

Project Title

“The Impact of Strategic Management Practices on Organizational Performance in Healthcare Institutions”

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Abstract

Background: Healthcare institutions operate under rising clinical, operational, and financial pressures, making strategic management essential for aligning decisions, resources, and capabilities with performance goals. Prior literature suggests that strategy works best when supported by digital systems, audit controls, and workforce capability.

Aim: This study aimed to determine the extent to which strategic management practices and enabling infrastructures influence multidimensional organizational performance in healthcare institutions.

Methods: A cross-sectional quantitative design was used with a structured questionnaire administered to 100 respondents. Data were analyzed using SPSS through descriptive statistics, reliability testing, and regression analysis at the 0.05 significance level. The instrument showed excellent internal consistency, with Cronbach's alpha ranging from 0.967 to 0.972.

Results: Strategic management practices recorded a moderate mean score of 3.52, enabling infrastructures scored 3.41, and organizational performance scored 3.36. Patient experience was the strongest performance domain, while workforce outcomes were the weakest. Regression analysis showed that enabling infrastructures significantly affected performance, while strategic management practices did not show a significant direct effect in the tested model.

Conclusion: The findings indicate that healthcare performance improves when strategic management is supported by strong infrastructures, especially digital systems, audit mechanisms, and knowledge-related capabilities. Strategic intent must therefore be translated into operational capacity to produce measurable organizational gains.

Key words: Strategic management, enabling infrastructures, organizational performance, healthcare institutions, digital transformation, audit systems, workforce capability.

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List of Abbreviations

Abbreviations
APIs – Application Programming Interfaces
BSC – Balanced Scorecard
CFIR – Consolidated Framework for Implementation Research
COVID-19 – Coronavirus Disease 2019
DVs – Dependent Variables
EBP – Evidence-Based Practice
EHR – Electronic Health Record
H1 – Main Hypothesis
HRM – Human Resource Management
IVs – Independent Variables
KM – Knowledge Management
KPIs – Key Performance Indicators
Moderators – Moderating Variables
MVs – Mediating Variables
ORC – Organizational Readiness for Change
PHC-IMPACT – Primary Healthcare Performance Mapping Framework
PMS – Performance Measurement Systems
PPPs – Public-Private Partnerships
RBV – Resource-Based View
SERVQUAL – Service Quality Model
SPSS – Statistical Package for the Social Sciences
TAPIC – Transparency, Accountability, Participation, Integrity, and Capacity (Governance Framework)
TAT – Turnaround-Time

Chapter One

Introduction and Background

Chapter One

Introduction and Background

1.1. Introduction:

Healthcare institutions operate amid accelerating clinical complexity, cost pressures, and public expectations for equitable, high-quality services. In this context, strategic management provides a disciplined way to align decisions, resources, and capabilities with mission-critical outcomes such as safety, access, efficiency, and patient experience. Recent reviews emphasize that strategic choices—grounded in analysis and implemented through coordinated action—shape both the quality of care and the attainment of organizational goals (*Andrieieva et al., 2024*). Strategic management in healthcare spans segmentation of the sector, development of enabling policies, and the systematic use of data and audits; taken together, these elements strengthen decision quality and institutional resilience, especially after the COVID-19 shock (*Andrieieva et al., 2024*).

A central thread in this literature is the move from fragmented, siloed delivery toward integrated management of services, information, and teams. Fragmentation undermines outcomes and generates waste, whereas integration improves early diagnosis, reduces error, and ensures continuity of care—benefits that are particularly salient for chronic and complex patients (*Alharbi et al., n.d.*). Integrated strategies also streamline care pathways, cut duplication, and optimize resource use, yielding measurable financial gains for providers and patients alike (*Alharbi et al., n.d.*). Yet, implementation faces barriers—legacy technologies, weak data-sharing standards, and organizational resistance—making leadership, policy alignment, and interprofessional training decisive for success (*Alharbi et al., n.d.*).

Beyond delivery models, specific strategic practices—planning, formulation, implementation, and evaluation—are repeatedly linked with performance in health systems. In Nigerian public healthcare, strategic planning is studied as a determinant of effectiveness and efficiency, with research questions and hypotheses explicitly probing its impact on organizational performance and its interaction with managerial, economic, and environmental factors (*Oludele, 2021*). Although staffing commitment frequently mediates planning success, the broader evidence base recognizes planning as an adaptive tool that should be tailored to sector needs and embedded across units to guide goal achievement (*Oludele, 2021*). Empirical hospital-level studies sharpen

this picture. Using data from a large Nigerian teaching hospital, one study reports that strategy formulation ($r \approx .40$), implementation ($r \approx .43$), and evaluation ($r \approx .42$) each have positive, significant effects on organizational performance, underscoring that disciplined execution and feedback cycles translate strategy into measurable gains (*Nnia, et al, 2023*).

The same study concludes generally that strategic management practices “affect the performance of organizations in a significantly positive way,” after applying descriptive and regression techniques to hospital staff responses (*Nnia, et al, 2023*). At the system level, strategic management now necessarily incorporates digitalization, auditing, and human-capital development. Reviews argue for internal and external audits grounded in reliable clinical and market information; these mechanisms, together with electronic records and digital channels, reduce bureaucracy, improve monitoring, and support higher-quality decision-making (*Andrieieva et al., 2024*). Countries with advanced systems pair these tools with robust insurance designs and social supports, highlighting the complementary role of governance, regulation, and logistics in sustaining quality (*Andrieieva et al., 2024*).

Non-governmental health providers and allied organizations face similar strategic imperatives: scanning environments, formulating and implementing strategy, and evaluating results. Comparative reviews synthesize these practices as the core independent variables that influence performance across contexts, reinforcing their relevance for health-sector NGOs and public agencies alike (*Odhiambo, 2021*). Evidence from multiple sectors suggests that comprehensive planning and rigorous evaluation are associated with productivity and sustainability, although sectoral differences and resource constraints mean designs must be context-specific (*Odhiambo, 2021*).

Taken together, the literature positions strategic management as both architecture and engine for performance in healthcare institutions. It provides the structure for aligning missions with measurable outcomes; the processes—planning, implementation, and evaluation—that turn intentions into operational change; and the enablers—digital tools, audits, and workforce development—that sustain improvement. As systems continue to confront post-pandemic recovery, supply vulnerabilities, and demographic shifts, strategic choices that integrate care, invest in managerial capability, and institutionalize evidence-informed oversight will be central to

achieving superior clinical, operational, and financial performance (*Andrieieva et al., 2024; Alharbi et al., n.d.*).

1.2. Study Problem:

Healthcare institutions confront escalating clinical complexity, workforce shortages, and cost pressures that expose persistent weaknesses in governance, coordination, and decision support. Although strategic management is widely promoted as the mechanism that aligns resources and capabilities with mission-critical outcomes, many systems still lack the integrated practices—formulation, implementation, and evaluation—needed to reliably translate strategy into performance gains (*Andrieiev et al., 2024; Ike et al., 2023*). At the same time, the shift from siloed delivery toward integrated health management remains uneven: interoperable technologies, redesigned care pathways, and workforce training are often insufficient, impeding coordinated, patient-centred care and limiting efficiency improvements. The COVID-19 shock further magnified strategic deficits—revealing vulnerabilities in logistics, digital infrastructure, and audit/control mechanisms—while underscoring the need for evidence-informed, system-level choices that can sustain quality under duress (*Andrieiev et al., 2024*).

Despite policy prescriptions advocating digitalization, rigorous internal/external audits, and managerial capability-building, practical uptake remains inconsistent and the consequences for organizational performance are not well characterized across diverse healthcare contexts. Empirical findings at the hospital level suggest that strategy formulation, implementation, and evaluation each exert significant, positive effects on performance; however, questions persist about boundary conditions—such as environmental turbulence, resource constraints, and institutional capacity—that may moderate these relationships (*Ike et al., 2023*). In public-sector healthcare, the evidence on planning–performance linkages is mixed and often hampered by data and control-system limitations, pointing to unresolved methodological and contextual gaps (*Oludele, 2021*).

Accordingly, the problem this study addresses is the insufficiently specified and empirically fragmented understanding of how strategic management practices—deliberate planning, disciplined execution, continuous evaluation, and enabling infrastructures (digital, audit, and human capital)—jointly shape organizational performance in healthcare institutions. The field lacks integrative analyses that connect practice adoption to clinical, operational, and financial outcomes while accounting for implementation barriers in real-world settings characterized by

complexity and change (Andrieiev et al., 2024). Establishing this linkage is essential for guiding managers and policymakers toward context-sensitive strategies capable of improving quality, efficiency, and resilience at scale.

1.3. Study Importance:

This study is scientifically significant because it consolidates and tests theorized linkages between core strategic management practices—formulation, implementation, evaluation—and multidimensional organizational performance in healthcare, a relationship that prior work identifies but often examines in isolation or without adequate contextual controls (Nnia, et al, 2023). It also advances the evidence base on enabling infrastructures—digitalization, audit systems, and workforce development—by translating broad prescriptions into analyzable constructs that can explain variation in quality, efficiency, and resilience across institutions (Andrieiev et al., 2024). In doing so, the study addresses explicit research calls for deeper inquiry into internal/external control mechanisms and their effective execution in healthcare settings (Andrieiev et al., 2024).

Practically, the study offers decision-makers a coherent playbook for moving from siloed delivery to integrated management—clarifying how strategy, technology, and governance can be aligned to improve patient outcomes, reduce duplication, and optimize resource use. By specifying the conditions under which strategic planning translates into measurable performance gains, particularly in public and resource-constrained systems, it provides actionable guidance for prioritizing audits, digital channels, and targeted training to strengthen implementation capacity (Andrieiev et al., 2024; Oludele, n.d.). The resulting framework can inform hospital boards and health authorities seeking to calibrate investments in interoperable information systems, segmented management units, and continuous evaluation cycles—interventions shown to underpin prudent decisions and sustained performance (Andrieiev et al., 2024). Collectively, these contributions support evidence-informed policy and managerial choices capable of elevating care quality and institutional competitiveness on scale.

1.4. Aims and Objectives:

The main study aim of the present study is “*To empirically determine the extent to which core strategic management practices—strategy formulation, disciplined implementation, and continuous evaluation—together with enabling infrastructures (digitalization, audit/control*

systems, and workforce capability) influence multidimensional organizational performance in healthcare institutions”.

Objectives

1. To quantify the independent effects of strategy formulation, implementation, and evaluation on clinical quality, operational efficiency, patient experience, and financial sustainability.
2. To examine the mediating roles of enabling infrastructures—specifically, digital information systems, internal/external audit and feedback loops, and targeted managerial/clinical capacity-building—in translating strategic practices into measurable performance gains.
3. To test how environmental turbulence, resource constraints, ownership/governance models, and organizational scale moderate the relationships between strategic practices, enabling infrastructures, and performance.

1.5. Study Questions:

The main study question is *“To what extent—and through which mechanisms—do core strategic management practices, together with enabling infrastructures, influence multidimensional organizational performance in healthcare institutions?”*

Sub-Questions

1. What are the magnitudes and directions of the independent effects of strategy formulation, implementation, and evaluation on clinical quality, operational efficiency, patient experience, and financial sustainability in healthcare organizations?
2. Through which specific mediators—namely digital information systems, internal/external audit and feedback loops, and targeted managerial/clinical capacity-building—are the effects of strategic management practices transmitted to produce measurable performance gains?

3. How do environmental turbulence, resource constraints, ownership/governance models, and organizational scale moderate the relationships between strategic management practices, enabling infrastructures, and performance across public, private, and mixed-care settings?

