying present and future staffing requirements	3.81	.841
Clearly communicated its strategic plan to all staff	3.75	.842
Has effective risk assessment mechanisms to identify and address surprises, threats and crises	3.75	.947
Clearly stated and disseminated processes for ensuring the effective implementation of its strategic plan	3.74	.842
Strong proactive mechanisms for identifying emerging business opportunities	3.73	.826
Effective financial quality control measures	3.73	.823
Effective quality assurance processes for professional activities	3.73	.841
Processes for involving staff at all levels in the development of its strategic plan	3.72	.85
Sufficient flexibility and capacity to adapt quickly and effectively to unanticipated events	3.72	.852
Effective processes for identifying present and future resource requirements	3.71	.837
A clear and effective SP process	3.71	.856
Mechanisms for the ongoing monitoring of change processes	3.68	.871
A commitment to the use of tools such as forecasting, trend analysis and SWOT analysis in developing its strategic plan	3.68	.866
A strong commitment to organisational learning	3.67	.938
Demonstrated a strong commitment to identifying and removing barriers to the implementation of its strategic plan	3.67	.854
Effective and comprehensive processes for reviewing past professional performance	3.67	.938
Effective and comprehensive processes for reviewing past financial performance	3.65	.910
An effective programme for the professional development of all staff	3.62	.879

The findings from analysing the scale and its factors indicate that all mean scores fall within the high range (Table 4.4).

Table 4.4. Mean scores and range of obtained scores for the study scale and factors (n=508)

Factor	Mean	SD	Minimum	Maximum
The Scale	211.24	32.56	54.00	270.00
Leader Characteristics	81.31	13.61	20.00	100.00
Organisational Characteristics	70.20	13.33	19.00	95.00
Mission and Vision of the Organisation	28.63	4.96	7.00	35.00
Goals and Objectives of the Organisation	23.31	4.39	6.00	30.00
Management Involvement in SP	7.79	1.59	2.00	10.00

The organisational characteristics factor had a total mean score of approximately 70, a relatively high mean score. Participants' mean scores on all items were equal to or above 3.5 out of 5, which indicates that organisational characteristics were in favour of the implementation of SP principles (Table 4.5). The highest achieving item on this factor was the item that asked about the presence of an effective programme established to ensure the professional development of all staff, and the lowest was the item that asked about the communication of strategic plans.

Table 4.5. Mean scores on organisational characteristics items

Item	Mean	SD
A strong commitment to innovation, creativity and change	3.6	.931
Effective processes for identifying present and future staffing requirements	3.7	.969
Clearly communicated its strategic plan to all staff	3.4	.932
Has an effective risk assessment mechanism to identify and address surprises, threats and crises	3.6	.928
Clearly stated and disseminated processes for ensuring the effective implementation of its strategic plan	3.7	.845
Strong proactive mechanisms for identifying emerging business opportunities	3.6	.873
Effective financial quality control measures	3.7	.847

Item	Mean	SD
Effective quality assurance processes for professional activities	3.7	.848
Processes for involving staff at all levels in the development of its strategic plan	3.7	.847
Sufficient flexibility and capacity to adapt quickly and effectively to unanticipated events	3.6	.881
Effective processes for identifying present and future resource requirements	3.6	.875
A clear and effective SP process	3.5	.902
Mechanisms for the ongoing monitoring of change processes	3.6	.841
A commitment to the use of tools such as forecasting, trend analysis and SWAT analysis in developing its strategic plan	3.7	.818
A strong commitment to organisational learning	3.7	.840
Demonstrated a strong commitment to identifying and removing barriers to the implementation of its strategic plan	3.7	.847
Effective and comprehensive processes for reviewing past professional performance	3.6	.841
Effective and comprehensive processes for reviewing past financial performance	3.7	.820
An effective programme for the professional development of all staff	3.8	.843

The second factor is leader characteristics, with 20 items. The highest mean score was 4.23 for the item that asked about the presence of a leader who supports and encourages teamwork; the lowest mean score was for the item that asked about a leader who rewards high levels of effort and achievement (Table 4.6). Generally, participants reported that their leaders were supportive, open-minded, willing to change and role models to employees.

Table 4.6. Mean scores on leader characteristics items

Item	Mean	SD
Open to different ideas and approaches	4.13	.837
Communicating well/a good communicator	4.18	.845
Someone who supports and encourages teamwork	4.23	.854
A good team leader	4.11	.806

Item	Mean	SD
Oriented to the needs of the external community	3.95	.827
Aware of the current and future needs of our organisation	4.06	.800
A forward thinker	4.14	.747
A good delegator of activities and responsibilities	4.12	.811
Prepared to make decisions when needed	4.14	.811
Creative and innovative	4.13	.775
Willing to support and implement change	4.18	.840
An independent thinker	4.06	.893
Willing to take risks when needed	4.04	.835
Someone who regularly provides staff with feedback about their achievements and performance	4.01	.904
Someone who regularly assesses achievement of organisational goals and objectives	4.02	.843
Someone who leads by example (by actually doing)	4.07	.855
A good role model for staff	4.11	.878
An inspirational leader, someone who inspires others to do their best	4.09	.843
Someone who rewards high levels of effort and achievement	3.98	.92
Someone who expects high performance standards from staff	4.10	.81

The third factor is mission and vision of the organisation, composed of seven items. The highest mean score was obtained in the item that explains that the mission and vision of the organisation are clearly understood by the employees, and the lowest mean score was for the item that indicates that the mission and vision of the organisation are linked realistically to the available funds and resources (Table 4.7).

Table 4.7. Mean scores on mission and vision of the organisation items

Item	Mean	SD
Openly communicated to all staff	4.15	.845
Easy to understand	4.18	.828
Achievable and realistic	4.04	.796
Stated as ‘actions’ that can be described and measured	4.03	.786
Compatible with the future direction of the community we serve	4.03	.805
Realistically linked to the capacity and skills of staff	3.97	.831

Realistically linked to the availability of funding and resources	3.95	.809

The next factor is goals and objectives of the organisation, composed of six items. The highest mean score was obtained in the item that indicates that the organisation has a clear action plan to achieve its strategic goals (Table 4.8). The lowest mean score was obtained in the item that asks about the presence of clearly identified short-term goals to be achieved by the organisation.

Table 4.8. Mean scores on goals and objectives of the organisation items

Item	Mean	SD
A clear action plan for achieving each goal.	3.96	.855
A clear timeline for achieving each goal.	3.93	.853
Statement of goals for both the organisation as a whole and for individual Departments.	3.91	.799
A process for the ongoing assessment of progress towards the achievement of goals.	3.88	.835
Clearly identified goals (outcomes to be achieved) for the short term (1–2years).	3.81	.871
A process for assessing how well each goal has been achieved at the conclusion of the action plan.	3.84	.834

The fifth and final factor on the scale is management involvement in SP, which is composed of two items, both of which scored high and indicated that the participants perceived that there are highly qualified individuals who could meet the planned strategic goals (Table 4.9).

Table 4.9. Mean scores on management involvement in SP items

Item	Mean	SD
Highly qualified staff who collectively have the knowledge and skill required to meet our goals	3.89	.883
Highly experienced staff who collectively have the background necessary to meet our goals	3.85	.865

The general assumption reflected by the participants in this study was that they perceived their organisation to be supportive to the achievement of the strategic plan. They

reported that there was a clear mission and vision, good leadership, supportive administration, availability of resources and the professionals available to provide consultation for employees to assist them in performing the required tasks to achieve the strategic plans.

4.8 Effect of Participants' Characteristics on the Mean Scores of the Scale Items

As mentioned in the methodology chapter, to test the effect of the participants' background characteristics on their responses to the scale items, *t*-tests and ANOVA were used, depending on the statistical suitability of the variable. The effect of sample characteristics is a valid indicator for the researcher, and guides recommendations at a later stage in this thesis. Table 4.10 illustrates the difference between genders (females and males) using *t*-test. According to the test, there was no significant difference between both genders on the total mean scores and the subscales ($p>.05$). An ANOVA test was used to determine the differences among the age groups, and found no significant differences (Table 4.11).

Table 4.10. Differences between male and female participants on the study scale

Dependent Variable	Category	n	Mean	SD	Std. Error Mean	Levene's Test		*t*
						F	Sig	
SP*	Male	124	206.28	37.692	3.385	2.068	.151	-1.955-
	Female	384	212.84	30.598	1.561			
LC*	Male	124	79.35	15.688	1.409	2.603	.107	-1.855-
	Female	384	81.95	12.827	.655			
MV*	Male	124	27.97	5.856	.526	3.074	.080	-1.719-
	Female	384	28.85	4.618	.236			
GO*	Male	124	22.74	4.919	.442	2.304	.130	-1.670-
	Female	384	23.50	4.191	.214			
MSP*	Male	124	7.75	1.695	.152	.182	.670	-.285-
	Female	384	7.80	1.558	.080			
Org*	Male	124	68.48	14.625	1.313	.637	.425	-1.655-
	Female	384	70.75	12.853	.656			

*SP: Total mean score on the scale, LC: Leader Characteristics, MV: Mission and Vision of the Organisation, GO: Goals and Objectives of the Organisation, MSP: Management Involvement in SP, Org: Organisational Characteristics

Table 4.11. Differences among age groups on the study scale

Variable		df	Mean Square	F	Sig.
SP*	Between Groups	40	1259.346	1.208	.185
LC*	Between Groups	40	204.687	1.115	.295
MV*	Between Groups	40	36.350	1.543	.021
GO*	Between Groups	40	21.896	1.152	.248
MSP*	Between Groups	40	2.903	1.161	.236
Org*	Between Groups	40	164.721	.921	.611

*SP: Total mean score on the scale, LC: Leader Characteristics, MV: Mission and Vision of the Organisation, GO: Goals and Objectives of the Organisation, MSP: Management Involvement in SP, Org: Organisational Characteristics

The academic degree had a statistically significant effect on the three subscales, which count for the statistically significant effect on the total mean scores. By closely examining the differences among the academic degrees of the participants, Table 4.12

shows that participants with a baccalaureate degree scored significantly higher on all scales, with the exception of the leader characteristics subscale. This means that baccalaureate degree holders have reported better-perceived practices of SP in their organisations.