1.6. Study Hypothesis:

Main Hypothesis (H₁): *“Enhanced adoption of core strategic management practices (formulation, implementation, evaluation), supported by enabling infrastructures (digitalization, audit/control systems, workforce capability), is associated with superior organizational performance across clinical, operational, experiential, and financial dimensions”.*

Sub-Hypotheses:

H_{1a} (Direct effects): *“Each practice—formulation, implementation, and evaluation—exerts a positive, statistically significant independent effect on multidimensional performance, controlling for context”.*

H_{1b} (Mediation): *“Enabling infrastructures partially mediate the effect of strategic practices on performance; higher levels of interoperable digital systems, robust audit/feedback loops, and targeted capacity-building transmit a significant share of the total effect”.*

H_{1c} (Moderation): *“Contextual conditions (resource availability, regulatory stability, governance strength, organizational scale) moderate these relationships; favorable conditions amplify, and adverse conditions attenuate, the performance effects of strategic practices”.*

1.7. Study Variables:

To ensure your research is methodologically sound, we categorize the variables into those that drive change, those that are affected, and those that influence the strength of the relationship.

A. Independent Variables (IVs): Core Strategic Management Practices

- **Strategy Formulation:** The process of defining the mission and selecting strategies.
- **Strategy Implementation:** The execution of chosen strategies through resource allocation and action.
- **Strategy Evaluation:** The monitoring and auditing of results to ensure goals are met.

B. Dependent Variables (DVs): Multidimensional Organizational Performance

- **Clinical Quality:** Safety and effectiveness of care.
- **Operational Efficiency:** Resource optimization and reduction of waste/duplication.
- **Patient Experience:** Satisfaction, access, and continuity of care.
- **Financial Sustainability:** Cost-effectiveness and long-term viability.

C. Mediating Variables (MVs): Enabling Infrastructures

- **Digitalization:** Interoperable electronic records and digital communication channels.
- **Audit & Control Systems:** Internal and external feedback loops and clinical monitoring.
- **Workforce Capability:** Targeted managerial and interprofessional training.

D. Moderating Variables (Mods): Contextual Conditions

- **Environmental Turbulence:** The degree of external change (e.g., post-pandemic shifts).
- **Resource Constraints:** Availability of funding, staffing, and logistics.
- **Ownership/Governance:** Public vs. private models and regulatory stability.

1.8. Conceptual Framework

This conceptual framework posits that Multidimensional Organizational Performance in healthcare is not merely a byproduct of clinical skill, but a result of disciplined Strategic Management Practices (Formulation, Implementation, and Evaluation). These core practices serve as the Independent Variables that exert a direct positive influence on clinical, operational, and financial outcomes. However, the framework suggests that this relationship is not entirely direct. Instead, it is mediated by Enabling Infrastructures. Strategic intent requires the "conduits" of digital information systems, robust audit loops, and human capital development to translate high-level decisions into measurable gains. Without these mediators, strategy remains fragmented and fails to reach the operational level. Finally, the entire process is situated within a contingent environment. Moderating Variables, such as environmental turbulence (e.g., the COVID-19 shock) and resource constraints, act as "volume knobs" that either amplify or attenuate the effectiveness of strategic practices. In resource-rich or stable environments, the impact of strategic planning is maximized; conversely, in turbulent or constrained settings, the relationship may be weakened. Collectively, this model offers a holistic view of how strategic discipline, supported by modern infrastructure and filtered through environmental reality, drives institutional excellence and resilience.

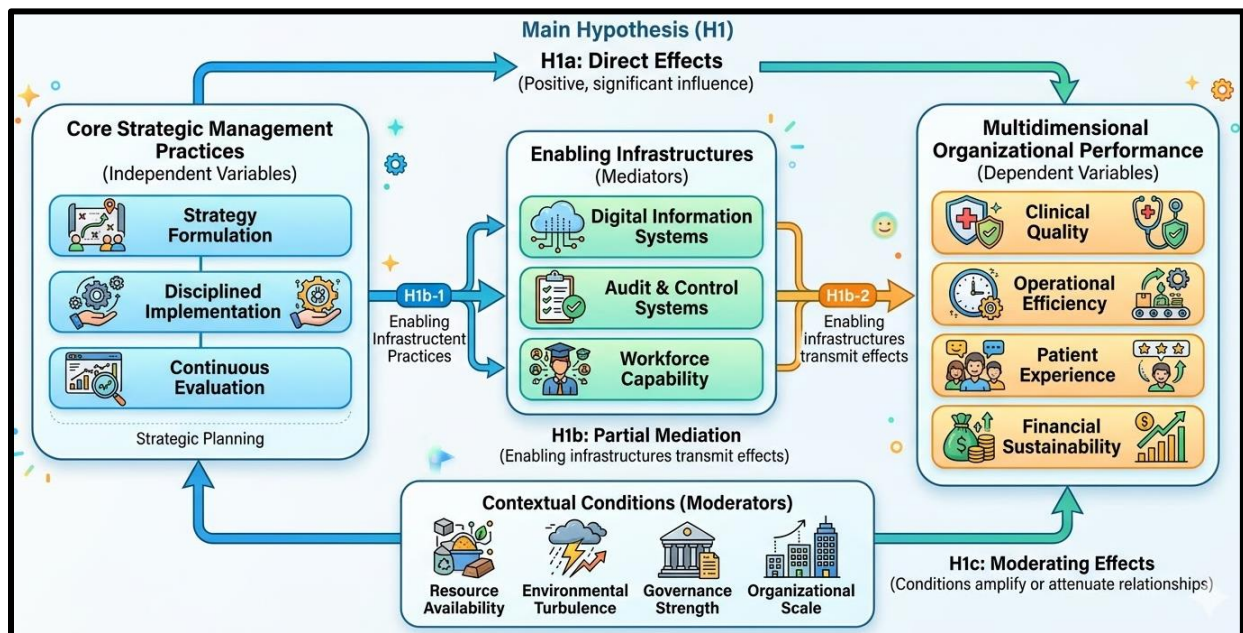


Figure 1: Conceptual Framework of strategic management in healthcare.

Chapter Two

Literature Review and Previous Studies

Chapter Two

Literature Review and Previous Studies

2.1. Literature Review:

2.1.1. Theoretical Foundations and Conceptual Models:

Strategic management in healthcare can be anchored in four complementary lenses that link managerial practice to multidimensional organizational performance. First, the Resource-Based View (RBV) posits that valuable, rare, inimitable and non-substitutable resources underpin sustained advantage; in health organizations this logic translates directly to human resources and HRM systems—recruitment, training, evaluation, and involvement—that cultivate competencies and commitment and thereby elevate operational, human, and financial results (*Rotea et al., 2023*). In empirical work, HRM practices are shown to shape performance both directly and through well-managed organizational change processes, with performance itself treated as a multidimensional construct spanning HR, operational, financial, and market outcomes (*Rotea et al., 2023*).

Second, the dynamic-capabilities perspective is reflected in the sector's need for “dynaxibility,” that is, the organizational ability to cope with high dynamics, complexity, and uncertainty characteristic of “Dynaxity Zone III.” In such environments, purely technical or hierarchical solutions are insufficient; leadership and teamwork must continuously adapt structures and innovate while maintaining mission coherence (*Huebner & Flessa, 2022*). Strategic management therefore becomes a future-oriented mindset supported by instruments (e.g., scenarios and simulations) that help organizations anticipate, learn, and reconfigure in real time (*Huebner & Flessa, 2022*).

Third, contingency theory underscores that there is no one best way to design control or performance systems in professionalized, multi-mission healthcare organizations. Rather, structures and tools must fit contextual contingencies—mission profiles, regulatory regimes, professional cultures, and technological infrastructures. Evidence from Italian research hospitals shows that sustaining a multidimensional control system requires top-management sponsorship, alignment with explicit mission statements, and IT architectures capable of handling extensive

KPIs; crucially, BSC perspectives are adapted (e.g., adding research/teaching) to reflect local missions (*Prenestini, Calciolari, & Rota, 2024*).

Finally, the Balanced Scorecard (BSC) provides the integrating conceptual model that operationalizes these lenses by translating strategy into a coherent set of financial and non-financial measures. In healthcare's brain-intensive settings, the BSC's emphasis on intangible assets, strategy communication, and cause-and-effect logic supports execution while balancing clinical, organizational, and economic priorities (*Prenestini et al., 2024*). The BSC's endurance, moreover, depends less on technical features than on knowledge-based assets and distinctive internal capabilities—precisely the types of resources and adaptive capacities highlighted by RBV and dynamic-capabilities theories (*Prenestini et al., 2024*). Taken together, RBV, dynamic capabilities, contingency theory, and the BSC offer a coherent theoretical scaffold: healthcare organizations perform best when they develop and align people-based resources, build adaptive capabilities for turbulent contexts, tailor systems to contingencies, and institutionalize strategy-focused, multidimensional measurement and learning.

2.1.2. Core Strategic Management Practices in Healthcare:

Core strategic management practices in healthcare cohere around three interdependent tasks—strategy formulation, disciplined implementation, and strategic control/evaluation—enabled by governance, clinical leadership, and stakeholder engagement. Formulation must be anchored in rigorous situational awareness and context–content–process alignment, selecting a few breakthrough priorities that address environmental pressures while preserving mission clarity (e.g., value, safety, access). Evidence from qualitative multiple–case research in U.S. health systems shows that leaders who structure formulation through integrative deployment logics (e.g., Hoshin Kanri) link enterprise goals to service lines and units via explicit targets, responsibilities, and timelines, thereby minimizing the well-documented formulation–execution gap (*Brown, 2020*).

Disciplined implementation translates strategy into coordinated action. Effective organizations cascade objectives vertically and horizontally, use “catchball” communication to negotiate goals with frontline teams, and synchronize resources, metrics, and review routines across functions; these mechanisms sustain focus, reduce initiative overload, and embed change in daily work (*Brown, 2020*). Implementation quality is shaped by leadership behaviors under

complexity: a contemporary scoping review highlights future-ready competencies—vision setting, collaboration, trust building, and continual learning—that enable clinical and managerial leaders to reconfigure services (e.g., tele-leadership, rapid model redesign) without eroding safety or culture (*Spanos et al., 2024*).

Strategic control and evaluation require robust measurement architectures and iterative feedback. In practice, leaders specify key performance indicators and employ plan–do–check–act cycles and formal progress reviews to detect variance and adjust course (*Brown, 2020*). At sector level, balanced, multidimensional scorecards operationalize this logic in hospitals and public health agencies; scoping evidence indicates that measurement, analysis, and knowledge management—alongside leadership and operations focus—are the quality-management elements most strongly associated with organizational performance (*Wongsin et al., 2025*).

Governance and leadership provide the institutional scaffolding that makes these practices consequential. Clinical governance—e.g., public/patient involvement, clinical audit, information use, education and training, staff management, risk management—integrates safety and quality into the strategic cycle. A recent cross-sectional study in a large Saudi medical city found high levels of implementation across these domains (with particularly strong patient/public involvement), underscoring how governance codifies expectations and drives improvement work across roles (*Alsaedi et al., 2025*). Clinical leadership, especially physician leadership, confers credibility to change, accelerates adoption, and sustains psychologically safe cultures essential for execution and learning (*Spanos et al., 2024*).

Finally, stakeholder engagement is not ancillary but constitutive of strategy. Methods that institutionalize two-way communication and co-production—catchball with staff, cross-functional management, and formal public/patient involvement—translate abstract priorities into workable pathways and strengthen commitment at the point of care (*Brown, 2020; Alsaedi et al., 2025*). When these practices are aligned, scoping evidence suggests a positive, capability-mediated link from strategic planning to multidimensional performance, clarifying how formulation, execution, and control/evaluation jointly yield clinical, operational, experiential, and financial gains (*Wongsin et al., 2025*).

2.1.3. Organizational Performance: Constructs and Measurement:

Organizational performance in healthcare is inherently multidimensional, encompassing clinical quality and safety, operational efficiency, patient experience, workforce outcomes, and financial sustainability. Conceptual frameworks such as Donabedian's structure–process–outcome model and the World Health Organization's quality dimensions (effectiveness, efficiency, accessibility, acceptability/patient-centeredness, equity, and safety) provide the scaffolding for comprehensive measurement; sector-adapted service quality models (e.g., SERVQUAL) and prioritization tools (Importance–Performance Analysis) further operationalize assessment of functional quality alongside technical care (*Guzmán-Leguel & Rodríguez-Lara, 2025*). Clinical quality and patient safety are typically captured through structured indicators and balanced sets of measures aligned with processes and outcomes. Narrative evidence underscores that optimizing the interplay—rather than isolated gains—across structures (staffing, infrastructure), processes (communication, shared decision-making), and outcomes (health status) is essential to avoid misalignment and to reflect the real drivers of patient-perceived quality (*Guzmán-Leguel & Rodríguez-Lara, 2025*).

In parallel, validated patient-reported instruments translate patient experience into reliable metrics. A recently developed and culturally adapted 33-item questionnaire demonstrated strong psychometric properties (five-factor structure; Cronbach's $\alpha = 0.97$; ICC = 0.89), enabling robust assessment of communication, service provision, information, comfort/environment, and emotional support within hospitals (*Nezamdoost et al., 2025*). Operational efficiency and throughput are monitored through key performance indicators (KPIs) that span the diagnostic and treatment cycle. Global laboratory benchmarking—based on a 44-item survey and factor-analytic scoring—identified three higher-order performance domains (Operational performance; Integrated clinical care performance; Financial sustainability), with wide adoption of turnaround-time (TAT) metrics but comparatively limited monitoring of employee productivity and diagnosis-to-treatment acceleration KPIs (*Huf et al., 2024*).

These findings highlight both the centrality of time-sensitive indicators (e.g., electronic ordering, auto-verification, IT functionality, and automation) and the persistent “quality indicator paradox,” wherein recognized measures are unevenly implemented (*Huf et al., 2024*). Workforce outcomes constitute a critical pillar of organizational performance. Longitudinal hospital survey

data link workplace satisfaction, communication quality, leadership responsiveness, training, and structured promotion policies to retention and perceived performance, with high infection-prevention awareness but notable gaps in career development and resource management (*Bradacs et al., 2025*).

Integrating such staff-focused indicators with operational and clinical KPIs supports a more explanatory account of performance variation. Composite indicators and benchmarking synthesize multiple metrics into single scores to aid comparison and priority setting, but they require transparent methodology. A scoping review protocol consolidates best practice across 11 stages—from framework selection, indicator choice, normalization and weighting to uncertainty analysis and post-implementation review—while noting risks of opacity, sensitivity to weighting schemes, and potential to obscure specific strengths or failings if poorly designed (*McDonnell et al., 2023*).

Finally, at the system and primary care levels, performance measurement systems (PMS) move beyond isolated KPIs to linked constructs and adaptable scorecards. Recent synthesis emphasizes heterogeneity of methods, the influence of regional and organizational contexts, and the value of established frameworks such as the Primary Health Care Performance Initiative and PHC-IMPACT, which map indicators across structure, process, and outcomes (*de Melo Santos et al., 2025*). Together, these approaches enable healthcare organizations to triangulate clinical quality and safety, efficiency, patient and workforce experiences, and financial viability through validated instruments, composite indices, and comparative benchmarking that are methodologically transparent and context-sensitive.

2.1.4. Mechanisms and Mediators of Impact:

Digital transformation, audit/feedback systems, knowledge management, workforce capability-building, and organizational culture function as pivotal transmission channels through which strategy is converted into measurable performance in healthcare organizations. Interoperable electronic health records (EHRs)—particularly at the semantic level—enable the exchange and reuse of high-fidelity clinical data across settings, increasing data availability, standardization, and care quality; systematic reviews emphasize that ontologies, terminologies, and dual/multimodel data architectures support harmonization and clinically useful reuse, with reported benefits clustered around improved data access, care quality, and secondary use for decision-making (*Palojoki et al., 2024*).

In parallel, telehealth success depends on the quality of health information and the EHR system; standards-based APIs and organizational/semantic interoperability enhance value-based, team-based care, mitigate clinician burden, and advance the “quadruple aim,” whereas fragmented systems raise safety and workload risks (*Zhang & Saltman, 2022*). Internal and external audit and feedback loops translate strategic intent into disciplined control. In health systems undergoing governance reforms, internal audit performance is strengthened by auditor competency, e-audit tools, and management support, thereby improving compliance, risk mitigation, and patient safety oversight—central mechanisms for aligning operations with strategic priorities (*Alghamdi & Kassim, 2025*). These audit capabilities institutionalize review cycles that surface variance early and channel corrective action to frontline processes.

Knowledge management (KM) operates as a complementary mediator that mobilizes evidence, links learning to innovation, and leverages digital platforms to diffuse practice improvements. Meta-analytic synthesis shows KM and knowledge-oriented leadership foster collaborative climates and psychological safety, enabling green/digital innovation and resilience in public health systems; digital transformation amplifies these effects by accelerating exchange and analytics for equitable, efficient decisions (*Alemu, 2025*). Workforce capability and culture close the loop between systems and behavior. A bidirectional mediation model in hospitals demonstrates that an evidence-based practice (EBP) culture and unit-level implementation leadership mutually reinforce one another to raise nurses’ EBP competencies and behaviors, even after accounting for experience—underscoring culture and leadership as joint conduits from strategy to bedside practice (*Hu et al., 2025*). Consistent with this, hospital studies show organizational culture fully mediates the effect of credible leadership on work engagement, indicating that leaders shape norms that sustain discretionary effort and reliable execution (*Srimulyani & Hermanto, 2022*).

Taken together, interoperable digital infrastructures (including telehealth), robust audit/feedback systems, purposeful KM, and capacity-building within a supportive culture operationalize strategic plans: they standardize information, focus attention, enable learning, and motivate professional action, thereby transmitting strategy into improved clinical, operational, and experiential outcomes.

2.1.5. Contextual Moderators and Boundary Conditions

Context conditions shape how—and how many strategic management practices translate into performance gains in healthcare. Ownership and governance arrangements provide the institutional “rules of the game” that enable or constrain execution. Evidence from locally implemented public–private partnerships (PPPs) shows that governance quality hinges on transparency in resource allocation, clear roles formalized in memoranda of understanding, and embedded monitoring and evaluation—elements that strengthen accountability and policy capacity and thereby amplify strategic effects (TAPIC) across diverse primary healthcare programs. Where resources are allocated opaquely or top-down, or where roles are undefined, participation falters and implementation stalls, underscoring governance as a first-order moderator.

Market and regulatory turbulence further conditions effect sizes. Reviews of PPPs emphasize that external accountability requirements and the strength of the surrounding health system must be integrated into strategy design because resource scarcity and competing oversight demands alter partnership dynamics and performance trajectories. Participation imbalances and power asymmetries—often intensified under turbulent conditions—depress stakeholder engagement and learning, eroding execution quality.

Resource endowments and organizational scale/complexity are equally pivotal. A systematic review of organizational readiness for change (ORC) integrates CFIR inner-setting constructs with the Theory of Organizational Readiness, identifying structural characteristics and resource availability as core contextual levers that shape change commitment and change efficacy—the immediate engines of implementation effort. Differences by service line, team size, and professional roles illustrate how scale and complexity refract readiness and, by extension, the realized impact of strategy.

Organizational structure and alignment with strategic goals function as modifiable boundary conditions. In a Kenyan county hospital, most respondents rated structure as only fair/poor, reported limited staff involvement, and perceived weak alignment of structure with strategy; logistic regression indicated that better structural alignment markedly increased the odds of successful implementation—highlighting how internal design can amplify or dampen strategic returns under identical external conditions. Service-mix and case-mix add a final layer of contingency. PPP governance enablers and constraints vary between disease-specific programs

(e.g., TB, malaria, reproductive and child health) and generalist primary care, implying that strategic control systems, stakeholder configurations, and technical oversight must be tailored to clinical portfolios to sustain performance.

Taken together, strategic practices yield stronger performance when ownership/governance arrangements codify transparent resource rules and accountability; when external regulatory demands are anticipated; when internal structures, resources, and scale-related complexities are aligned to bolster readiness; and when control and participation mechanisms are tuned to the organization's service and case mix.

2.1.6. Research Gaps:

Across the examined literature, several gaps constrain cumulative understanding of how strategic management practices translate into performance in healthcare. First, digital transformation evidence is largely descriptive and methodologically narrow: systematic review data on semantic EHR interoperability synthesize only 14 implementation cases, with single-database search limitations and heterogeneous settings, leaving scarce, systematic, real-world evaluations of clinical and operational benefits and little guidance on which semantic features (models, terminologies, ontologies) best scale across contexts. Second, performance measurement systems remain fragmented, with adaptation challenges from private-sector tools (e.g., BSC) and a lack of methodological standardization in primary care; reviews call for validated, context-sensitive PMS suited to diverse regional and technological conditions and for longitudinal assessment of effectiveness.

Third, clinical governance implementation shows wide, role-specific variability (e.g., stronger public/patient involvement vs. weaker risk management, audit, and staff management), yet the field lacks causal identification of which governance levers improve patient outcomes and under what organizational conditions. Fourth, audit and feedback infrastructures are theorized as strategic enablers, but empirical work is often conceptual or scenario-based; stronger primary data designs are needed to test whether auditor competency, e-audit adoption, and leadership support produce durable gains in compliance, safety, and throughput.

Finally, cross-cutting mechanisms and contingencies remain under-specified: few studies integrate workforce capability and culture with interoperability and governance into mediated and

moderated models that explain heterogeneous effects by resources, scale, and service/case-mix. Reported gaps include insufficient support for data interpretation skills among staff and uneven structural alignment of organizations with strategy—both plausible dampeners of strategic returns that warrant rigorous testing. Collectively, the field needs multi-site, longitudinal, and context-attentive designs that connect strategic practices to validated, multidimensional outcomes through clearly specified digital, audit, and human-capital pathways.

2.2. Previous Studies:

1. Andrieiev, et al. (2024). Strategic management in healthcare: the impact of strategic decisions on achieving organizational goals and improving the quality of healthcare services.

Strategic management in healthcare, particularly the formulation of strategic decisions to attain organizational objectives and improve service quality, constitutes a complex challenge within countries characterized by well-established social protection systems. Governments must prioritize investment in human capital, strengthen social protection frameworks, and enhance population living standards to ensure system sustainability and effectiveness. Strategic decision-making processes rely on rigorous analysis of analytical and statistical indicators related to healthcare quality. This evidence-based approach enables the design of coherent development pathways for the healthcare sector. The present study aims to critically examine key challenges within healthcare systems and to identify effective strategic interventions that support service improvement and sectoral advancement. The analysis provides a structured evaluation of strategic management practices across different healthcare segments, proposing targeted improvements tailored to each domain. It also draws on comparative insights from advanced international healthcare systems to inform the adaptation of global best practices. Furthermore, the study explores strategic planning dynamics across both public and private sectors, including the role of transnational corporations in shaping healthcare delivery. It investigates determinants influencing the strategic evolution of healthcare and outlines actionable measures for optimization. The findings highlight the necessity of continuous quality enhancement and adaptive strategic decision-making to maintain system efficiency, ensure market stability, and support long-term healthcare sustainability.