Table 4.12. Differences among participants according to their academic degrees on the study scale

Variable	Category	n	Mean	SD	df	Mean Square	F	Sig.
SP*	Diploma	158	202.89	37.241	3	5414.240	5.236	.001
	Baccalaureate	307	215.22	29.133				
	Masters	42	213.81	32.627				
	PhD	1	201.00	.				
LC*	Diploma	158	79.04	14.700	3	420.715	2.288	.078
	Baccalaureate	307	82.16	12.705				
	Masters	42	83.62	15.095				
	PhD	1	84.00	.				
MV*	Diploma	158	27.29	5.693	3	143.106	5.997	.001
	Baccalaureate	307	29.30	4.401				
	Masters	42	28.83	4.968				
	PhD	1	27.00	.				
GO*	Diploma	158	22.03	4.971	3	135.268	7.292	.000
	Baccalaureate	307	23.99	3.894				
	Masters	42	23.24	4.504				
	PhD	1	21.00	.				
MSP*	Diploma	158	7.37	1.887	3	14.232	5.780	.001
	Baccalaureate	307	8.01	1.347				
	Masters	42	7.69	1.760				
	PhD	1	8.00	.				
Org*	Diploma	158	67.16	14.968	3	763.900	4.386	.005
	Baccalaureate	307	71.76	12.146				
	Masters	42	70.43	13.491				
	PhD	1	61.00	.				

*SP: Total mean score on the scale, LC: Leader Characteristics, MV: Mission and Vision of the Organisation, GO: Goals and Objectives of the Organisation, MSP: Management Involvement in SP, Org: Organisational Characteristics

Examining the differences among participants according to their position within the organisation, Table 4.13 illustrates that the only statistical difference is among participants on the organisational characteristics subscale. Managers reported perceiving better supportive characteristics of the organisation favouring the implementation of the strategic plans

Table 4.13. Differences among participants according to their position on the study scale

Variable		n	Mean	SD	df	Mean Square	F	Sig.
SP*	Manager	47	218.90	22.579	5	1499.352	1.421	.215
	Medical Staff	84	208.76	26.811				
	Nursing Staff	284	210.03	35.877				
	Allied Health Professional	4	184.75	16.919				
	Administrative Personnel	89	214.51	30.805				
LC*	Manager	47	84.13	11.380	5	204.551	1.105	.357
	Medical Staff	84	79.52	11.434				
	Nursing Staff	284	81.24	14.698				
	Allied Health Professional	4	72.50	9.883				
	Administrative Personnel	89	82.18	13.054				
MV*	Manager	47	30.49	4.149	5	42.713	1.751	.121
	Medical Staff	84	28.29	4.519				
	Nursing Staff	284	28.34	5.262				
	Allied Health Professional	4	27.50	5.323				
	Administrative Personnel	89	28.99	4.619				
GO*	Manager	47	24.62	3.268	5	43.888	2.310	.043
	Medical Staff	84	22.60	4.445				
	Nursing Staff	284	23.18	4.647				
	Allied Health Professional	4	19.50	1.915				
	Administrative Personnel	89	23.87	3.857				
MSP*	Manager	47	7.94	1.358	5	1.503	.591	.707
	Medical Staff	84	7.81	1.452				
	Nursing Staff	284	7.69	1.694				
	Allied Health Professional	4	7.50	1.291				
	Administrative Personnel	89	7.99	1.521				
Org*	Manager	47	71.72	9.844	5	211.185	1.191	.312
	Medical Staff	84	70.55	10.532				
	Nursing Staff	284	69.58	14.801				
	Allied Health Professional	4	57.75	.957				

Variable		n	Mean	SD	df	Mean Square	F	Sig.
	Administrative Personnel	89	71.47	12.459				

*SP: Total mean score on the scale, LC: Leader Characteristics, MV: Mission and Vision of the Organisation, GO: Goals and Objectives of the Organisation, MSP: Management Involvement in SP, Org: Organisational Characteristics

Participants with or without previous experience in SP did not score statistically significant different mean scores on all scales (Table 4.14).When running the ANOVA test on the type of hospital(Table 4.15) and total experience (Table 4.16), there were no statistically significant differences among the subgroups of these variables. However, when examining differences between those who studied inside Saudi Arabia and those who studied outside using *t*-test, it was found that participants who studied outside Saudi Arabia reported statistically significant higher mean scores on the subscale 'Mission and Vision of the Organisation' (*P*=.011).

Table 4.14. Differences among participants according to previous experience of SP on the study scale

Variable	Mean Square	F	Sig.
SP*	9.750	.009	.924
LC*	192.513	1.039	.308
MV*	2.906	.118	.731
GO*	.029	.001	.969
MSP*	.167	.066	.798
ORG*	86.237	.485	.487

Table 4.15. Differences among participants according to type of hospital on the study scale

Variable	Mean Square	F	Sig.
SP*	1254.194	1.184	.277
LC*	396.436	2.145	.144
MV*	14.268	.580	.447
GO*	13.708	.712	.399
MSP*	2.052	.810	.369
ORG*	43.453	.244	.621

*SP: Total mean score on the scale, LC: Leader Characteristics, MV: Mission and Vision of the Organisation, GO: Goals and Objectives of the Organisation, MSP: Management Involvement in SP, Org: Organisational Characteristics

Table 4.16. Differences among participants according to total experience on the study scale

Variable	Mean Square	F	Sig.
SP*	1499.352	1.421	.215
LC*	204.551	1.105	.357
MV*	42.713	1.751	.121
GO*	43.888	2.310	.043
MSP*	1.503	.591	.707
ORG*	211.185	1.191	.312

*SP: Total mean score on the scale, LC: Leader Characteristics, MV: Mission and Vision of the Organisation, GO: Goals and Objectives of the Organisation, MSP: Management Involvement in SP, Org: Organisational Characteristics

Table 4.17.Differences among participants according to country of study on the study scale

Variable	Mean Square	F	Sig.
SP*	3181.877	3.026	.051
LC*	285.433	1.544	.214
MV*	110.836	4.575	.011
GO*	47.308	2.473	.085
MSP*	2.615	1.033	.357
ORG*	437.731	2.478	.085

*SP: Total mean score on the scale, LC: Leader Characteristics, MV: Mission and Vision of the Organisation, GO: Goals and Objectives of the Organisation, MSP: Management Involvement in SP, Org: Organisational Characteristics

4.9 Conclusion

The main findings of this study indicate that the tool developed to identifying the factors that affect the successful implementation of SP found five factors. Tests of normality, reliability and construct validity showed that the developed tool is valid and reliable for the population under investigation. Most of the demographic variables examined in this study did not show any significant effect on these factors, meaning that there were no differences between these groups forming participants' characteristics. For instance, both males and females reported comparable issues concerning the factors tested in this study. The factors that were proven to have affected SP can be addressed to increase the possibility of achieving the objectives of the strategic plans as prepared by the strategic planners.

Chapter 5 Qualitative Findings

5.1 Introduction

This chapter explains how interviewed participants responded to the questions posed during the interview. The previous chapter presented the results of the quantitative survey used in this study, and demonstrated how the data were both valid and reliable utilising measures of internal consistency and factor analysis. Additionally, these explored the key aspects of variation that existed between the participants, and how these affected the results of the questionnaire items. The purpose of this chapter is to present the responses to the interview questions, which explored how employees perceived the current processes and challenges encountering the successful achievement of SP goals in their organisations.

Seventeen respondents were interviewed, representing three major healthcare complexes: KFMC, KSMC and King Abdullah Medical City. Four main themes emerged from thematic analysis of these interviews: describing SP; SP is an internal responsibility with external guidance; the success of the strategic plan: everybody is responsible; and SP requires more: challenges and barriers. Table 5.1 illustrates the themes and the number of respondents who reported them.

Table 5.1. Key findings in the qualitative data

Theme	No. of references	Quotation
Describing Strategic Planning	17	*SP is a framework consisting of processes, resource identification, gathering of information about where we are right now and where we are heading, the objectives and the direction that we implement in our organisation in order to reach our mission. (A9)*
SP is an Internal Responsibility with External Guidance	11	*We, our first SP, we had consultants who helped us in setting the SP. Then after that, we've listened to the consultant and we have learned from them and we have evaluated earlier SP and we know what weaknesses we had during the late SP. (A6)*
The Success of the Strategic Plan: Everybody is Responsible	10	*I think knowledge of the leader is important. It is not enough to have active employees and the leaders are not there. We need all of them to be part of this successful process. (B2)*
SP Requires More: Challenges and Barriers	10	*Our languages, and mechanism of communication, and thirdly, culture and my expectations are very different too. (C4)*

The main themes contained subthemes, which are explained in the next sections, including quotations from the interviews. The next sections also explain the results of data analysis as a result of the meticulous steps followed to ensure rigour, and by supporting the identification of emerging themes with quotations presenting the main ideas within these themes.

5.2 Theme One: Describing SP

Chapter 2 explained and critically reviewed some descriptions and defined SP, as reported in previous studies. This section presents the interviewees' responses to the question that asked them to describe SP based on their experience and knowledge. They explained what they believe SP to be, and described SP in terms of a plan and its components.

There was a mutual understanding of SP among the interviewees. There were also some unique points regarding the details of how SP was perceived. For example, one interviewee described SP as ‘A road map for achieving certain objectives for an organisation.’(C1).

A road map draws the general lines for an organisation to reach the future while having the capacity to maintain the quality of its services without needing to expand the use of its recourses unjustifiably. As reported by the interviewees, once SP is set and the objectives are well-established, it outlines how employees, managers and customers reach the future: ‘Strategic plans determine the success of the organisation when you have a clear approach to reach the future.’(B2). One interviewee said that: ‘We promote the strategic plan, starting with the vision, mission.’(B1).

The mission and vision of the organisation usually guide not only the process of planning but also the actions to achieve the strategic goals. So, the presence of both elements is crucial at the stage of planning: ‘The vision and mission should be there to create a good strategic plan.’(B2). As the mission and vision are clear, forward thinking and guide the process of planning, the strategic plan can be structured. This would be composed of objectives that reflect the mission and the vision of the organisation: ‘So strategic planning is the process of improvement and implementing your plan based on the vision and mission and point of view.’(B3).