2. Verulava, T. (2023). Strategic management and planning for health care organizations in Georgia. *Asia Pacific Journal of Health Management*, 18(3), 41-48.

Healthcare systems operating within dynamic global and local environments require the stable performance of hospital sectors, which depends on the continuous application of effective strategic management practices. This study investigates barriers to the successful implementation of strategic plans in healthcare organizations in Tbilisi. A quantitative design was adopted, involving a structured survey administered to 23 senior managers across 10 major hospitals. The findings reveal substantial deficiencies in strategic management practices. None of the hospitals surveyed utilized external consultants for strategic planning, while only 13% reported participation in formal training programs. A dedicated strategic planning committee existed in just 4.3% of institutions, despite 87% possessing documented strategic plans. Strategic planning activities were largely confined to management boards (69.6%), with limited physician involvement (30.4%). Implementation gaps were evident. Only 34.8% of hospitals align budgeting processes with strategic objectives. Key operational areas, including resource allocation (43.5%) and financial planning (47.8%), were frequently disconnected from strategic priorities. Performance evaluation practices were also weak, as 52.2% of hospitals rarely conducted comparative assessments with peer institutions, and 78.3% seldom applied benchmarking techniques. Reporting mechanisms remained limited, with only 43.5% systematically communicating progress toward strategic goals. These findings indicate that strategic management processes remain underdeveloped, undermining organizational performance. Limited competencies, inadequate training, and weak awareness of strategic importance contribute to poor implementation. Strengthening capacity through structured training and institutionalizing strategic management roles are essential. Policy interventions should mandate formal strategic planning and support skill development to enhance healthcare system performance and sustainability.

3. Nnia, et al. (2023). Examining How Strategic Management Practices Impact Organizational Performance: The case of Nigerian teaching hospitals. European Journal of Business Economics and Accountancy, 11(3), 1-17.

This study investigated the influence of strategic management practices on hospital performance in Nigeria, drawing on empirical data from the University of Nigeria Teaching Hospital. The research adopted a quantitative approach, with a sample of 286 respondents. Data were collected through a structured questionnaire designed to capture key dimensions of strategic management within the hospital context. Descriptive statistical methods were utilized to summarize respondent data, while regression analysis was conducted to test the study hypotheses.

The findings reveal that strategy formulation, strategy implementation, and strategy evaluation each exert a statistically significant positive effect on hospital performance. These results demonstrate that the integration of structured strategic processes contributes directly to improved organizational outcomes. The study establishes that hospitals that engage in systematic planning, ensure effective execution of strategies, and apply continuous evaluation mechanisms achieve higher levels of performance. Such practices enhance operational efficiency and support better healthcare service delivery. The study concludes that hospital managers should consistently adopt and apply strategic management practices as a core component of organizational governance. Emphasis on informed decision-making and alignment between planning and implementation is essential to sustain performance improvement and strengthen institutional effectiveness.

4. Mikhno, et al. (2020). Strategic management of healthcare institution development of the national medical services market. *Access: Access to Science, Business, Innovation in Digital Economy*, 1(2), 157-170.

The article provides a critical assessment of the medical services market in Europe and offers a comparative analysis with the healthcare system in Ukraine. It identifies structural challenges shaping ongoing healthcare reforms, including the contraction of public healthcare institutions, chronic underfunding, and the rapid expansion of private clinics driven by profit-oriented models. The analysis highlights a dual effect of privatization. On one side, private sector growth enhances service quality through investment in advanced medical technologies and the adoption of innovative treatment methods under competitive market conditions. On the other side, access to private healthcare remains limited for a large proportion of the population due to prevailing economic constraints, thereby intensifying inequities in service utilization. The study also emphasizes spatial disparities in healthcare access, particularly the limited availability of medical facilities in remote and rural areas. These structural inefficiencies contribute to adverse population health outcomes and increase the risk of premature mortality. To address these challenges, the article proposes a transition toward a hybrid public–private healthcare model supported by increased public investment and expansion of healthcare infrastructure. It underscores the necessity of strengthening financial governance through improved oversight of resource allocation and utilization. The findings further stress the importance of adaptive strategic management frameworks that incorporate continuous monitoring, performance evaluation, and

region-specific policy adjustments. Such approaches are essential to enhance system accessibility, competitiveness, and long-term sustainability while preserving the country's human capital.

5. Anwar, et al (2021), The Impact of Human Resource Management Practice on Organizational Performance. *International journal of Engineering, Business and Management (IJEEM)*.

The present study investigates the effect of human resource management practices on the performance of government institutions within a rapidly evolving economic environment shaped by Globalization, increasing stakeholder expectations, and intensified competitive pressures. Public institutions are compelled to enhance performance through cost efficiency, process improvement, service innovation, and quality enhancement to sustain operational effectiveness. A quantitative research design was adopted, with data collected from a sample of 240 respondents across government entities. The study employed statistical techniques to test a set of predefined hypotheses examining the relationship between human resource management dimensions and organizational performance. The findings indicate that most of the proposed hypotheses were not supported by empirical evidence. However, decentralization emerged as the only factor demonstrating a statistically significant positive relationship with organizational performance. This result highlights the critical role of distributing decision-making authority and empowering lower organizational levels in improving institutional outcomes. The study concludes that decentralization is a key driver of performance enhancement in government institutions. It supports greater flexibility, improves responsiveness, and enables more efficient administrative processes. These findings suggest that policymakers and public sector managers should integrate decentralized structures within human resource management strategies to achieve sustained organizational performance improvements.

6. Al Aina, R., & Atan, T. (2020). The Impact of Implementing Talent Management Practices on Sustainable Organizational Performance. *Sustainability*, 12(20), 8372.

This study examines the influence of talent management practices on sustainable organizational performance within real estate firms in the United Arab Emirates, operating in increasingly complex and unpredictable market conditions. As organizations confront continuous environmental shifts, the alignment between human capital strategies and long-term performance objectives has become a critical concern for both scholars and practitioners. The research adopts a quantitative approach, utilizing a structured questionnaire to collect data from 306 managers

employed in real estate companies. Structural equation modeling was applied to test the proposed hypotheses and evaluate the relationships between talent management dimensions and sustainable performance outcomes. The findings reveal that talent attraction and talent retention do not exert a statistically significant impact on sustainable organizational performance. In contrast, learning and development, along with career management, demonstrate strong positive effects. These results indicate that investments in employee capability development and structured career progression pathways play a decisive role in achieving sustained performance improvements. The study highlights the strategic importance of internal talent development mechanisms over traditional attraction and retention approaches. It suggests that organizations should prioritize targeted training programs, continuous learning initiatives, and job rotation systems to enhance employee competencies and organizational adaptability. The research concludes that effective talent management, centered on development and career advancement, serves as a key driver of sustainable organizational performance in competitive and evolving business environments.

7. **Sallam, F., & Alhakimi, W. (2025). Strategic leadership practices and organizational performance at healthcare organizations: the mediating role of crisis management. *International Journal of Business Performance Management*, 26(4), 513-532.**

This study investigates the mediating role of crisis management in the relationship between strategic leadership practices and organizational performance in private hospitals in Yemen. The analysis is grounded in three theoretical perspectives: Contingency Theory, Resource Dependence Theory, and Resource-Based View, which collectively explain how organizations adapt to environmental uncertainty and leverage internal capabilities. A quantitative methodology was employed using a structured questionnaire administered to hospital leaders. Structural equation modeling was applied to examine the direct and indirect relationships among strategic leadership, crisis management, and organizational performance. The findings indicate that strategic leadership practices significantly influence organizational performance through the mediating effect of crisis management. This suggests that leadership effectiveness is not only reflected in routine operations but also in the ability to anticipate, manage, and respond to crises in a structured and timely manner. The study highlights that robust crisis management mechanisms strengthen the impact of leadership on performance outcomes. Leaders who integrate proactive planning, rapid decision-making, and adaptive responses are more likely to sustain organizational performance under

conditions of uncertainty. These results provide practical implications for healthcare management. They emphasize the need to embed crisis management capabilities within leadership practices to enhance resilience, maintain operational continuity, and improve organizational productivity during periods of disruption.

8. Wongsin, et al. (2025). Strategic planning and organizational performance in public health sector: a scoping review. *BMC health services research*, 25(1), 1017.

Strategic planning represents a systematic process through which fundamental decisions and actions are formulated to shape the direction, functions, and objectives of the public health sector. Despite its recognized importance, existing literature reports inconsistent findings regarding its relationship with organizational performance, highlighting the need for further synthesis and critical evaluation. This study adopts a scoping review methodology guided by PRISMA standards to identify knowledge gaps and underexplored areas. A comprehensive search was conducted across Scopus, EBSCO, and PubMed, targeting studies published between January 2015 and May 2024. A total of 16 studies met the inclusion criteria and were subjected to descriptive analysis. The findings indicate that most studies emphasize organizational performance within public health contexts, followed by research on strategic planning and its relationship with performance outcomes. Key determinants of organizational development include evaluation frameworks, supply chain management, transformative change initiatives, and strategic management practices. Human resource-related factors emerged as primary contributors to performance variability. The review confirms the presence of a significant relationship between strategic planning and organizational performance, often mediated by contextual and operational variables. These mediators influence the extent to which planning efforts translate into measurable outcomes. The study concludes that strategic planning serves as a foundational driver of performance in public health systems. It enables structured decision-making, aligns organizational activities with long-term goals, and supports sustained improvements in service delivery and system effectiveness.

9. Mucholi, (2025). Effect of Strategic Planning on Public Health Institutions' Performance In Trans-Nzoia County, Kenya.

Public health institutions in Trans Nzoia County have played a central role in collaborating with the Ministry of Health to implement reforms aimed at improving service quality and institutional performance. Despite these efforts, persistent structural challenges remain, including

inadequate funding from national and county governments, weak remuneration and welfare systems for healthcare workers, and shortages of skilled personnel. These constraints continue to limit effective delivery service and motivated further investigation within the field of Strategic Management. The study aimed to assess the effect of strategic planning on the performance of public health institutions in the county. A descriptive research design was employed, with primary data collected from 87 public health facilities over the period 2019–2023. Stratified sampling was applied to ensure representation, and data were analyzed using SPSS Version 22. The findings indicate a positive relationship between strategic planning and hospital performance. However, this relationship was not statistically significant at the 95% confidence level, suggesting that while planning contributes to performance, its impact may be moderated by contextual and operational constraints. The study emphasizes the importance of aligning organizational goals with implementation strategies. It highlights the need for effective communication of strategic plans to staff to strengthen engagement, ownership, and motivation. Such alignment is essential to enhance performance outcomes and improve the effectiveness of public healthcare institutions.

10. Huebner, C., & Flessa, S. (2022). Strategic Management in Healthcare: A Call for Long-Term and Systems-Thinking in an Uncertain System. *International journal of environmental research and public health*, 19(14), 8617.