Interviewees also said that SP should be based on the needs of the customers, as well as all involved in the process of achieving strategic goals, including employees and the local community:

> *SP is taking a long-term view of your business. Looking at the needs of your customer, the needs of your employees, your stakeholders and what you need to achieve, the best possible outcomes to maintain your competitive*

advantage position in the market and sustainability of your organisation or your business. (A11)

This road map defines the relationship between the employees and their organisation. It also determines many activities that take place, which evolve to meet the strategic goals:

SP is actually the plan of the organisation. It's the plan that the organisation will adopt. And it's usually a long-term plan rather than a short-term plan. And strategic planning is overarching within the organisation and involves all disciplines within it. (B1)

Another interviewee summarised SP by saying:

SP is actually the direction of clear audacity in thinking doctrine and motivated thinking. Our strategic planning is actually the direction of the future, so basically, what we are going to do in the future, how to promote good health and how to treat our patients with the latest technology. (A1)

This direction requires mechanisms and realistic plans to implement and then achieve the goals as they are intended:

We have a regular meeting with the committee and we are participating to review our vision and mission for the year. So, from the mission and vision we will have to conduct, we we'll have to create our strategic plan based on our definition from the beginning. But we need to come up with a good vision and a workable mission for the organisation, and then set the plan of action where everybody is there in the plan. (B2)

The purpose of SP was also indicated by interviewees: 'It is to improve the patients' pathway and to improve the effectiveness of nursing to provide a safe and quality care pathway so that links into a larger plan, which influences the organisation.'(B1).

SP is not an annual plan that ends at the end of the year. It is a long-term plan that could be set for three, five or more years. In this following comment, the interviewee explained that the plan adopted in the healthcare organisation is set for three years. However, it is revised every year to make sure that the planned goals have been achieved as planned, and in case of the emergence of issues that did not go as planned, goals, processes or even plans can be modified accordingly:

> *Strategic planning means direction and putting a road map for you to see the future based on the current situation. The strategic plan that we plan to create for a period of three years, each year we need to revise, and we need a report and decide to extend some objectives or to develop many more objectives based on the situation.* (B3)

The interviewee described SP as a plan for the future, built based on the mission and vision of the organisation, and responsive to changes, in that it is revised whenever necessary. This plan of objectives determines, through a set of actions, how the organisation behaves and where it intends to be in the future.

5.3 SP is an Internal Responsibility with External Guidance

Based on the responses from the participants, for any strategic plan to succeed, the planners need a clear picture about the organisational structure, climate, culture and employees: 'the international consultants, with due respect to all agencies and companies into this regard, maybe they don't know exactly the details so that's why you find that their recommendations do not address properly all you need.'(A6).Additionally, an interviewee explained that international experts are knowledgeable and have wide experience in SP in different cultures or environments. However, this knowledge might not be as beneficial in Saudi culture. It can be helpful in guiding local experts to processes,

theories and mechanisms to define and structure the strategic plan, but not to replace them: 'The international consultants… don't know exactly the details so that's why you find that their recommendations do not address properly all you need.'(A8)

SP has been adopted in many healthcare organisations around the world. Interviewees indicated that they could still benefit from the work of others, but under domestic rules and culture:

> *There is international work around the base and this work has also been developed by tracing the sensitive indicators…I mean obviously America, the United Kingdom and Australia…have been leading this work. But it's very clear that this needs to be part of every strategic plan... in any hospital in the world.* (B1)

Another interviewee indicated that employees themselves are responsible for the structuring of SP and strategic goals. This interviewee also said that they have the required experience, knowledge and skill to perform this task successfully, but they can still make use of the effort and expertise of external consultants in order to enrich their experience and improve the plan:

> *We create our strategic plan depending on our knowledge and expertise, but making the best effort to gain from others who had older experience in the SP process, especially those who are contracted as consultants form external organisations. And then we divide objectives for each member and who will be responsible for each objective, and whoever achieves 100% of the objective will have a large incentive for the next year.* (A12)

However, there were opposing views in that some interviewees considered the presence of external experts or consultants unhelpful, and possibly unable to improve the achievement of strategic goals:

In fact, even this year there has been an initial discussion, and they were not happy about the result from the involvement and engagement of the external experts or consultants into this. (A8).

Nevertheless, most interviewees suggested that the presence of consultants is helpful if managed properly. As indicated by the interviewee, the structuring of any SP should be performed by the staff of the organisation, depending on the expertise and knowledge of the culture, customers and resources. The interviewee also said that the organisation can benefit from the experience of external experts, like other national and international organisations that have longer and better experience with SP. Interestingly, interviewees suggested that customers and people from the local community can participate in the process of planning when their ideas are appropriate and beneficial to the local community and they are able to assist in the formulation of a strategic plan that is community-oriented and culture-sensitive.

5.4 Theme Three: The Success of the Strategic Plan: Everybody Is Responsible

Strategic plans usually depend on successful implementation and a collective effort, where every person within the organisation is both aware of and actively engaged in the process of achieving the goals. This assumption also includes customers and significant figures in the community. Any defect or lack of active participation in the implementation and evaluation processes would inevitably lead to the presence of an issue of concern that needs to be addressed for the SP to be achieved. The result of having limited or no engagement of employees in the planning, implementation and evaluation process could be a failure of the whole SP:

I mean, several of 10 projects failed. And they fail because of people, not because of anything else. Because sometimes, people have set many

priorities and they do not understand why this is so important or this is critical. Or there's resistance to change. Alternatively, the objectives have not been communicated as well as we thought they had. (A5)

Therefore, SP is something that cannot be imposed by a higher authority or external persons. The interviewees agreed on the importance of collaborative work among all employees and from various levels, which they considered as a cornerstone to the planning and implementation of the strategic plan and strategic goals:

I think it's more of engaging the staff in planning and in the implementation process, as well as the evaluation process and feedback, because we need encouragement to engage and at the same time get feedback from them, in terms of how this experience is profound. (C1)

Engaging employees and managers in the different steps of SP is crucial to ensuring that employees are both aware and committed to this process:

We've done a plan of what we call 'authenticating the strategic plan.' So, we distribute this strategic plan to the entire… staff using a certain questionnaire with a very clear area on this questionnaire where the staff can put their input, whether they have any suggestions, or any addition to the plan to improve or to make more flexible and responsive to the organisational needs. (C1)

When the SP is flexible and can be modified based on the emerging needs, each strategic objective can then be changed to reflect the current need and the status within the organisation:

Each objective we achieve, we'll try to keep and maintain it but if we don't achieve the goals we try to review why we didn't achieve them and we create another objective to help us in the achievement of that goal. (B2)

Additionally, the interviewees mentioned leaders as a cornerstone in the process of implementing and evaluating the success of any SP. One interviewee said:

> *Then we call for a meeting and this meeting is more of a comprehensive meeting by selecting employees from leaders, from followers, from senior staff; we just want everybody to engage in this strategic plan so that it can succeed.*(C1)

The leaders were reported by the interviewees to play a major role in the successful implementation of SP and the achievement of the strategic goals. The leadership style improves or hinders employee involvement in the tasks leading to achieving the strategic planned goals:

> *The characteristic of the leadership does really have an impact by giving meaningful engagement for the staff to put in their strategic plan in the organisation, and it does really make a big difference to us as it tells us to understand and believe and also have the passion and motivation to continue this practice.* (C5)

According to the interviewees, leaders' collaboration and understanding are crucial to the success of SP in any organisation, including healthcare. Therefore, their active participation and involvement in all steps of SP is also essential to the success of this plan. The leaders inform employees about the SP, explain it to them and ensure that they follow it thoroughly: 'Leadership style facilitates the delivery of instructions from higher levels of management, including the strategic plans, so that it will be translated well and everybody understands and is involved in these plans.'(B1).

The successful planning and implementation of any SP requires the effort of all employees, including employees from different managerial posts, managers and leaders. Additionally, significant individuals in the community can participate, to ensure that all

plans suit the customers and employees. This collaborative work determines many aspects of the implementation of the strategic plan and strategic goals.

5.5 Theme Four: SP Requires More: Challenges and Barriers

The interviewees mentioned a number of challenges and barriers that hinder the achievement of strategic goals. These can be related to the staff, the process of planning or even the plan itself. One interviewee explained that the SP is sometimes indiscriminate and cannot be implemented. Therefore, they suggested that SP needs to have a flexible structure so that it can be modified to suit the time, place and staff. It must also be sensitive to the organisational structure and culture within which it will be implemented:

> *The last point is to put room to manage this plan. So, according to the plan that we have newly introduced to our organisational structure, we need to modify the policies that influence how we operationally define our strategic steps. This can be achieved by making the strategic goals more adaptive to our internal policies or by making this strategic plan modifiable, changeable throughout the journey, and this will help in making it more consistent and cohesive to achieve the last point of this journey and achieve the goals.* (C1)

According to this interviewee, there are two aspects that ensure the success of any SP. The first can be made by modifying policies adopted in the organisation that interfere with the implementation of the SP. The second is to build a strategic plan that is flexible and can be modified based on any emerging need.

Another point raised by the interviewees was concerned with reviewing the SP for the purpose of evaluating the whole process, including updating, staff satisfaction, customer satisfaction and efficiency: ‘If you set a strategic plan for three years, you know

you just never know what's going to happen. So, you have to review it on an annual basis and also to have a performance review.'(B1).

The three Saudi healthcare organisations studied have international employees who may not be able to speak Arabic. As well as language differences, interviewees reported that modes of communication, gestures used to reflect certain ideas and other cultural hints can cause misinterpretation and miscommunication: 'Our languages, and mechanism of communication, and thirdly, culture and my expectations are very different too.'(B1). Communication among employees was mentioned by the interviewees as a major impediment to the success of SP. The main reason is related to the presence of many different cultural backgrounds within the organisation, where some vocabularies are defined by cultural inferences. In other words, some of the words are used based on culture as words and gestures could have different interpretations in different cultures.

Communication is not only a concern due to cultural interference, but also due to some technical issues that overlap with the commonly used language when explaining strategic plans and their mechanisms. Some employees do not know the technical language usually used by strategic planners. For example:

> *Exactly during my working in the…, I found out that communication is the biggest challenge in the… due to differences in how we say things and how the other staff, colleagues and managers actually receive and interpret them. It is sometimes so frustrating that you spend a lot of time preparing material and find out that a large proportion of those attending your presentation cannot understand or misinterpret your words. (A10)*

This interviewee explains that the differences are not simply in the language used for communication, as in Saudi healthcare organisations English is used. The issue of cultural cues and the interpretation of technical language is another issue that this interviewee encountered some difficulties with:

I can assure you at least that each one has a leading position in… is aware about… strategy and his role in this strategy. But in the level of general staff, I cannot assure you that 100% of them receive the strategy of… but as a requirement from an accreditation organisation like CBAHI and JCI, we have to make general staff orientation for all new staff in the… and it is mandatory. (A8)

Additionally, interviewees indicated that by the beginning of SP implementation, all efforts become extremely focused on orienting employees from all levels and specialisations. However, these efforts are almost lost a few months after commencing the implementation process. The interviewee suggested the need to continuously remind employees of the SP and the evaluation process, and to remind those involved in the evaluation process that the SP is still in progress and had not been phased out:

It is supposed to be annual that we know how we achieved such plans, goals and objectives. We have KPI [key performance indicators] for each objective. So, we have to continue our regular meetings, then at the end of the year we have a final result to submit to the CEO, to get approval from him and to go to the new strategic plan. (B2)

And another interviewee said:

We create our strategic plan and then we decide which one will be the best. Then there be a monthly meeting to review and each will report to us. I think reporting to the CEO or a regular meeting with the people, so I think this will help us to step forward. (C3)

Interviewees emphasised the importance of teamwork among the strategic team and other employees in the success of any strategic plan:

If we do not have a good team, we cannot prepare a good organisation and we cannot achieve all the objectives that we want or plan to achieve.

Further, if we don't take into consideration what our organisation's vision and mission and how our teams can make them become a strategic plan, we'll not keep the right planning. (B2)

However, another interviewee reported limited coordination in the effort to achieve collaboration between employees and managers:

This is something that we have been experiencing for several years. We set up a strategic goal but because there is no coordination between the executive administration, each organisation is going in a different direction. We and the others end up conflicting with each other. (A4)

Teamwork and coordination of strategic efforts are some of the factors that increase the possibility of strategic goals succeeding. Teamwork particularly reflects the willingness of employees to engage actively in implementing SP. Nevertheless, the management should also be fully aware and fully engaged in this process or else it could cause obstruction, either intentional or unintentional, to the success of the SP:

I think sometimes it's because middle management doesn't quite understand the vision, or the mission or the objectives. And even though you've engaged them through a process, technically they understood, but emotionally, you haven't been able to achieve something in their hearts. (A11)

Therefore, it is important that the strategic team be composed of representatives from different levels of management and ranks within the organisation. An additional point raised by interviewees is the link between employee appraisal or evaluation and strategic plans. An interviewee suggested that the annual appraisal should be linked to the strategic plan of action, and that all employees should be involved in the SP processes at some stage of the plan's implementation:

The involvement of employees in the process of planning is there, but unfortunately what's called employee's performance matrix or evaluation is not

strictly tied to the strategic goals and objectives. However, we have less tie and less link between the two here and we have understanding and agreement in the strategic plan and objectives, but we fail usually to link this to the performance evaluation. Because performance evaluation, this is what employees will be having when they go home. (A7)

Other factors affecting the successful planning and implementation of the SP include financial resources, bureaucracy and recruitment of staff who are well-trained to deal with issues concerning strategic planning:

External factors, such as financial in terms of the national economy, and also the ministry itself in terms of the budgeting challenges and process and bureaucracy. Internally, of course the challenge of recruiting highly qualified staff or others. (C1)

Additional points of concern reported to cause interruption in the achievement of strategic goals are the use of technology (such as computer systems) and the use of e-mail and web advertisements:

What is missing is in the structure itself, because we don't have an upgraded electronic system to help us in the monitoring and implementation of some of the objectives. One of our challenges now, we put this plan in for the next three years while the top priority and direction should be directed towards having the current electronic system updated to make communication easier and to make everything easier also.(B3)

The interviewees identified several challenges and barriers to successful planning and implementation of strategic plans within their organisations. These included the sensitivity of the SP to the organisational structure and culture, quality of communication among staff, teamwork, financial and staff issues.

5.6 Conclusion

This chapter analysed the interviewees' responses to the open-ended questions, and four main themes emerged. These findings illuminate and supplement the quantitative findings discussed in Chapter 4. The key conclusions from this study, which will integrate both the survey questionnaire findings and the responses to the open-ended questions, are provided in the next chapter, and compared to the literature review regarding SP implementation in Saudi healthcare organisations.

Chapter 6 Discussion

6.1 Introduction

This study explored the factors employees of Saudi healthcare organisations perceive to affect the implementation of strategic plans and the types of SP processes adopted by these organisations. It also identified the challenges encountered in the process of development and implementation of the strategic plans within the Saudi healthcare organisations. As found in the literature, there are similarities with what other healthcare systems in countries like the US and Great Britain have reported and the findings of this study. Therefore, some researchers and strategic planners from other countries may benefit from the recommendations suggested in this chapter.

This chapter discusses the key conclusions of the study, and how they relate to the research questions. As a reminder, the research questions were as follows:

1. What are the factors perceived by employees to affect the effective implementation of strategic plans within healthcare organisations in Saudi Arabia?
2. What is the effect of personal characteristics of healthcare professionals (e.g., gender, age, profession, position, etc.) on factors affecting the effective implementation of SP within healthcare organisations in Saudi Arabia?
3. What steps are adopted in the process of developing strategic plans in healthcare organisations in Saudi Arabia? What means are taken to achieve these plans?
4. What are the benefits, challenges and barriers facing healthcare strategic planners when developing, implementing and evaluating strategic plans in the Saudi healthcare system?

This chapter focuses on relating the key findings and conclusions to the existing literature, and to identifying the implications for policy making and improving the current practice of SP in healthcare organisations in Saudi Arabia**.** The discussion also includes

the limitations of this study that future studies could consider in order to improve study designs and methods of data collection, as well as the type of information obtained.

This thesis has argued that it is both imperative and necessary to examine the factors that affect the effective implementation of strategic plans within Saudi healthcare organisations. While it is recognised that SP is essential to healthcare organisations, it is argued that the successful implementation of those plans improves the quality and cost-effectiveness of the services provided to consumers. Findings from this study are also expected to provide empirical evidence to contribute to improving the overall outcomes of strategic processes in Saudi Arabia.

The process of developing the strategic plans is understood to be an extensive multi-stage one that involves key personnel and those who are affected by these plans. Generally, each organisation sets several key or main strategic plans or objectives, followed by an extensive discussion by personnel, who will be involved in each objective. This endeavour would lead to the development of the comprehensive strategic plan of the organisation. Then the developed plans require strategies, resources, timelines and evaluation tools, which should all be prepared for use when required (Schneider, 2015). The steps or stages of plan implementation require that a sharp, professional and knowledgeable eye be present to intervene whenever necessary, so that the main objective can be achieved successfully.

6.2 Summary of the Study Findings

This study answered the research questions explained above. The quantitative results show that key factors affecting the effective implementation of the strategic plans are:

- Organisational characteristics factor, which includes organisational commitment to innovation, creativity and change, effective processes for

identifying staffing requirements, and an effective programme for the professional development of all staff. This finding emphasises the core concept within the General System Theory (GST), which represents the theoretical framework supporting this study. The GST indicates that all distinct levels of systems are interrelated, so cannot be separated, in that a defect at one level would impose challenges to the other levels (Hammond, 2005). That is, a single event in a subsystem leaves its effect on the whole open system (Pouvreau & Drack, 2007).

- The second factor is leader characteristics, which indicates that for the leaders to support SP, they need to have many characteristics, such as being open to different ideas and approaches, be good communicators supporting and encouraging teamwork, be forward thinkers and good delegators. This finding further determines the useful nature of organisational theory, which emphasises that each member within the system contributes effectively to the achievement of the overall objectives of the organisation. Otherwise, the organisation would suffer limitations and challenges that might deter or delay its progress, or even affect its ability to become sustainable (Jablin &Putnam, 2004).
- The third factor is the mission and vision of the organisation, which refers to employee understanding of the mission and the vision of the organisation. Additionally, both mission and vision need to be linked realistically to available resources. Organisational theory stresses that poorly conceived or implemented rules could cause negative results in an organisation, producing unpredicted failures and causing further strain (Wagner-Tsukamoto, 2003).
- The next factor is the goals and objectives of the organisation, which indicates that the organisation should have a clear action plan to achieve its strategic

goals, with the presence of clearly identified short-term goals to be achieved by the organisation.

- The final factor is management involvement in SP. Participants reported the importance of having highly qualified and experienced individuals who can meet planned strategic goals.

Participants' characteristics—like gender, position and profession—did not affect how employees perceived the effect of the five factors on the implementation of SP. Younger participants tended to be less passionate, less knowledgeable and reported greater difficulty understanding and engaging in the SP process.

The qualitative results show that four main themes emerged from the content analysis of the interviews: describing SP; SP is an internal responsibility with external guidance; the success of the strategic plan: everybody is responsible; and SP requires more: challenges and barriers. These results (along with the quantitative findings) are discussed below, according to the research questions and key themes.

6.3 Organisational and Personal Characteristics Affecting SP

The findings of the present study showed that organisational and personal characteristics were important to the SP process. This reflects the answers to the research questions, which addressed factors affecting the implementation of the SP. These findings are particularly related to the research question one, which asked about the factors the influence the successful implementation of PS. It also explains the effect of the personal characteristics of employees on the implementation of SP. As per the quantitative results, organisational characteristics—which include items such as processes for involving staff at all levels in the development of SP, and clear communication of organisational strategic plans to all staff—were perceived to be more likely to enhance the success of strategic

plans. Kash et al. (2014) also stressed the importance of communication as one main factor to a successful SP.

Emphasis on the importance of clear and effective communication to all strategic plans and the required steps to ensure the achievement of these plans can be found in both the quantitative and qualitative findings. Further, participants reported a need for clearly stated and disseminated processes for ensuring the effective implementation of strategic plans. One informant said: 'Strategic plans determine the success of the organisation when you have a clear approach to reach the future. We need someone to tell us exactly what is coming and how we could help.' (A5)

Although the responses that emerged from the qualitative data agreed with these issues from the quantitative data, the respondents also added that the successful implementation of SP requires the full participation of all major stakeholders and top management. The potential effect of having limited or no engagement of employees in the planning, implementation and evaluation processes could be a failure to achieve the strategic goals, additional waste of resources and employee disengagement from the vision and mission of the organisation. This idea was indicated by one manager, who referred to the failure on several projects. He further elaborated that reasons for this failure was related to people, who could not view SP as a priority to their organisation and how SP could define the future of the organisation. Partly, those people also did not associate the strategic plans with the existence of the organisation perhaps due to lack of knowledge and because they were not fully aware of the role of the strategic plan. Another view related to resistance of managers to change to failure of the organisation to achieve the strategic plans, and these issues are related to the characteristics of the organisation and present a factor influencing the successful implementation of the SP (research question one).

Clearly, the need for open dialogue between strategic planners, their associates and other employees and stakeholders is crucial for strategic objectives and goals to be

achieved. Others supported this issue (Hoque et al., 2016; Jaana et al., 2014). If we engage employees, managers, top managers and stakeholders in the planning, implementation and evaluation process in Saudi Arabia then the adoption of strategic plans is more likely to become achievable, and the success rates could be improved significantly, as these issues are frequently reported to be among the main challenges to SP (Jaana et al., 2011).