Strategic management has assumed a central role in ensuring sustainable governance within healthcare systems, driven by increasing complexity, rapid environmental change, and persistent uncertainty. These conditions necessitate long-term, forward-oriented decision-making that aligns organizational capabilities with evolving system demands. This analytical framework contributes to the scientific discourse by examining the conceptual foundations and practical relevance of strategic management in healthcare. The analysis begins with a clear definition of strategic management, followed by a critical reflection on the implications of shifting political, social, and economic value systems in post-industrial societies. Within this context, the concept of Dynaxity Zone III is employed to illustrate environments characterized by high complexity, dynamic change, and limited predictability. This framework emphasizes the responsibility of strategic management in navigating uncertainty while maintaining system stability and performance. To demonstrate practical applicability, the study examines two cases. The first focuses on hospital financing systems in Germany, highlighting how strategic approaches support resource allocation and financial sustainability. The second explores the development processes of

medical implants, emphasizing innovation management and long-term planning within technologically intensive environments. The findings illustrate that effective implementation of strategic management enhances adaptability, supports innovation, and strengthens system resilience. These outcomes confirm that strategic management is essential for achieving sustainable performance in healthcare systems operating under conditions of complexity and uncertainty.

11. Nyungu, L. M., & Wainaina, L. (2024). Strategic management drivers and performance of level four and five private hospitals in Mombasa County, Kenya. *International Academic Journal of Economics and Finance*, 4(3), 121-138.

This study examines the effect of strategic management drivers on the performance of level four and five private hospitals in Mombasa County, against a backdrop of declining healthcare growth rates between 2018 and 2021. The research focuses specifically on the role of strategic technology orientation in enhancing hospital performance. The analysis is grounded in Survival-Based Theory and Deming's Theory of Quality Management, which emphasize adaptability and continuous improvement. A cross-sectional research design was adopted, targeting 261 employees drawn from top and middle management across eight private hospitals, including Aga Khan Hospital and Mombasa Hospital. Using Yamane's formula, a sample of 158 respondents was determined, with 119 valid responses collected. Data were obtained through structured questionnaires and analyzed using SPSS Version 26, applying both descriptive and inferential statistical techniques. A pilot study involving 16 participants in Nairobi County confirmed the reliability and validity of the research instrument. The findings indicate that strategic technology orientation has a statistically significant positive effect on hospital performance ($B = 0.653$, $p < 0.001$). This result underscores the importance of adopting advanced technologies and fostering continuous learning and innovation within hospital operations. The study concludes that technology-driven strategies are critical for improving operational efficiency and patient care. It recommends the integration of electronic health records, telemedicine, and digital health solutions, alongside the adoption of patient-centered approaches, to enhance service delivery and strengthen healthcare performance.

Chapter Three

Methodology

Chapter Three

Methodology

3.1. Study Design:

Cross-sectional, multi-site quantitative study using a structured self-administered questionnaire. The design tests hypothesized direct, mediating, and moderating relationships between strategic management practices, enabling infrastructures, and multidimensional organizational performance in healthcare institutions.

3.2. Study Approach:

A positivist, explanatory approach. The model specifies (i) direct paths from strategic practices to performance; (ii) mediation by enabling infrastructures (digitalization/interoperability, audit-feedback, knowledge management, workforce capability, culture); and (iii) moderation by ownership/governance and organizational scale.

3.3. Population and sample size:

Target population: Administrators, clinical leaders, and middle managers employed in public, private, and mixed-ownership hospitals and large primary-care networks across the Kingdom of Saudi Arabia (KSA).

Sampling frame: Ministry of Health facilities, other governmental providers, and accredited private hospitals across all regions. Stratified proportional sampling by ownership (public/private/mixed), level of care (tertiary/secondary/primary), and region.

Sample size: Minimum $N \geq 100$ completed responses to ensure stable estimation, subgroup comparisons (e.g., public vs. private), and ≥ 10 –15 observations per estimated parameter. Anticipate an initial invite of ~350–400 staff (assuming 25–35% response) with follow-ups to reduce nonresponse bias.

3.4. Data collection tools:

Five-point Likert scales (1=strongly disagree to 5=strongly agree). English and Arabic versions developed via forward–back translation and expert review; piloted ($n=30$ –50) for clarity and timing.

- **Section A: Demographics/organizational profile:** Role, clinical specialty/department, years in current role, total experience, managerial span, education, region, facility type/ownership, bed size, accreditation status, EHR adoption (basic/advanced/none).
- **Section B: Domain-1—Strategic management practices (formulation, implementation, evaluation):** Items on environmental scanning, priority-setting, target cascades, cross-functional deployment, progress reviews, and corrective action ($\approx 12\text{--}15$ items).
- **Section C: Domain-2—Enabling infrastructures:** Subscales: (i) digital transformation/EHR interoperability & analytics; (ii) internal/external audit and feedback; (iii) knowledge management and data use; (iv) workforce capability-building (training, coaching, leadership); (v) culture (psychological safety, learning orientation) ($\approx 16\text{--}20$ items).
- **Section D: Domain-3—Organizational performance:** Perceived performance on: clinical quality/safety (e.g., adherence to protocols, incident learning), operational efficiency/throughput (e.g., turnaround times, bed flow), patient experience, workforce outcomes (engagement, retention intent), and financial sustainability (cost control, revenue cycle) ($\approx 12\text{--}16$ items). Where feasible, items invite entry of last-quarter KPI values to strengthen criterion validity.

3.5. Data analysis:

Data were analyzed using SPSS (V 26). Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize respondent characteristics and key variables. Inferential analysis involved correlation and regression techniques to examine the strength, direction, and effect of independent variables on the dependent variable. Results were presented in tables, and statistical significance was determined at the 0.05 level, providing a clear basis for interpreting the study findings and drawing conclusions.

3.6. Ethical considerations:

Approval from an accredited KSA Institutional Review Board. Organizational permissions from participating facilities. Informed consent embedded at survey start; participation voluntary, with right to withdraw. Anonymity preserved; no personally identifiable patient data collected.

Data encrypted, stored on secure servers, and reported only in aggregate. Study adheres to the Declaration of Helsinki and relevant KSA regulations.

3.7. Study limitations:

Cross-sectional self-report design limits causal inference and may introduce common method variance. Organizational self-selection and nonresponse may affect generalizability. Perceptual performance measures, where objective KPIs are unavailable, may attenuate effect estimates. Heterogeneity across service lines and case-mix could yield unobserved confounding despite stratification and controls.

Chapter Four

Results and Discussion

Chapter Four

Results and Discussion

4.1. Results:

4.1.1. Sociodemographic Data:

The sample reflects a clear gender imbalance. Male respondents account for 76%, while females represent 24%. This distribution indicates limited gender diversity. It may influence perspectives on leadership, decision-making, and strategic priorities within healthcare institutions. You should consider how this imbalance might affect generalizability. Role distribution shows strong representation from leadership and management levels. Clinical leaders form the largest group at 40%, followed by administrators at 20% and department managers at 16%. Executive leadership accounts for 12%. Specialists and PT roles contribute marginally. This structure strengthens the study. It ensures that responses reflect strategic and operational decision-makers rather than purely technical staff. Experience levels indicate a moderately experienced workforce. Most respondents have between 5 and 10 years of professional experience (44%), followed by 11–15 years (28%). Only 12% exceed 15 years. In terms of tenure in the current position, 36% fall within 6–10 years, and 28% within 3–5 years. This suggests stability in roles. It also indicates that respondents likely possess sufficient organizational knowledge to evaluate strategic management practices. Facility ownership is heavily skewed toward the public sector. Public institutions represent 84% of the sample, while private and mixed facilities each account for 8%. This concentration limits comparative insights across ownership models. It also implies that findings will primarily reflect public healthcare systems, where bureaucratic structures and policy constraints may shape strategic management (**Table 1**).

The level of care distribution highlights a primary care focus. Primary facilities represent 56%, secondary 28%, and tertiary 16%. This suggests that the findings will emphasize frontline service delivery rather than highly specialized care environments. You should consider how strategic practices differ across these levels. Bed capacity data shows the strong presence of large institutions. Facilities with 500 beds or more account for 52%, followed by 300–499 beds at 24%. Smaller facilities are less represented. This indicates that the dataset is weighted toward complex

organizations with greater resource availability and administrative layers. Strategic management in such settings often involves formalized processes and long-term planning. Accreditation status reveals a mixed quality landscape. National accreditation dominates at 56%, while 36% of institutions hold both national and international accreditation. Only 8% are exclusively internationally accredited. This pattern suggests ongoing quality improvement efforts. It also indicates varying degrees of alignment with global standards. EHR adoption presents a critical insight. Nearly half of the institutions (48%) report incomplete implementation. Basic systems are used by 40%, while only 12% have advanced EHR systems. This highlights a gap in digital transformation. It may directly affect strategic management effectiveness, data-driven decision-making, and overall organizational performance (**Table 1**).

Table 1: Sociodemographic Data of the presented sample (N = 100).

N	Questions	Selected Options	Responses (N = 100)	
			Frequency (N)	Percentage (%)
1	Gender	Male	76	76.0%
		Female	24	24.0%
2	Role	Clinical Leader	40	40.0%
		Administrator	20	20.0%
		PT	8	8.0%
		Department Manager	16	16.0%
		Executive Leadership	12	12.0%
		specialists	4	4.0%
3	Years in current position	less than 3 years	16	16.0%
		3 - 5 years	28	28.0%
		6 - 10 years	36	36.0%
		More than 10 years	20	20.0%
4	Total professional experience	Less than 5 years	16	16.0%
		5 - 10 years	44	44.0%
		11 - 15 years	28	28.0%
		More than 15 years	12	12.0%
5	Facility ownership	Public	84	84.0%
		Private	8	8.0%
		Mixed	8	8.0%
6	Level of care	Primary	56	56.0%
		Secondary	28	28.0%
		Tertiary	16	16.0%

7	Bed capacity	Less than 100 Beds	16	16.0%
		100 - 299 Beds	8	8.0%
		300 - 499 Beds	24	24.0%
		500 Beds and More	52	52.0%
8	Accreditation status	National	56	56.0%
		International	8	8.0%
		Both	36	36.0%
9	EHR adoption level	Basic	40	40.0%
		Advanced	12	12.0%
		Not Fully Implemented	48	48.0%

4.1.2. Part-2: Strategic Management Practices:

The findings indicate a moderate to relatively strong level of adoption of strategic management practices across the three examined dimensions. The overall mean score of 3.52 reflects general agreement among respondents regarding the presence of strategic practices within their institutions. However, the standard deviation of 1.004 suggests a degree of variability in responses, indicating inconsistencies in the implementation of these practices across different healthcare organizations (Table 2).

Domain-A: Strategy Formulation:

The strategy formulation dimension demonstrates a moderate level of effectiveness, with mean values ranging from 3.44 to 3.68. The highest scores are observed in relation to conducting regular environmental analysis and clearly defining strategic priorities, both with a mean of 3.68. This reflects a structured approach to understanding organizational environments and setting strategic directions. In contrast, the alignment between strategy and institutional mission and vision records a lower mean of 3.44, accompanied by the highest standard deviation (1.209), indicating variation in the extent of alignment across institutions. Stakeholder involvement in strategy development and the establishment of measurable and time-bound goals also show moderate levels of agreement. These findings suggest that while strategic planning processes are present, they may lack full integration, inclusiveness, and precision in defining measurable outcomes (Table-2).

Domain-B: Strategy Implementation:

The strategy implementation dimension also reflects a moderate performance level, with mean scores ranging from 3.48 to 3.64. The clarity of roles and responsibilities for implementation achieves the highest mean (3.64), indicating that organizational structures generally support the execution of strategic initiatives. Additionally, cross-functional coordination and leadership monitoring of implementation progress demonstrate relatively strong agreement, suggesting active managerial engagement during execution. However, the cascading of strategic objectives across departments records the lowest mean (3.48), highlighting potential challenges in translating strategic plans into operational actions. Resource allocation aligned with strategic priorities also remains at a moderate level (3.52), indicating that strategic intentions are not always fully supported by adequate resource distribution. These results point to a gap between strategic planning and effective execution at the operational level (**Table-2**).