Another factor influencing the successful implementation of the strategic plans and objective, is the culture of the organisation (research question one). Kash et al. (2014) argued that organisational culture and values are among the top influencing factors reported by several healthcare leaders in the US. They also reported that the engagement of all persons in the organisation, including stakeholders and service recipients, should be actively supported to ensure the successful implementation of strategic plans (Kash et al., 2014). In this respect, the findings of this study and the literature agreed that success or failure is the responsibility of everybody, and could be everyone's personal challenge. Sadeghifar et al. (2015) argue that the involvement of members of the community as stakeholders who affect how healthcare organisations are run should be among the priorities of the trustees, or a panel of experts and associates responsible for the structuring, implementation and evaluation of strategic plans. In Saudi Arabia, such involvement can hardly be seen, as the government acts on behalf of people when it comes to planning and implementing future plans in healthcare and other areas (Albejaidi, 2010). Therefore, emphasis should be placed on the vital role those key figures of the community can play, to ensure first that strategic plans are made per the vision of the community and its needs, and then to improve participation in all steps of strategic action plan implementation.

Under the organisational characteristics factor in the quantitative findings, several items affect the successful implementation of strategic plans in Saudi Arabia. Among

these items are ‘strong commitment to innovation’, ‘creativity and change’, and ‘use of effective processes to identify staffing requirements’.

6.4 The Nature of Strategic Plans in Healthcare Organisations in Saudi Arabia

This section answers the research question, which asks about the composition of the SP process within Saudi healthcare organisations (research question three). As the quantitative and qualitative findings showed, strategic plans need to be detailed. They also need to be structured by experts qualified to build strategic plans based on knowledge (theoretical and contextual), skills (in planning, assessment and identifying gaps within healthcare organisations that require SP) and the ability to educate all staff members, stakeholders and service recipients. One informant said:

> *We create our strategic plan depending on our knowledge and expertise.... and then we divide objectives for each member and who will be responsible for each objective, and whoever achieves 100% of the objective will have a large incentive for the next year.* (A3)

However, no informants or participants in either part of the study mentioned whether experts set the plans and follow them. Their comments related to what they wished could happen in the corresponding organisations. Regardless of what is currently occurring in these health organisations, the findings emphasised that participants are aware of the significant role of well-oriented experts in planning, implementing and evaluating strategic plans.

The need for a person who knows how to perform the need assessment, structure a strategic plan and then evaluate the performance and outcomes of its implementation is imperative to Saudi Arabian healthcare organisations. Plan components can then be linked together in a coherent, sensible and meaningful manner, allowing corrective measures to

be taken once needed. Therefore, training personnel who could carry out these processes are crucial, inevitably improving how SP are structured and implemented. In this vein, failure could occur if healthcare organisations do not have similar systems of feedback that are controlled and observed by an individual supported by knowledge, skills and expertise. As we saw in this study, the number of successful plans can vary depending on the process followed to develop them, and how priorities are decided. The findings also demonstrated that there is a need for highly qualified staff who are knowledgeable and skilful, and who are highly experienced in achieving SP goals. According to the participants, it is not adequate to have the required knowledge and skills to achieve SP goals; employees must be willing to promote work leading to the achievement of the planned goals.

6.5 The Implementation Process

There are still limitations in Saudi SP concerning how plans are structured and whether they have the necessary flexibility to adapt to any emerging barrier or obstacle. Therefore, all necessary steps are adopted to avoid and/or identify potential or actual threats to the process of implementation where proactive measures can be carried out. Among these steps is the use of an efficient monitoring system, which is required to observe the implementation process. However, this monitoring system was not reported by many participants. As one informant reported:

> *This can be achieved by making the strategic goals more adaptive to our internal policies or by making this strategic plan modifiable, changeable throughout the journey, and this will help in making it more consistent and cohesive to achieve the last point of this journey and achieve the goals.*(C3)

Further, most participants referred to insufficient resources and poor support services as other challenges or obstacles to the successful implementation of strategic

plans. Jaana et al. (2014) said that the gap in communication is related to technology use issues. Kash et al. (2014) agreed, and Hoque et al. (2016) emphasised that communication, commitment and well-established steps of orientation of the SP are necessary for ensuring achievement of strategic plans. On the other hand, a lack of expertise within the healthcare organisation is one problem in the implementation process (Hoque et al., 2016). Kash et al. (2014) said that communication is not only important to achieving the strategic objectives, but also to improving services, containing costs and enhancing strategic thinking. These can be achieved by making information accessible to those who need it, when it is needed. Access to all types of information as part of communication is an essential part of the process, as it is not enough to collect data on a wide range of issues within the healthcare organisation. This information also needs to be available for those who build strategic objectives for the future, to improve the service and/or minimise the effects.

The use of effective financial quality control measures and quality assurance processes for professional activities were found to affect the SP process in this study. Similarly, Kash et al. (2014) reported that financial resources and accountability (budgeting and resource utilisation) is one factor essential for the success of any SP within healthcare organisations. Further, Phelps et al.(2016) and Colwell (2016) concluded that there is a pressing need for a clear plan, tool(s) of analysis and an evaluation process to determine the outcome of the strategic implementation process, and to measure the cost-effectiveness of these measures.

Similarly, in healthcare organisations in Saudi Arabia, traditional tools usually used to evaluate other industries should be modified based on the nature and needs of the healthcare organisations in the country. The nature and bulk of information obtained in the healthcare industry is usually huge and detailed compared with other industries. It is essential that this information be processed, categorised and stored properly so that it can

be retrieved and utilised by strategic planners. This amount of information on patients and their families, as well as social, economic/financial, environmental, familial and other types of information are not required or collected elsewhere, but such data are important and should be processed to be useful for strategic planners.

Some informants referred to incentives they reported as necessary for employees, as well as managers, to proceed with implementing strategic plans and to work efficiently. Limited knowledge is available on the importance of incentives that could improve motivation among employees to work on strategic plans. This section also added further information concerning the steps undertaken to achieve the objectives of the strategic plans within the Saudi Health care organisations asked by research question three.

6.6 Commitment to Using Tools to Monitor and Evaluate Implementation of Strategic Plans

This section explains the means adopted to monitor and evaluate SP. The information provided next answered partially research question 4, which asked about the processes adopted to evaluate the process of implementation of the strategic pans. This study found that commitment to tools such as forecasting, trend analysis and SWOT analysis in developing strategic plans is very important to the success of the SP process. In the qualitative findings, one informant suggested that KPI guides the decision-makers about the achievement of the strategic plans. This informant also added that the committee responsible for following the implementation and evaluation of the strategic plans kept meeting regularly and preparing the needed reports, which were sent to the CEO (refer to chapter five).

Noticeable from managers' responses in the qualitative part is the use of 'must' and 'should', indicating that their responses are what they believe should be done, and not necessarily a reflection of what is done in their organisations. Unfortunately, informants

were not clear about this and did not say openly that such methods have not been adopted yet in their organisations; they tried to be implicit and political in their responses Sari (2015) stressed that to evaluate the strategic plans' outcomes, several methods are required. It is not adequate to have one source of information that measures the outcomes; there should be a range of methods, including key performance indicators KPIs or performance management tools (e.g., KPIs of service consumers, KPIs of employees and KPIs of the community), financial audits and consumer satisfaction (Mihic, Obradovic, Todorovic, & Petrovic, 2012). These tools provide information on the progress of the strategic objective, and determine areas of weakness and where intervention could be helpful during the implementation of the strategic plan.

The availability of adequate sources of data could improve the understanding of planners and help them determine components of the next phase of planning, and which plans were (or were not) successful and why. Additionally, strategic planners would identify useful and unhelpful data and what resources, information or materials are missing or available for the next set of actions in the plan. In this regard, Alqahtani (2016) emphasised that a successful strategy requires controlling all potential risks associated with the introduction and implementation of SP. Similar issues were not reported in this study, although the participants talked about high rates of failure in the strategic plans adopted and implemented in their organisations. They also they did not mention the presence of a committee that observes the implementation of SP continuously and acts whenever necessary to ensure that actions are both appropriate and effective. Even when persons are assigned to perform the required assessment, there was always a question of whether they use suitable instruments and whether they are qualified to perform what is necessary. Unfortunately, this study did not report the presence of such a committee, or the presence of such reviews and assessments.

Phelps et al. (2016) reported that choosing proper instruments for assessment of the implementation of the SP could inevitably benefit the process of evaluation, which would then guide the process of change in planned actions, if necessary. One informant said:

> *What were the achievements during that year? This is the problem. And this is why we need to have an arm in the organisation who monitors, facilitates, organises the accomplishment of that organisation, which is the Strategic Planning Department or Strategic Implementation Office, people call it.*(A6)

Therefore, it is important to have a committee that aims to promote the strategic plan activities, ensure that the implementation is running according to the goals and objectives, and improve communication among and between the different committees and groups within the organisation, where outcomes are measured, and levels of achievement are reported on time.

Another crucial point concerns the role of stakeholders, whether from the top management or employees. Engaging all stakeholders through effective and regular communication in strategy implementation would also increase the likelihood of achieving the strategic goals successfully. However, the first step is to identify the key stakeholders who can be involved and make a difference. The findings indicated that expert opinions from the interviewed managers stressed the key role of stakeholders from diverse backgrounds, including employees, service users and managers. Neely, Adams and Crowe (2001) suggested that various stakeholders could be included in the SP, such as service consumers, intermediaries, employees, regulators, community figures and religious personnel. The participation of such stakeholders would enrich the feedback with a range of experiences.

Swayne et al. (2008) argued that stakeholders' involvement in the various phases of the SP process would improve the level of engagement from other staff members and employees, and would also ensure the required resources necessary to successfully implement the plans were readily available. Based on the findings, there was very limited involvement from the stakeholders, mainly managers, in all steps of SP. Hence, limitations were reported in many areas in this process, starting from planning through to evaluation. Hoque et al. (2016) supported this argument, and emphasised that stakeholders might guarantee better engagement in the SP process at all levels of implementation and evaluation.

Schneider (2015) argued that for any strategic plan within a healthcare organisation to be implemented successfully, it must be embedded at all levels of the organisation. Involving the key stakeholders suggests their participation in all phases of the process, including structuring, implementation and monitoring of the strategic actions. According to the informants in this study, if stakeholders fail to monitor and evaluate the action plan, the organisation may also fail to provide a successful model of SP and implementation. The association between the planned activities and the success of the strategies lies somewhere between the main elements of success, including the individual employee, the team or department, the whole organisation and the ability of planners to adapt to emerging needs (Lazarus, 2011). This would link the SP process with the performance indicators of the organisation, thus meeting the objectives of the planned actions. The story of success can go as follows: the strategic expert orchestrates the structuring of the plan and the necessary elements for success by conducting a needs assessment, categorising data, setting strategies, designing the actions necessary for the strategy, structuring the monitoring system to investigate the actions planned at all levels if further resources or corrective measures are required, and performing all this in a timely

manner. Based on reports from informants and participants, the involvement of stakeholders from different tiers in the steps of SPT is still extremely limited.

The active participation of employees from different specialisations and ranks in the process of planning, implementation and evaluation was perceived as a crucial factor for the achievement of strategic plans among most participants in this study. Informants in the qualitative findings reported that:

> *We create our strategic plan depending on our knowledge and expertise, but making the best effort to gain from others who had more experience in the SP process, especially those who are contracted as consultants from external organisations. And then we divide objectives for each member and who will be responsible for each objective, and whoever achieves 100% of the objective will have a large incentive for the next year.* (C2)

This finding suggests that although the planning process is essential in healthcare organisations, the process of analysis has emerged as a major challenge to the success of the strategic actions. According to Phelps et al. (2016), there is still a scarcity of analysts who can conduct analysis and highlight facts about where the organisation stands from the strategic plans. Phelps et al. (2016) further argue that higher education institutes are requested to train people who can perform this complex analysis and be adept at interpreting the outcomes so as to suggest corrective measures, which could improve the planning and implementation processes. Due to the limited experience in Saudi Arabia with SP, it is necessary that the country develops skills among the local population by training them. Perhaps it is important that stakeholders be oriented to the process of planning early. After choosing people who can participate in implementing strategic plans, SP experts may explain strategic objectives and respond to all inquiries posed by those candidates. Once stakeholders acknowledge what is needed to plan, build, implement and

evaluate the strategic plans, teams can be formed to plan objectives, actions and the evaluation processes under the supervision of SP experts. Stakeholders will be learning as they move in this process. Over time and the accumulation of experiences, stakeholders can become skilful in SP.

The findings demonstrated that a strong commitment to identifying and removing barriers to the implementation of strategic plans, as part of the organisational learning process, is important to the strategic plan, using effective and comprehensive strategies of evaluation and monitoring. Informants in the qualitative component elaborated further that evaluation meetings should conducted annually to know whether the strategic plans were achieved and objectives we have KPI for each objective. According to many informants, the CEO and deputies should be fully aware of our work to help alleviate any obstacles, and should also be committed to the activities we do that emphasise the strategic plans are performed.

The process of monitoring the implementation of the strategic plan is as important as the structuring and evaluation processes. Among the qualitative responses that highlighted the importance of monitoring the implementation of strategic planned actions, one informant explained that If you set a strategic plan for three years, no one knows what is going to happen. Therefore, this plan should be reviewed annually, including its performance review.

Swaroop and Medlin (2015) explained the financial trajectories of the strategic plan. Most important is the alternative risk mitigation plan that would save the original strategic plan once failure is looming. In the case of Saudi Arabia, the presence of an alternative rescue plan might increase the possibility of having a better strategic thinking culture. A strategic planner would become adept when performing quick assessments and would make all necessary changes as prompted, given that the learning process is

maximised, and flexibility is also enhanced to ensure that strategic plans are always monitored and evaluated.

The findings also showed the significant role of leader and leadership characteristics. The leader is required to be a good role model for staff, a good delegator of activities and responsibilities, be creative, inspiring to staff and ready to support and reward exceptional employees. The leader needs to be a good communicator, a forward thinker, open-minded, aware of details in the department and the organisation and willing to make (sometimes unconventional) decisions and actions that have the potential to promote better outcomes. The qualitative findings reported the effect of leadership style on all employees, as it could encourage them to become active participants in strategic action plans.

According to Taddey (2014), healthcare leaders are the cornerstones of SP, as they participate actively when defining the needs, build up strategic plans and then determine the roadmap for the strategic plan. Leaders can be managers, directors, supervisors or even mentors whose influence reaches those they work with. Indeed, inadequate preparation of leaders on SP causes higher levels of inefficacy when implementing strategic plans, and a significant decline in achieving the targeted goals (Mbugua & Rarieya, 2014).

Although reference to leaders' characteristics was made explicit in the quantitative components of this study, those qualities were not elaborated on in the qualitative responses of the informants. Willcocks (2011) argues that strategic leadership is enacted as per a strategy model. Davies and Davies (2010) explain that leadership is a means of building direction and capacity for a healthcare organisation, so that is can make a directional shift or change to a pre-planned goal or objective. Lazarus (2011) contended that leaders are responsible for the success or failure of strategic actions as they decide what, when and where actions are to be taken. They also encourage, involve and limit the participation of employees through the decisions they make in their departments, which

affect how employees engage in strategic actions. Therefore, leadership style and characteristics are among the main factors determining the success or failure of implementing strategic plans.

In the case of Saudi Arabia, although limited knowledge exists on the leaders of SP, many authors (e.g., Hoque et al., 2016; Kash et al., 2014) believe that well-educated and highly qualified people can learn through engagement in the planning, implementation and evaluation processes. This means that in Saudi Arabia, leaders can learn over time as they practice; as leaders learn, mistakes and inaccurate decisions can be minimised, thus maximising the success rates of strategic actions within the healthcare system in Saudi Arabia. Although the informants in this study did not comment on this point, it was clear that they were reflecting on what they had experienced, so their responses reflected what they had learned.

Based on remarks from Mintzberg (2010) on leaders' behaviour, a model can be one of two things. One model is where a leader transmits a strategy down the hierarchy deliberately, by the 'heroic' top leader. The second leader allows the strategy to emerge from an 'interacting' network that is encouraged by engaging leadership where the focus is on the human element of the strategy, and this strategy is enacted. Indeed, the human element within healthcare organisations is very important; it is usually the main determinant of success. It is then crucial that more care should be taken when choosing leaders who will carry the burden of implementing strategically planned actions in Saudi Arabian healthcare organisations. However, it is inadequate to rely on the 'raw' human element without preparing the leader with the required skills, exposing him/her to the experiences necessary to accumulate knowledge, build own understanding and make sure that all components are clear, and then the leader can be ready for the next phase of engaging and carrying out the next steps of the SP process.

In the case of Saudi Arabia, both models can work and improve the process of implementation of the strategic plans. If the first model has been chosen then leaders should be prepared; Phelps et al. (2016) suggest that such leaders should be prepared while studying, so that they can perform at their best and ensure the successful planning and implementation of strategic plans. If the second model is adopted, the leaders should liaise and be flexible, open-minded and very good communicators and negotiators, so they will be able to let everyone participate while the leader controls what is added to the plan and what is not. The second model could be challenging, and require careful manipulation of the leader, but might increase the likelihood of engaging most employees in the action plan.

6.7 Mission and Vision of Organisations

The mission and vision of the organisation are cornerstones that ensure employee involvement in the implementation of strategic action plans and achievement of strategic plans. Participants reported that they need to have a mission and a vision that are achievable, realistic, compatible with the future direction of the community, can be transformed into measurable actions, communicated to the employees in all managerial ranks and easy to understand. For example:

> *From the mission and vision, we will... create our strategic plan based on our definition from the beginning. But we need to come up with a good vision and a workable mission for the organisation, and then set the plan of action where everybody is there in the plan.* (A12)

Participants repeatedly contended that they were active in the formulation of the vision and mission of their departments and organisations. However, this was not reflected in the achievement of the organisational objectives, which apparently were not achieved, or at best, were partially and unsatisfactorily achieved. The question here is whether not

achieving the planned goals is related to the employees, planners or something else. This study could not identify whether employees had an accurate understanding of the mission and vision of their organisation and their department. If employees did not have this clear understanding, how would that affect the achievement of strategic plans? Employees' lack of understanding of the vision and mission, which determine the objectives and targets of their organisation, would result in wasting considerable time reaching a consensus among employees and leaders to determine the specific strategic goals, when planning for each department. In fact, many such discussions would become unfruitful and use time ineffectively (Sari, 2015).As findings of this study identified the factors influencing the implementation of SP, the presence of contradicting findings made it difficult for the researcher to discern the cause. Perhaps one reason for that is the complexity of the process, and that data are inadequate to identify the exact cause.

Duarte et al. (2014) stressed that to foster SP within an organisation, there is a need to create a culture of innovation that is both supported and sustained by the top management and leaders. Lazarus (2011) also stressed that organisational culture could be an essential component that ensures the successful implementation of strategic plans. This culture needs to be conducive and to produce a sense of belonging and a need to be an active part of the implementation of planned actions, which would lead to reaching the planned target. Therefore, the mission and vision must include the practical meanings, which are easily understood by all employees, and would improve employee engagement in this process. As per the findings in this study, Saudi workers have not understood the mission fully, and there were questions about the vision. Not knowing the vision well affects what employers experience in their departments and units. Therefore, efforts must be made to ensure all employees comprehend the role of the mission and the vision, and how both are connected to their daily roles. That is, how the mission and the vision of the organisation determine many actions that are carried out at the department level.

Participants in this study emphasised the need for a clear action plan with both a timeline and an ongoing evaluation linked to each strategic goal, which would reflect departmental and organisational interests. Through quantitative responses, participants reported that it is significant for them to be part of the planning and evaluation. This issue also appeared in the qualitative findings, where informants reported the need for feedback on the entire process of implementing the strategic plan:

> *I think it's more about engaging the staff in the planning and implementation processes, as well as the evaluation process and feedback, because we need to receive encouragement when engaging, but at the same time get feedback from them in terms of how this experience influenced us.* (A5)

Carlson (2006) argued that an innovation-driven vision and mission direct the creation of a culture that values teamwork, collaboration among different organisational components and communicates the identity of the organisation to all partners, affiliates and stakeholders. Once board members have meticulously examined strategic directions, employees should ensure that all planned actions are communicated and distributed throughout the organisation (Sari, 2015). All employees, partners, and affiliates must understand their roles in helping to carry out the plans. For example:

> *Strategic planning means direction and putting a road map for you to see the future based on the current situation. The strategic plan that we plan to create for a period of three years, each year we need to revise, and we need a report and to decide to extend some objectives or to develop many more objectives based on the situation.* (A2)

Lazarus (2011) argues that the struggle between innovative and conventional views of SP continues to be an issue of concern. Lazarus (2011) also states that at some point during implementation, the need for innovative measures can be a solution to continuing

the strategic action plan. It can be beneficial to strategic planners in Saudi Arabia to adopt flexible plans that include conventional planning elements and innovative measures that can accommodate the effect that forces within the market have on the organisation. It is difficult at this stage to conclude that SP has not adopted these measures, as the study findings could neither emphasise nor deny the presence of such measures.