Domain-C: Strategy Evaluation and Control:

The strategy evaluation and control dimension exhibits comparatively weaker performance and greater variability. While linking performance indicators to strategic goals achieves a relatively high mean (3.68), other elements demonstrate notable limitations. Internal audits supporting strategic control record the lowest mean (3.28), suggesting insufficient formalization of monitoring and control mechanisms within institutions. Regular review meetings and the use of lessons learned to inform future planning both yield moderate mean scores (3.48), indicating the presence of feedback mechanisms that may lack consistency or depth. Corrective actions taken when targets are missed show a slightly higher mean (3.60), reflecting a reactive approach to performance gaps rather than a systematically proactive control process (**Table-2**).

The overall pattern across the three dimensions reveals that strategic management practices are present but not fully developed. Strategy formulation appears relatively stronger compared to implementation, while evaluation and control represent the weakest dimension. This imbalance suggests that although strategic plans are formulated with reasonable clarity, their execution and continuous assessment remain constrained. Such disparities may limit the overall impact of strategic management on organizational performance. The absence of robust evaluation systems and consistent implementation mechanisms reduces the effectiveness of otherwise well-designed strategies. Strengthening monitoring frameworks, enhancing alignment between strategic

objectives and operational activities, and institutionalizing continuous feedback processes are essential to improving strategic outcomes in healthcare institutions.

Table-2: Descriptive analysis of Strategic Management Practices.

N	Questions	Responses (N)					Mean	St. dv.
		1	2	3	4	5		
	Strategy Formation							
1	Our organization conducts regular environmental analysis.	4	4	28	48	16	3.68	0.931
2	Strategic priorities are clearly defined.	4	8	16	60	12	3.68	0.931
3	Strategy aligns with institutional mission and vision.	12	8	20	44	16	3.44	1.209
4	Stakeholders are involved in strategy development.	4	8	20	44	16	3.60	1.025
5	Strategic goals are measurable and time-bound.	8	8	24	40	20	3.56	1.140
Strategy Implementation								
6	Strategic objectives are cascaded with departments.	8	4	28	52	8	3.48	0.990
7	Roles and responsibilities for implementation are clear.	4	8	24	48	16	3.64	0.980
8	Resources are allocated according to strategic priorities.	4	12	24	48	12	3.52	0.990
9	Cross-functional coordination supports execution.	8	8	12	60	12	3.60	1.064
10	Leadership actively monitors implementation progress	12	0	20	56	12	3.56	1.104
Strategy Evaluation and Control								
11	Performance indicators are linked to strategic goals.	4	0	36	44	16	3.68	0.886
12	Regular review meetings assess strategic progress.	4	8	32	48	8	3.48	0.904
13	Corrective actions are taken when targets are missed.	12	0	20	52	16	3.60	1.137
14	Internal audits support strategic control.	4	12	44	32	8	3.28	0.922
15	Lessons learned inform future planning cycles.	4	4	40	44	8	3.48	0.856
Total							3.52	1.004

4.1.3. Part-3: Enabling Infrastructures:

The results for enabling infrastructures indicate a moderate level of readiness across healthcare institutions. The overall mean score of 3.41 reflects general agreement regarding the availability of supporting systems and capabilities. However, the standard deviation of 1.026 highlights variability in perceptions, suggesting uneven development of enabling infrastructures across organizations.

Domain-A: Digital Transformation and Interoperability:

The digital transformation dimension demonstrates moderate performance, with mean scores ranging from 3.36 to 3.56. The highest score is associated with the use of EHR systems to support real-time decision-making (3.56), indicating a functional level of digital support in clinical and managerial processes. Integration of clinical and administrative data and the use of analytics tools both record mean values of 3.52, reflecting partial progress toward data-driven management. Despite these strengths, the repeated lower score for EHR-supported decision-making (3.36) and the relatively high standard deviation for analytics tools (1.141) suggest inconsistency in system effectiveness and utilization. These findings indicate that digital systems are present but not fully optimized or uniformly implemented, limiting their strategic value (**Table-3**).

Domain-B: Audit and Feedback Systems:

Audit and feedback systems present mixed results, with mean values ranging from 3.36 to 3.68. Feedback loops that improve operational processes achieve the highest score (3.68), indicating that organizations recognize the importance of continuous feedback in performance improvement. In contrast, internal audits identifying performance gaps record a lower mean (3.36), suggesting limitations in the effectiveness or consistency of internal evaluation mechanisms. External audits and their role in strengthening accountability also remain moderate (3.44). The link between audit findings and corrective actions shows reasonable strength (3.52), indicating that while audit processes exist, their systematic application and impact may vary across institutions (**Table-3**).

Domain-C: Knowledge Management:

Knowledge management emerges as one of the weaker dimensions. While the use of data to guide managerial decisions records a relatively acceptable mean (3.60), other indicators reveal

limitations. The sharing of best practices across departments shows the lowest score within this category (3.16), indicating restricted knowledge dissemination. Training staff in data interpretation also remains limited (3.24), suggesting gaps in analytical capacity and data literacy. These findings imply that although data is available, its effective utilization and organizational learning mechanisms are not fully developed, which may constrain evidence-based decision-making (Table-3).

Domain-D: Workforce Capability:

Workforce capability demonstrates moderate performance, with mean scores ranging from 3.32 to 3.40. Leadership development programs achieve a slightly higher score (3.40), reflecting some institutional focus on building managerial competencies. Continuous professional training (3.36) and managerial support for innovation (3.32) indicate the presence of development initiatives, though not at an advanced level. The variability in responses suggests that workforce development opportunities are not consistently accessible or uniformly implemented. This may affect the ability of staff to adapt to strategic changes and contribute effectively to organizational performance (Table-3).

Domain-E: Organizational Culture:

Organizational culture shows moderate but inconsistent results, with means ranging from 3.28 to 3.40. Encouraging learning from mistakes records the highest score (3.40), indicating some openness to organizational learning. However, staff perception of psychological safety in reporting errors (3.32) is accompanied by the highest standard deviation (1.299), reflecting significant variation across institutions. Collaboration across departments (3.36) and leadership's role in building trust (3.28) also remain moderate. These findings suggest that while elements of a supportive culture exist, they are not deeply institutionalized. Variability in responses indicates that cultural practices differ substantially between organizations. The overall pattern indicates that enabling infrastructures are present but not fully mature. Digital systems, audit mechanisms, workforce capabilities, and organizational culture operate at moderate levels, with clear gaps in consistency and integration. Knowledge management appears as the most constrained area, particularly in terms of knowledge sharing and staff analytical capacity. These limitations may reduce the effectiveness of strategic management practices. Weak integration of digital systems, inconsistent audit processes, limited knowledge dissemination, and variability in organizational

culture can collectively hinder the translation of strategy into measurable performance outcomes. Strengthening these enabling infrastructures is essential to support sustainable improvements in healthcare organizational performance (**Table-3**).

Table-3: Descriptive analysis of Enabling Infrastructures

N	Questions	Responses (N)					Mean	St. dv.
		1	2	3	4	5		
Digital Transformation and Interoperability								
1	Our EHR system supports real-time decision-making.	4	4	36	44	12	3.56	0.903
2	Clinical and administrative data are integrated.	4	8	28	52	8	3.52	0.904
3	Data analytics tools support performance monitoring.	8	8	28	36	20	3.52	1.141
4	Information systems reduce duplication of work.	4	8	32	44	12	3.52	0.948
5	Our EHR system supports real-time decision-making.	12	4	28	48	8	3.36	1.097
Audit and Feedback Systems								
6	Internal audits identify performance gaps.	12	4	28	48	8	3.36	1.097
7	Audit findings lead to corrective action.	4	12	24	48	12	3.52	0.990
8	External audits strengthen accountability.	8	8	28	44	12	3.44	1.067
9	Feedback loops improve operational processes.	4	0	36	44	16	3.68	0.886
Knowledge Management								
10	Data is used to guide managerial decisions.	4	0	44	36	16	3.60	0.899
11	Best practices are shared across departments.	4	24	32	32	8	3.16	1.012
12	Staff are trained in data interpretation.	8	4	48	36	4	3.24	0.911
Workforce Capability								
13	Staff receive continuous professional training.	12	0	32	52	4	3.36	1.020
14	Leadership development programs are available.	12	4	20	60	4	3.40	1.064

15	Managers support innovation and improvement.	8	12	28	44	8	3.32	1.053
Organizational Culture								
16	Staff feel safe to report errors.	16	12	8	52	12	3.32	1.299
17	The organization encourages learning from mistakes.	8	12	24	44	12	3.40	1.101
18	Collaboration is valued across departments.	8	12	28	40	12	3.36	1.097
19	Leadership builds trust within teams.	8	12	28	48	4	3.28	1.006
Total							3.41	1.026

4.1.4. Part-4: Organizational Performance:

The findings indicate a moderate level of organizational performance across the examined dimensions. The overall mean score of 3.36 reflects general agreement that healthcare institutions achieve acceptable performance outcomes. However, the standard deviation of 1.029 indicates variability in perceptions, suggesting inconsistency in performance levels across different institutions (**Table-4**).

Domain-A: Clinical Quality and Safety:

Clinical quality and safety demonstrate mixed performance, with mean scores ranging from 3.28 to 3.56. The highest score is observed in the role of incident reporting in driving improvement (3.56), indicating that reporting mechanisms contribute to quality enhancement. Patient safety indicators also show moderate improvement (3.40), reflecting some progress in clinical outcomes. In contrast, adherence to clinical protocols records a lower mean (3.28) with relatively high variability ($SD = 1.155$). This suggests inconsistency in compliance with standardized procedures. Such variation may weaken the reliability of care delivery and limit the overall effectiveness of quality assurance systems (**Table-4**).

Domain-B: Operational Efficiency:

Operational efficiency reflects a moderate performance level, with mean values ranging from 3.28 to 3.44. Efficient management of bed occupancy achieves the highest score (3.44), indicating reasonable control over capacity utilization. Turnaround times and resource utilization both remain moderate, with means of 3.36 and 3.28, respectively. These findings suggest that while

operational processes function at an acceptable level, inefficiencies persist. Variability in responses indicates that operational performance is not uniformly optimized across institutions, potentially affecting service delivery and patient flow (**Table-4**).

Domain-C: Patient Experience:

Patient experience emerges as the strongest dimension within organizational performance. Patient satisfaction records the highest mean score (3.71), indicating positive perceptions of care quality from the patient perspective. Communication effectiveness (3.48) and complaint handling (3.44) also demonstrate moderate strength. These results suggest that healthcare institutions prioritize patient-centered care. However, the moderate scores for communication and complaint management indicate opportunities for further improvement in responsiveness and service quality (**Table-4**).

Domain-D: Workforce Outcomes:

Workforce-related indicators represent the weakest dimension. Mean scores range from 3.04 to 3.24, with staff turnover recording the lowest value (3.04). Staff engagement (3.24) and perceived employee value (3.19) also remain relatively low. The relatively high standard deviations across these indicators highlight variability in workforce experiences. These findings suggest challenges in maintaining staff stability, engagement, and satisfaction. Such limitations may directly influence organizational performance, as workforce commitment is essential for effective service delivery and strategic execution (**Table-4**).