6.8 Assessing How Goals Are Achieved

Managers' responses to the interview questions formulated rich data that answered the research question (which asked about managers' perspectives of SP). It is worth mentioning here that just below 10% (n=47) of respondents in this study were managers. The findings showed that part of SP is to have a process for assessing how well each goal has been achieved after the action plan. The qualitative responses included reference to the evaluation process:

> *Each objective we achieve, we'll try to keep and maintain it. But if we don't achieve the goal, we'll try to review why we could not achieve it, and we'll create another action to help us in the achievement of that goal.*(C3)

On the one hand there is a need to engage stakeholders in all steps of SP; on the other, there is a need to have a committee that carries out the necessary steps to evaluate and suggest any changes at any time. However, participants of this study did not make explicit remarks on this issue, leaving space for the reader to decide on the proper measures to review, evaluate and make the necessary changes to strategic plans. Informants' responses indicated that the use of KPI or SWOT analysis can be beneficial to the outcomes, and may become important for the next phase of SP.

6.9 Recommendations

Based on finding of the present study, it is quite obvious that there is an imperative need to develop the practice of managers, CEO's, as well as employees' understanding of

the SP starting from the need to develop a plan, ending with the evaluation and the planning for the next phase. In light of the above-mentioned discussion and in light of the findings of this study, the following are the recommendations that could improve the process of assessing, planning, implementation, and engagement in the SP within the healthcare system of Saudi Arabia:

- We found that the process of selecting consultants could not lead to improvement in the planning and implementation of Sp. Therefore, cconsultation of external and internal experts and qualified individuals who know the system and community in Saudi Arabia very well could improve how the strategic plans are structured and processed. Consulting stakeholders could be in the form of setting priorities and strategies at the beginning of the planning process, which would guide the plan itself later. These priorities could contain alternative options to promote better flexibility. These consultations would also define the pros and cons of each option and strategy, resulting in plans that utilise the available resources within the allowed or permitted limits. Internal consultation improves the planning and implementation processes, as those involved in the SP team would lobby, defend and explain why and how the strategic plan was developed, and how such a plan would benefit employees, improve their performance, enhance their collaboration and increase their productivity and satisfaction. On the other hand, external consultation is crucial, as it brings additional expertise to the table, where consultants' experiences, knowledge and skills can add to the quality of newly developed plans by finding novel solutions to persistent issues of concern within the organisation. Therefore, both sources of consultation, once working in harmony, are expected to set a very well structured objective, action plan, evaluation steps and restructuring process.

- Another interesting finding in this study is related to the use of tools and instruments that evaluate achievement of the SP. There have been report in this study that tools used in the evaluation of SP achievement were inadequate or lacking, especially when measuring the outcome of SP implementation. Accordingly, we recommend the adoption of well-balanced, tested strategic performance management tools would enhance the decision towards strategic plans. These tools could also reflect the achievement, progress and need for intervention at any time during the implementation process. These tools include, but are not limited to, performance appraisals, job descriptions, SWOT analyses and the training and education needs of the employees.
- Findings of this study indicated that the steps adopted in the structuring and implementation of SP could not reflect the real needs of the organisation and its employees. Therefore, we recommend that all steps of SP—starting from the needs assessment and going through to implementation, ending with evaluation—be planned early. It is not very helpful for corrections to be made during implementation, unless necessary. Therefore, experts need to spend more time planning before they get into the long and exhaustive SP process. Using other experiences from organisations within the country or outside, or within healthcare or other industries, could be beneficial at this point. Taking other models and orienting the self to successes and failures of others could improve structure and progression in the SP process.
- Although there were contradicting reports about the level of knowledge regarding SP and its component, many participants, including managers, expressed concerns about not knowing many aspects of the plans, and how they are related to the vision and mission of the organisation. The dissemination of a newly developed plan is an essential part of the planning

process. It is then recommended that this be done through involving more people to explain the mission, vision and strategic objectives. Care must be taken here, as those who will explain the plan and the actions need to take into consideration the various levels of objective; not all objectives or action plans are valid for all employees.

- Another concern expressed by managers in the qualitative part about the length and phases of the SP. According to them, the implantation and evaluation of the strategic plans could not be performed easily when complex plans exist. Therefore, we recommend that the process of implementing SP be planned as short operational parts with a small budget, action plans and evaluation processes that can be isolated and then judged against a clear set of evaluation elements. It important when planning these action plans to set clear connections among the different plans and how they feed into the main strategic objective(s).
- Revise the current approaches followed within the health care system in the country to strategic planning in order to depict issues that limit the planning, implementation and evaluation of the strategic plans in each organisation.
- Due to the complexity of SP, its assessment should depend on different sources of information, valuing what reports come from employees and managers as best resources. Other sources of assessment could be the report of external and internal auditors and evaluators.
- Update the existing committees or formulate new ones who will revise current educational and training needs of employees and managers, and be responsible for publishing an information bulletin that explains current and future plans in the area of SP.

- Activate the role of managers as planners and implementers when deciding the SP guidelines and protocols to be adopted within each organisation.
- Strategic planners are requested to link the purpose of the strategic plans with the values expressed by stakeholders, and include managers and employees in all steps of planning through evaluation. It is vital that all values be defined, as people might have different meanings, some of which might potentially be contradictory. These values include the meaning of customer-focused service, cost-effectiveness, equity among employees, transparency, accountability, efficiency, professional responsibility and cultural sensitivity. These values could mean different things in different systems, such as that in Saudi Arabia. Based on Jaana et al. (2014), the use of IT-supported strategic plans is the wide distribution of the organisational vision and mission, which identify the desired future objectives and describe the means of achieving them to employees and service recipients. As Nilsson and Ranerup (2002) suggest, it is recommended that healthcare organisations in SA incorporate strategic plans in the form of clear, readable and easy-to-follow guidelines. This would improve the level of adherence of stakeholders, managers and employees, compared with a blueprint that cannot be comprehended by everybody. These guidelines should also be in the form of action plans that once read can be adopted and applied. Thus, this would allow for the adoption of a series of revisions and evaluations based on experiences from the ongoing process of implementation.
- An additional key point in SP that could improve the evaluation and follow-up of the achievement of objectives of the strategic plan is the presence of sub-plans or sub-categories that would promote the fragmentation of each major plan, and then the examination of the defect, if present. Heeks (2014) suggests

the presence of sub-strategic strategies that would assist in the follow-up process at various levels of implementing the strategic plan. According to Heeks (2014), this step might assist executives in healthcare organisations in Saudi Arabia in preparing strategic plans based on information taken from the field surveying all those involved in services, recipients, planners, providers and stakeholders. Hoque et al. (2016) stressed that this step can allow for selecting the proper instruments for evaluation, and thus obtaining information pertaining to the process of implementation and how far the plans were achieved. For an emerging modern healthcare system like that of Saudi Arabia, the presence of such sub-categories would improve evaluation, in that the area of weakness can be isolated and managed separately, instead of having to examine the whole action plan. Zuckerman (2014) suggests a framework that could introduce reform to the healthcare SP process, making the strategic objective more feasible, achievable and modifiable along the process of implementation. Zuckerman (2014) suggests a reform by transiting from SP into a strategic management model. This suggested model has three phases:

1. The SP phase that includes the usual three to five-year work plan and objectives.
2. An ongoing SP phase, which involves an annual update of the plan, managing implementation and depicting any issues, financing and operation interface are managed, and then management is partially engaged in the SP and implementation processes.
3. The strategic management phase, which indicates that there are continuously managed strategic plans and implementation, and management becomes strategic.

It is also important to have a rescue plan so that any failure can be managed by redefining the direction of implementation towards this plan, and saving the SP. It is difficult to

conclude that such a transitional model would work in a Saudi healthcare organisation and help move management towards strategic management. However, the adoption of this or similar models would improve over time, to end up with a model that fits and meets the objectives as planned.

6.10 The Theoretical Framework

According to the assumptions of the GST, each component of the general system is composed of interrelated systems, in that all represent a state of equilibrium. Healthcare organisations try to implement SP aims, to promote job satisfaction, employee retention, client satisfaction and other objectives, which would promote the sustainability and progress of the organisation once implemented.

Further, organisational theory postulates that workers in a firm that provides services would be interested in providing quality, cost-effective services requiring the least number of resources, leading to higher and better achievement of the SP in the long run. The findings of this study confirm this assumption, as participants reported the need to improve personnel engagement in SP process so as to improve services and promote better use of resources, human and material.

The GST and organisational theory support the findings of this study, in that SP shapes the future of an organisation once it follows the directives and action plans set by a group of homogenously integrated personnel who belong to different teams or professions within the organisation. The actions of those personnel are driven by the strategic objectives, and aim mainly to promote the work and improve the outcomes of the organisation towards a more sustainable and progressive work.

6.11 Limitations

The adoption of a self-reporting questionnaire has been an issue of concern to the researcher in terms of the reliability of responses (Neuman, 2014). Participants, especially

those working together, could tend to complete questionnaires while having a break or while setting at work. Therefore, there exists the potential that these responses might not actually reflect what they are experiencing, but rather what the group agree on. In addition, managers' responses during the interview might have been influenced by various factors, including their willingness to reflect their high standards at work and showing that they were supportive to positive changes at work. Hence, their responses might reflect the 'ideal' me as a manager, and not the 'real' me.

Another limitation is related to the selection of employees from only three healthcare settings, which were among the largest and most served setting in the country. Perhaps adding another smaller institutes and healthcare organisations might enrich the findings of similar studies in the future. As explained by the theoretical framework, the organisational culture influences how the individual behaves limiting the generalisability of the result to different healthcare organisations, including the more remote and smaller sized ones. Additionally, there were aspects of the participants' experiences that were not explored as they had completed some of the questionnaire items that had been based on international literature. Finally, interviews addressed only the managers and did not include the other employees, which could have overlooked valuable information that might have added new dimensions to the study findings. Furthermore, there were relations that could not be clearly defined in terms of deficit in understanding certain concepts of SP, such as when participants were asked about the previous experience of SP, and when they were asked questions about the mission and vision of their organisations. The responses of the employees could have been influenced by their understanding of what was meant by the question. Although the researcher was available to clarify any issues, it was likely as well that some participants did not want to ask or clarify any matter, and thus potential errors made in terms of potential poor responses. Although the researcher was available to clarify any issues, it was likely as well that some participants did not want to

ask or clarify any matter, and thus potential errors made in terms of potential poor responses.

6.12 Directions for future research

This study collected data from three large healthcare organisations residing in main, urban cities. Perhaps choosing smaller, more remote, rural organisations could add other dimensions to findings, which would enrich our knowledge about SP from the perspective of less resourceful healthcare organisations. In addition, self-reporting questionnaires that ask participants to complete a set of predefined items might not cover several aspects, which reflect each particular organisational culture. Therefore, it is recommended that future research address the SP and the factors that influence its implementation using a focus groups that are made of cohort informants representing different professions and careers would bring more rich information that were not covered in this study. Furthermore, future studies might measure the impact of interventions based on findings in this study addressing factors that affect the planning and implementation of the SP using empirical approach.

Additionally, future research should focus on the health management areas including performance management and strategic thinking. These areas could provide solutions to issues and concerns of how to maximise the use of available resources, and minimise wasted efforts and costs. There is enough evidence that improvement in these areas could also improve employee and customer satisfaction and engagement in the services provided by the organisation.

6.13 Conclusion

This thesis has argued that SP is a continual process that requires a synchronised responsiveness from all partners, to induce and introduce the change necessary to improve the quantity and quality of services. This is particularly true in healthcare settings, which

is considered a healthcare asset in any place it serves, benefitting everybody and serving all age groups and backgrounds. However, SP is not a finite task; it is a continuous process of bringing challenges to the surface, examining them and then putting in place plans to tackle them.

The process of conducting this research was challenging to the researcher. Approaching professionals, who consider themselves highly trained in their area of specialisation, and asking them questions which do not belong directly to their field was not an easy task. In addition, facing managers during the interviews and asking them about their performance could be perceived by some as potentially undermining their achievement. The researcher kept reminding all participants that this is an empirical study with specific objectives, and that it does not address any particular profession or group. Finally, as a novice researcher, I benefited greatly from the supervision of my highly experienced supervisors. They guided me through the investigation which in turn contributed significantly to the quality of the processes and my learning throughout.

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Appendix One: Human Research Ethics Committee Approval

Ethics Office
Research Development & Integrity
Research Division
Armidale NSW 2351
Australia
Phone 02 6773 3449
Fax 02 6773 3543
jo-ann.sozou@une.edu.au
www.une.edu.au/research-services

HUMAN RESEARCH ETHICS COMMITTEE

MEMORANDUM TO: Prof Cynthia Stuhlmiller, Prof Larry Smith & Mr Yousef Alenazi
School of Health

This is to advise you that the Human Research Ethics Committee has approved the following:

PROJECT TITLE:	Factors Influencing Strategic Planning in the Saudi Health Care System: Tool Reliability and Validity and Model Development
APPROVAL No.:	HE14-217
COMMENCEMENT DATE:	22 August, 2014
APPROVAL VALID TO:	22 August, 2015
COMMENTS:	Nil. Conditions met in full

The Human Research Ethics Committee may grant approval for up to a maximum of three years. For approval periods greater than 12 months, researchers are required to submit an application for renewal at each twelve-month period. All researchers are required to submit a Final Report at the completion of their project. The Progress/Final Report Form is available at the following web address:
http://www.une.edu.au/research/research-services/rdi/ethics/hre/hrec-forms

The NHMRC National Statement on Ethical Conduct in Research Involving Humans requires that researchers must report immediately to the Human Research Ethics Committee anything that might affect ethical acceptance of the protocol. This includes adverse reactions of participants, proposed changes in the protocol, and any other unforeseen events that might affect the continued ethical acceptability of the project.

In issuing this approval number, it is required that all data and consent forms are stored in a secure location for a minimum period of five years. These documents may be required for compliance audit processes during that time. If the location at which data and documentation are retained is changed within that five year period, the Research Ethics Officer should be advised of the new location.

[redacted]

Jo-Ann Sozou
Secretary/Research Ethics Officer

Appendix Two: Saudi MOHApproval for Data Collection

Kingdom of Saudi Arabia
Ministry of Health
King Fahad Medical City
(162)

وزارة الصحة
مدينه الملك فهد الطبية
King Fahad Medical City

المملكة العربية السعودية
وزارة الصحة
مدينه الملك فهد الطبية
(١٦٢)

IRB Registration Number with KACST, KSA: H-01-R-012
IRB Registration Number with OHRP/NIH, USA: IRB00008644
Approval Number Federal Wide Assurance NIH, USA: FWA00018774

December 22, 2014
IRB Log Number: 14-350E
Department: External
Category of Approval: EXEMPT

Dear Yousef Olayan Alenazi:

I am pleased to inform you that your submission dated December 22, 2014 for the study titled '**Factors influencing strategic planning in the Saudi Health care system: Tool validity and model development**' was reviewed and was approved. Please note that this approval is from the research ethics perspective only. You will still need to get permission from the head of department or unit in KFMC or an external institution to commence data collection.

We wish you well as you proceed with the study and request you to keep the IRB informed of the progress on a regular basis, using the IRB log number shown above.

If you have any further questions feel free to contact me.

Sincerely yours,

[redacted]

Prof. Omar H. Kasule
Chairman Institutional Review Board--IRB.
King Fahd Medical City, Riyadh, KSA.
Tel: + 966 1 288 9999 Ext. 17540
E-mail: okasule@kfmc.med.sa

F M
Approved
22 DEC 2014
I R B

Appendix Three: The Study Questionnaire

Factors Influencing Strategic Planning in the Saudi Healthcare System: Tool Reliability and Validity and Model Development

A Self-Reporting Survey Tool

The first part of the questionnaire asks about your background. The second part is composed of statements, which represent the factors that influence strategic planning at your organisation. You are requested to mark the best response which reflects your experience. As you know, participation is voluntary. But should you choose to participate, it is necessary that you complete all statements.

If you feel that something is not clear, you may contact the researcher:

Yousef Alenazi
M Phone no: 0553120500
E-mail: yosul12@hotmail.com

Part One

Age:……. years

Gender: (circle one) 1. Male 2. Female

Position: (circle one): 1. Manager 2. Medical staff 3. Nursing staff 4. Allied health professional

5. Administrative personnel 6. Other (Specify) ……

How long in this position? …… years

Discipline area and highest degree held:

Discipline: _____ _____ _

1. Diploma 2. Baccalaureate 3. Masters 4. PhD 5. Other (Specify)…….

Experience in your discipline: ……years

Trained or studied outside of Saudi Arabia: Yes……. No…….How long?**.....**

Previous experience in strategic planning…….....
…….....
…….
……

Part Two

Please mark the best response that represents your experience based on the following:
Strongly disagree:1 Disagree:2 Neither agree nor disagree: 3 Agree: 4 Strongly agree:5

	Leadership Characteristics **Our manager is…….**	**1**	**2**	**3**	**4**	**5**
1	Open to different ideas and approaches					
2	A good communicator					
3	Someone who supports and encourages teamwork					
4	A good team leader					
5	Oriented to the needs of the external community					
6	Aware of the current and future needs of our organisation					
7	A forward thinker					
8	A good delegator of activities and responsibilities					
9	Prepared to make decisions when needed					
10	Creative and innovative					
11	Willing to support and implement change					
12	An independent thinker					
13	Willing to take risks when needed					
14	Someone who regularly provides staff with feedback about their achievements and performance					
15	Someone who regularly assesses achievement of organisational goals and objective					
16	Someone who leads by example (by actually doing)					
17	A good role model for staff					
18	An inspirational leader; someone who inspires others to do their best					
19	Someone who rewards high levels of effort and achievement					
20	Someone who expects high performance standards from staff					
	Mission and Vision of the Organisation **Our organisational mission, vision and goals are**					
21	Clearly documented					
22	Openly communicated to all staff					
23	Easy to understand					
24	Achievable and realistic					
25	Stated as ‘actions’ that can be described and measured					
26	Compatible with the future direction of the community we serve					
27	Realistically linked to the capacity and skills of staff					
28	Realistically linked to the availability of funding and resources					

Goals and Objectives of the Organisation **Our organisation has**						
29	Clearly identified goals (outcomes to be achieved) for the longer term (5 or more years)					
30	Clearly identified goals (outcomes to be achieved) for the short term (1 to 2years)					
31	Statement of goals for both the organisation as a whole and for individual departments					
32	A clear action plan for achieving each goal					
33	A clear timeline for achieving each goal					
34	A process for the ongoing assessment of progress towards the achievement of goals					
35	A process for assessing how well each goal has been achieved at the conclusion of the action plan					
Strongly disagree: 1 Disagree:2 Neither agree nor disagree: 3 Agree: 4 Strongly agree: 5		**1**	**2**	**3**	**4**	**5**
Management Involvement in Strategic Planning **Our unit or department has**						
36	Clearly stated processes for making decisions					
37	A very hierarchical decision-making structure					
38	Processes for actively involving as many staff as possible in decision-making relevant to their professional activities					
39	A strong commitment to the achievement of department and organisational goals					
40	A strong commitment to meeting timelines					
41	Training processes to assist staff to fulfil their professional obligations					
42	Highly qualified staff who, collectively, have the knowledge and skill required to meet our goals					
43	Highly experienced staff who, collectively, have the background necessary for meeting our goals					
Our organisation has						
44	Effective processes for attracting high-quality employees					
45	An effective programme for the professional development of all staff					
46	Effective and comprehensive processes for reviewing past financial performance					
47	Effective and comprehensive processes for reviewing past professional performance					
48	Effective processes for assessing the present and future needs of its customers					
49	Effective processes for identifying present and future staffing requirements					
50	Effective processes for identifying present and future resource requirements					
51	A clear and effective strategic planning process					
52	Clearly communicated its strategic plan to all staff					

53	Processes for involving staff at all levels in the development of its strategic plan					
54	Clearly stated and disseminated processes for ensuring the effective implementation of its strategic plan					
55	Effective financial quality control measures					
56	Effective quality assurance processes for professional activities					
57	Mechanisms for the ongoing monitoring of change processes					
58	A commitment to the use of tools such as forecasting, trend analysis and SWAT analysis in developing its strategic plan					
59	Has effective risk assessment mechanisms in order to identify and address surprises, threats and crises					
60	Sufficient flexibility and capacity to adapt quickly and effectively to unanticipated events					
61	Strong proactive mechanisms for identifying emerging business opportunities					
62	A strong commitment to innovation, creativity and change					
63	A strong commitment to organisational learning					
64	Demonstrated a strong commitment to identifying and removing barriers to the implementation of its strategic plan					

Thank you for your time