Domain-E: Financial Sustainability:

Financial sustainability demonstrates moderate performance, with mean scores between 3.30 and 3.39. Revenue cycle efficiency achieves the highest score (3.39), followed by financial stability (3.32) and cost control (3.30). These results indicate that financial management practices are functional but not fully optimized. The presence of moderate scores across all indicators suggests that institutions maintain financial balance yet face constraints in achieving higher efficiency and long-term sustainability. The overall pattern indicates that organizational performance is moderate across all dimensions, with notable variation between areas. Patient experience represents a relative strength, while workforce outcomes constitute a key area of concern. Clinical quality, operational efficiency, and financial sustainability occupy intermediate

positions. This distribution suggests that healthcare institutions achieve acceptable external outcomes, particularly in patient satisfaction, while facing internal challenges related to workforce management and process consistency. Variability across indicators further reflects differences in institutional capacity, resource availability, and management effectiveness. The findings imply that improving workforce engagement, strengthening adherence to clinical protocols, and enhancing operational efficiency are critical to advancing overall organizational performance (**Table-4**).

Table-4: Descriptive Analysis of Organizational Performance.

N	Questions	Responses (N)					Mean	St. dv.
		1	2	3	4	5		
Clinical Quality and Safety								
1	Clinical protocols are consistently followed.	12	16	8	60	4	3.28	1.155
2	Incident reporting leads to improvement.	8	8	16	56	12	3.56	1.067
3	Patient safety indicators show improvement.	4	12	32	44	8	3.40	0.943
Operational Efficiency								
4	Turnaround times meet expected standards.	4	12	36	40	8	3.36	0.938
5	Resource utilization is optimized.	8	12	32	40	8	3.28	1.045
6	Bed occupancy is efficiently managed.	4	16	20	52	8	3.44	0.988
Patient Experience								
7	Patient satisfaction levels are high.	4	8	13	63	12	3.71	0.924
8	Communication with patients is effective.	4	8	32	48	8	3.48	0.904
9	Complaints are handled promptly.	8	8	28	44	12	3.44	1.067
Workforce Outcomes								
10	Staff engagement levels are high.	16	4	24	52	4	3.24	1.147
11	Staff turnover is low.	16	12	28	44	12	3.04	1.154
12	Employees feel valued.	12	5	39	40	4	3.19	1.032
Financial Sustainability								

13	Costs are effectively controlled.	8	7	40	37	8	3.30	1.000
14	Revenue cycle processes are efficient.	12	0	33	47	8	3.39	1.063
15	The organization maintains financial stability.	8	4	48	28	12	3.32	1.014
Total							3.36	1.029

4.1.5. Validity and Reliability of Questionnaire:

The reliability results indicate a very high level of internal consistency across all sections of the questionnaire. Cronbach's Alpha values range from 0.967 to 0.972, with an overall reliability coefficient of 0.969. These values exceed the commonly accepted threshold of 0.70 by a substantial margin, confirming that the measurement instrument demonstrates excellent reliability. Part-2, which measures strategic management practices, records a Cronbach's Alpha of 0.967. This result indicates that the items within this construct are highly consistent in capturing the underlying concept. The strong internal coherence suggests that respondents interpreted and responded to these items in a stable and uniform manner. Part-3, focusing on enabling infrastructures, achieves a Cronbach's Alpha of 0.970. This reflects a very high degree of consistency among items related to digital transformation, audit systems, knowledge management, workforce capability, and organizational culture. The result confirms that these dimensions collectively form a reliable construct for assessing institutional readiness and support mechanisms. Part-4, which assesses organizational performance, records the highest reliability coefficient at 0.972. This finding indicates that the items measuring clinical quality, operational efficiency, patient experience, workforce outcomes, and financial sustainability are strongly interrelated. The high level of internal consistency supports the robustness of this construct in evaluating performance outcomes. The overall reliability coefficient of 0.969 further confirms the stability and consistency of the entire instrument. This suggests that the questionnaire, as a whole, provides dependable measurements across different dimensions of the study. However, the very high Cronbach's Alpha values may also indicate potential redundancy among some items. When coefficients exceed 0.95, it may reflect similarity or overlap between statements rather than purely strong consistency. Despite this consideration, the results provide strong evidence that the instrument is reliable and suitable for subsequent statistical analysis, including correlation and regression testing (**Table 5**).

Table 5: Reliability Analysis using Cronbach’s Alpha.

No.	Item (Questionnaire Section)	Cronbach’s Alpha
1	Part-2: Strategic Management Practices	0.967
2	Part-3: Enabling Infrastructures	0.970
3	Part-4: Organizational Performance	0.972
4	Overall reliability	0.969

Validity Analysis:

The communality results indicate a very strong level of shared variance between the observed variables and the extracted factors. All variables demonstrate high extraction values, ranging from 0.779 to 0.989. These results confirm that the retained components explain a substantial proportion of variance for each item, supporting the adequacy of the factor model.

Demographic Variables:

The demographic variables exhibit relatively high communalities, ranging between 0.779 and 0.920. Gender shows the highest value (0.920), followed by EHR adoption (0.866), ownership (0.862), and accreditation (0.858). Even the lowest values, such as experience (0.779) and role (0.781), remain well above the acceptable threshold of 0.50. These findings indicate that demographic characteristics are meaningfully associated with the extracted components. The strong communalities suggest that these variables contribute to explaining underlying structural patterns within the dataset, rather than acting as isolated or weak predictors.

Strategic Management Practices:

All items within this construct demonstrate exceptionally high communalities, ranging from 0.843 to 0.989. Several items, such as Q10 (0.989), Q13 (0.983), and Q6 (0.968), show near-total variance explanation. These results indicate that the factor solution captures the structure of strategic management practices with a very high degree of precision. The consistently high values confirm that the items are strongly interrelated and measure a well-defined underlying construct. This supports the construct validity of the strategic management dimension.

Enabling Infrastructures:

The enabling infrastructure items also exhibit very high communalities, ranging from 0.867 to 0.981. Items such as Q6 (0.981), Q13 (0.978), and Q3 (0.977) demonstrate particularly strong representation within the factor structure. The lowest value in this group (Q14 = 0.867) still exceeds acceptable levels, confirming that all items contribute meaningfully to the construct. These findings indicate a high level of coherence across dimensions such as digital transformation, audit systems, knowledge management, workforce capability, and organizational culture.

Organizational Performance:

Items measuring organizational performance also show strong communalities, ranging from 0.823 to 0.964. Most items exceed 0.90, indicating that a large proportion of their variance is explained by the extracted components. Even the lowest value (Q4 = 0.823) remains well above the acceptable threshold, confirming that all performance indicators are well represented within the factor model. This supports the robustness of the performance construct and its suitability for further multivariate analysis.

The overall pattern of results demonstrates exceptionally high communalities across all variables. This indicates that the principal component analysis successfully captures the underlying structure of the dataset. All items exceed the minimum acceptable level of 0.50, with the majority surpassing 0.80, reflecting a strong factor solution. Such high values confirm that the variables share substantial common variance and are effectively explained by the extracted components. This provides strong evidence of construct validity and supports the suitability of the dataset for advanced statistical techniques, including regression and structural modeling. However, the consistently very high communalities across many items may also indicate overlap or redundancy among variables. While this enhances internal consistency, it suggests that some items may be measuring highly similar aspects of the same construct. Despite this, the results strongly support the adequacy, stability, and validity of the measurement model.

4.1.6. Testing Association Between Sociodemographic Data and Questionnaire Parts:

The results present the statistical significance of differences in the three main constructs across selected sociodemographic variables. The analysis is based on p-values, with a threshold of 0.05 indicating statistical significance. The findings reveal that strategic management practices are significantly associated with role ($p = 0.035$), total professional experience ($p = 0.001$), and years in the current position ($p = 0.004$). These results indicate that managerial position and accumulated

experience play a critical role in shaping perceptions of strategic practices. Individuals in higher or more experienced roles are more likely to report stronger implementation of strategic management processes. In contrast, no statistically significant differences are observed across gender ($p = 0.069$), level of care ($p = 0.165$), and bed capacity ($p = 0.444$). This suggests that strategic management practices are relatively consistent across institutional types and sizes, as well as between male and female respondents (**Table-6**).

Enabling infrastructures show significant associations with gender ($p = 0.040$), total experience ($p = 0.001$), and years in position ($p = 0.034$). The significance of experience-related variables indicates that exposure and tenure influence awareness and evaluation of infrastructural capabilities such as digital systems and organizational support mechanisms. The significant relationship with gender suggests potential variation in perceptions or access to enabling resources. However, role ($p = 0.282$), level of care ($p = 0.456$), and bed capacity ($p = 0.352$) do not demonstrate significant differences, indicating that infrastructural conditions are perceived similarly across organizational roles and facility characteristics (**Table-6**).

Organizational performance exhibits the strongest pattern of associations. Significant differences are identified across gender ($p = 0.010$), role ($p = 0.047$), total experience ($p = 0.001$), and years in the current position ($p = 0.001$). These findings suggest that both demographic and professional factors influence perceptions of performance outcomes. Experience and tenure appear to enhance the ability to evaluate clinical, operational, and financial performance effectively. No significant differences are found for level of care ($p = 1.000$) and bed capacity ($p = 0.352$), indicating that performance perceptions remain consistent regardless of institutional complexity or size (**Table-6**).

The overall pattern highlights the central role of human factors, particularly experience and tenure, in shaping perceptions across all constructs. These variables demonstrate consistent and strong statistical significance, indicating their influence on strategic management, enabling infrastructures, and organizational performance. Role also shows selective significance, particularly in relation to strategic management and performance, reflecting the importance of hierarchical position in understanding and engaging with organizational processes. Gender demonstrates limited but notable influence, particularly in relation to infrastructures and performance. In contrast, organizational characteristics such as level of care and bed capacity do

not exhibit significant associations across the constructs. This suggests that structural features of healthcare institutions may have less influence on perceptions compared to individual-level factors. These findings emphasize that variations in strategic management effectiveness and organizational performance are more strongly linked to human capital attributes than to institutional characteristics (**Table-6**).

Table-6: Sample T-Independent Test for analysis of sociodemographic association and questionnaire parts.

<i>p</i> -Value (T-independent Test)	Gender	Role	Experience	Years	Level of care	Bed capacity
Strategic Management	0.069	0.035	0.001	0.004	0.165	0.444
Infrastructures	0.04	0.282	0.001	0.034	0.456	0.352
Performance	0.01	0.047	0.001	0.001	1.000	0.352

4.1.7. Testing Study Hypotheses:

The regression model is statistically significant (F-test $p < 0.001$), indicating that the model provides a good fit to the data. The p-value for the coefficient of strategic management practices is 0.299, which exceeds the threshold of 0.05. This result indicates that strategic management practices do not have a statistically significant direct effect on organizational performance within this model. Despite the overall model significance, the individual contribution of strategic management practices is not supported. The R^2 value of 0.558 indicates that 55.8% of the variance in organizational performance is explained by the model. However, this explanatory power cannot be attributed to strategic management practices alone, suggesting that other variables in the model may account for this variance (**Table-7**).

The regression model is also statistically significant (F-test $p < 0.001$). However, the p-value for the coefficient of enabling infrastructures is 0.001, which is below the 0.05 threshold. This indicates that enabling infrastructures have a statistically significant effect on organizational performance. The relationship is supported at a high level of significance. The R^2 value remains 0.558, confirming that the model explains a substantial proportion of variance in performance. In this case, enabling infrastructures represent a key contributing factor within the model. The findings reveal a contrasting pattern between the two predictors. Enabling infrastructures

demonstrate a statistically significant effect on organizational performance, while strategic management practices do not show a significant direct effect. This outcome suggests that organizational performance is more strongly influenced by the presence of enabling systems such as digital infrastructure, audit mechanisms, and workforce capabilities. In contrast, strategic management practices may not translate directly into performance outcomes without the support of these infrastructures. The results provide partial support for the main hypothesis. The role of enabling infrastructures is confirmed, whereas the direct effect of strategic management practices is not supported. This pattern strengthens the argument for examining indirect relationships, particularly mediation effects, where infrastructures may act as a transmission mechanism between strategy and performance (**Table-7**).

Table-7: Testing Study Hypotheses via linear regression analysis.

Hypothesis (Linear Regression Analysis)	F-test	B-Coefficient	R ²
(Strategic Management --- Performance)	< 0.001	0.299	0.558
(Infrastructures-----Performance)	< 0.001	0.001	0.558

4.2. Discussion:

The results indicate a moderate adoption of strategic management practices (Mean = 3.52), yet a significant "decoupling" exists between strategy formulation and its subsequent evaluation. While formulation was perceived as relatively strong, strategy evaluation and control emerged as the weakest dimension, particularly regarding the formalization of internal audits (Mean = 3.28). This finding aligns with the "dynaxibility" challenges described by *Huebner and Flessa (2022)*, where organizations in complex environments—termed "Dynaxity Zone III"—often struggle to maintain the feedback loops necessary for adaptive learning. The lack of robust evaluation mechanisms suggests that while healthcare institutions are proficient at setting priorities, they remain reactive rather than proactive in addressing performance gaps. This supports the observation by *Andrieieva et al. (2024)* that the systematic use of audits is a critical, yet often underutilized, element of institutional resilience in the post-pandemic era.

A pivotal finding of this study is that strategic management practices did not exert a statistically significant direct effect on organizational performance ($p = .299$), whereas enabling infrastructures—including digital systems, workforce capability, and audit mechanisms—demonstrated a highly significant impact ($p = .001$). This result challenges traditional linear models of strategy and provides empirical weight to the Resource-Based View (RBV). As *Rotea et al. (2023)* argue, sustained advantage is derived from "valuable, rare, and inimitable" resources. In this context, the "strategy" is merely a blueprint; the enabling infrastructure serves as the actual engine of value creation.

The regression analysis suggests a mediation model: strategic planning only translates into performance gains when filtered through a mature digital and organizational infrastructure. This is consistent with the literature review's highlight on strategic technology orientation, which found that digital health solutions are critical for operational efficiency ($B = 0.653, p < .001$). The fact that 48% of the sampled institutions report incomplete EHR implementation further explains the moderate performance scores, as the lack of a digital foundation likely stifles the transmission of strategic intent into clinical and operational outcomes.

The data reveals a striking discrepancy between external performance indicators and internal workforce stability. Patient satisfaction emerged as the highest-scoring domain (Mean =

3.71), while workforce outcomes, specifically staff turnover (Mean = 3.04) and engagement (Mean = 3.24), were the lowest. This "performance paradox" suggests that healthcare providers may be achieving high patient-centered outcomes at the expense of staff well-being. From an RBV perspective, this is unsustainable. *Rotea et al. (2023)* emphasize that HRM practices—recruitment, involvement, and commitment—are the bedrock of multidimensional performance. If the workforce is characterized by high turnover and low engagement, the "human capital" required for long-term strategic execution is effectively eroded, potentially leading to a decline in clinical quality (which currently shows moderate adherence to protocols at 3.28) over time.

The analysis of sociodemographic data highlights that individual factors, such as professional experience and tenure, are more influential in shaping perceptions of strategy and performance than institutional characteristics like bed capacity or level of care. This suggests that "managerial capability," as discussed by *Andrieieva et al. (2024)*, is a portable skill set that transcends the specific size or scale of a facility. Furthermore, the heavy concentration of respondents in the public sector (84%) underscores the bureaucratic constraints mentioned in the literature. In these settings, strategic management is often shaped by policy mandates rather than market competition, which may explain the moderate alignment between strategy and institutional mission (Mean = 3.44). In conclusion, the study confirms that strategy alone is insufficient to drive excellence in healthcare. The findings advocate for a shift in focus from the "act of planning" to the "capacity for execution" by prioritizing investment in digital transformation and knowledge management—the latter being identified as the most constrained area of infrastructure (Mean = 3.16 for best-practice sharing). To achieve superior clinical and operational performance, healthcare leaders must bridge the gap between formulation and evaluation by institutionalizing the enabling infrastructures that allow strategic intent to become an operational reality.

4.3. Conclusion:

The study concludes that strategic management practices are implemented at a moderate level within the healthcare institutions surveyed, with strategy formulation showing relatively stronger performance than implementation and evaluation. Enabling infrastructures also demonstrate moderate readiness, although weaknesses remain in knowledge management, staff data interpretation, and the consistency of digital and audit systems. Organizational performance is likewise moderate, with patient experience emerging as the strongest domain and workforce outcomes the weakest. Regression results show that enabling infrastructures have a statistically significant direct effect on organizational performance, whereas strategic management practices do not show a significant direct effect in the tested model. Overall, the findings indicate that strategy alone is insufficient unless supported by strong infrastructural and organizational capabilities.

4.4. Recommendations:

Healthcare institutions should strengthen the translation of strategic plans into operational action by improving departmental cascading, resource alignment, and structured monitoring systems. Internal audit functions should be formalized and linked more closely to corrective action and strategic review cycles. Digital transformation should be accelerated through fuller EHR implementation, better interoperability, and wider use of analytics for managerial decision-making. Training programs should prioritize data interpretation, leadership development, and continuous professional learning to improve workforce capability. Institutions should also institutionalize knowledge-sharing mechanisms across departments and reinforce a culture of psychological safety, collaboration, and trust. Special attention should be given to staff engagement and retention, since workforce outcomes were the weakest performance area. These actions are likely to improve the capacity of healthcare organizations to convert strategic intent into measurable performance gains.

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Appendixes

Appendix-A

Questionnaire Form

**The Impact of Strategic Management Practices on Organizational Performance in
Healthcare Institutions**

Questionnaire Form

Consent Form:**Dear Participant:**

You are invited to participate in a research study entitled “*The Impact of Strategic Management Practices on Organizational Performance in Healthcare Institutions.*” This study is conducted for academic purposes to examine how strategic management practices and enabling infrastructures influence clinical, operational, and financial performance within healthcare institutions in the Kingdom of Saudi Arabia. Your participation in this study is entirely voluntary. You have the right to decline participation or withdraw from the study at any time without any consequences or penalty. The questionnaire will require approximately 15–20 minutes to complete.

The survey does not request your name or any personally identifiable information. All responses will remain anonymous and will be used strictly for scientific research purposes. Data will be analyzed and reported in aggregate form only, ensuring that no individual or institution can be identified. All collected information will be stored securely and accessed only by the research team in accordance with applicable ethical guidelines and institutional regulations. There are no anticipated risks associated with participation beyond those encountered in routine professional activities. While there is no direct financial benefit to participants, the findings may contribute to improving strategic management practices and organizational performance in healthcare institutions. By proceeding to complete the questionnaire, you confirm that you are currently employed in a healthcare institution, are at least 18 years of age, have read and understood the information provided above, and voluntarily agree to participate in this study.

Agree ()

Disagree ()

Part-1: Sociodemographic Data:

1. Gender

- ☐ Male
- ☐ Female

2. Role

- ☐ Executive leadership
- ☐ Clinical leader
- ☐ Department manager
- ☐ Administrator
- ☐ Other

3. Years in current position

- ☐ Less than 3
- ☐ 3–5
- ☐ 6–10
- ☐ More than 10

4. Total professional experience

- ☐ Less than 5
- ☐ 5–10
- ☐ 11–15
- ☐ More than 15

5. Facility ownership

- ☐ Public
- ☐ Private
- ☐ Mixed

6. Level of care

- ☐ Primary
- ☐ Secondary
- ☐ Tertiary

7. Bed capacity

- ☐ Less than 100
- ☐ 100–299
- ☐ 300–499
- ☐ 500 or more

8. Accreditation status

- ☐ National
- ☐ International

- ☐ Both
- ☐ None

9. EHR adoption level

- ☐ Basic
- ☐ Advanced interoperable
- ☐ Not fully implemented

For the next Sections, Please Answer According to the following Scale

- 1 Strongly disagree**
- 2 Disagree**
- 3 Neutral**
- 4 Agree**
- 5 Strongly Agree**

Part-2: Strategic Management Practices:

No.	Statement	Response				
		1	2	3	4	5
Strategy Formulation						
1	Our organization conducts regular environmental analysis.	4	4	28	48	16
2	Strategic priorities are clearly defined.					
3	Strategy aligns with institutional mission and vision.					
4	Stakeholders are involved in strategy development.					
5	Strategic goals are measurable and time-bound.					
Strategy Implementation						
6	Strategic objectives are cascaded with departments.					
7	Roles and responsibilities for implementation are clear.					
8	Resources are allocated according to strategic priorities.					
9	Cross-functional coordination supports execution.					
10	Leadership actively monitors implementation progress					
Strategy Evaluation and Control						
11	Performance indicators are linked to strategic goals.					
12	Regular review meetings assess strategic progress.					
13	Corrective actions are taken when targets are missed.					
14	Internal audits support strategic control.					
15	Lessons learned inform future planning cycles.					

Part-3: Enabling Infrastructures:

No.	Statement	Response				
		1	2	3	4	5
Digital Transformation and Interoperability						
1	Our EHR system supports real-time decision-making.					
2	Clinical and administrative data are integrated.					
3	Data analytics tools support performance monitoring.					
4	Information systems reduce duplication of work.					
5	Our EHR system supports real-time decision-making.					
Audit and Feedback Systems						
6	Internal audits identify performance gaps.					
7	Audit findings lead to corrective action.					
8	External audits strengthen accountability.					
9	Feedback loops improve operational processes.					
Knowledge Management						
10	Data is used to guide managerial decisions.					
11	Best practices are shared across departments.					
12	Staff are trained in data interpretation.					
Workforce Capability						
13	Staff receive continuous professional training.					
14	Leadership development programs are available.					
15	Managers support innovation and improvement.					
Organizational Culture						
16	Staff feel safe to report errors.					
17	The organization encourages learning from mistakes.					
18	Collaboration is valued across departments.					
19	Leadership builds trust within teams.					

Part-4: Organizational Performance:

No.	Statement	Response				
		1	2	3	4	5
Clinical Quality and Safety						
1	Clinical protocols are consistently followed.					
2	Incident reporting leads to improvement.					
3	Patient safety indicators show improvement.					
Operational Efficiency						
4	Turnaround times meet expected standards.					
5	Resource utilization is optimized.					
6	Bed occupancy is efficiently managed.					
Patient Experience						
7	Patient satisfaction levels are high.					
8	Communication with patients is effective.					
9	Complaints are handled promptly.					
Workforce Outcomes						
10	Staff engagement levels are high.					
11	Staff turnover is low.					
12	Employees feel valued.					
Financial Sustainability						
13	Costs are effectively controlled.					
14	Revenue cycle processes are efficient.					
15	The organization maintains financial stability.					

Appendix-B

Photos from Responses

Section 1 of 5

The Impact of Strategic Management Practices on Organizational Performance in Healthcare Institutions

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Consent Form:

Dear Participant:

You are invited to participate in a research study entitled "*The Impact of Strategic Management Practices on Organizational Performance in Healthcare Institutions*." This study is conducted for academic purposes to examine how strategic management practices and enabling infrastructures influence clinical, operational, and financial performance within healthcare institutions in the Kingdom of Saudi Arabia. Your participation in this study is entirely voluntary. You have the right to decline participation or withdraw from the study at any time without any consequences or penalty. The questionnaire will require approximately 15–20 minutes to complete.

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