



**Research Title:**

**The Effect of Integrative Leadership Models on Strategic Alignment and Organizational Maturity in Health Education Institutions in Saudi Arabia**

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**Programm:** Master of Health Administration

**Academic Year:** 2025–2026

# Abstract

Leadership effectiveness is a cornerstone of success in health education institutions. In Saudi Arabia, the transformation of higher education and healthcare under Vision 2030 calls for leadership models that balance innovation, accountability, and adaptability. Previous studies, particularly by the Saudi Commission for Health Specialties (SCFHS), have focused mainly on individual leadership styles—such as autocratic, democratic, transformational, or transactional—but few have examined integrated or hybrid approaches that blend these styles.

This study explores how **integrative leadership models**—those combining transformational and transactional behaviors—affect **strategic alignment and organizational maturity** within Saudi health education institutions. It also investigates the **mediating role of organizational culture** in enhancing leadership effectiveness and institutional performance.

Using a **mixed-methods approach**, quantitative surveys and qualitative focus group interviews will be conducted with department heads and administrators at King Abdulaziz University (KAU), SCFHS, and Ministry of Health (MOH) training centers. Expected outcomes include a deeper understanding of how integrative leadership improves strategic goal alignment, staff satisfaction, and organizational sustainability. The findings aim to inform leadership development and strategic management practices that align with the national goals of Vision 2030.

# 1. Introduction and Background

Leadership plays an essential role in creating effective, adaptable, and strategically aligned organizations. Within the Saudi health education sector, institutions face increasing pressure to deliver quality training, maintain accreditation, and contribute to the evolving healthcare landscape. Achieving these goals requires leadership that integrates innovation, accountability, and collaboration.

Traditional leadership theories—such as **transactional** and **transformational** leadership—have provided valuable insights into motivating teams and managing performance (Bass & Avolio, 1994; Yukl, 2013). However, modern organizations often operate in environments that are too complex for a single leadership style to be effective. As a result, scholars have increasingly turned to **integrative leadership models**, which combine multiple approaches to achieve balanced outcomes (Crosby & Bryson, 2010).

Integrative leadership emphasizes adaptability, shared decision-making, and strategic coordination across diverse teams and functions. In health education institutions, leaders must navigate both academic and healthcare priorities, requiring them to balance empathy and discipline, innovation and control, autonomy and accountability.

In Saudi Arabia, Vision 2030 has intensified the need for effective leadership across all sectors. As healthcare education institutions adapt to national transformation goals, leaders must demonstrate flexibility, cultural awareness, and the ability to align institutional missions with strategic objectives. This study explores how **integrative leadership models** can strengthen that alignment and promote higher levels of **organizational maturity**—a measure of how consistently and efficiently an institution manages its processes, people, and goals.

## 2. Problem Statement

While leadership is widely acknowledged as a key factor in organizational success, most studies in the Saudi context have focused on **isolated leadership styles**. For example, some research has examined how transformational leadership fosters innovation, while others have analyzed how transactional leadership ensures accountability. Yet few studies have investigated how **combining these styles** can lead to better outcomes.

This gap limits understanding of how health education institutions can achieve effective **strategic alignment**—the harmony between institutional goals, operational activities, and individual performance. Misalignment often results in duplicated efforts, unclear objectives, and inefficiencies that hinder institutional progress.

Moreover, **organizational culture**—the set of shared values and norms within an institution—may play a critical mediating role between leadership and performance. However, limited research has examined this mediating effect in Saudi health education contexts.

Therefore, this study aims to address these gaps by investigating how **integrative leadership models** influence strategic alignment and organizational maturity, and how **organizational culture mediates** this relationship.

### 3. Significance of the Study

This research is significant both theoretically and practically.

**Theoretical significance:**

It contributes to leadership theory by examining integrative leadership as a multi-dimensional construct that blends transformational and transactional elements. By linking this model to strategic alignment and organizational maturity, the study extends leadership theory into new contexts, especially within Saudi Arabia's education and healthcare systems.

**Practical significance:**

The findings will provide evidence-based recommendations for developing leadership training and evaluation frameworks that reflect the realities of Saudi institutions. Administrators and policymakers can use the insights to design leadership programs that balance visionary thinking with performance discipline.

The research also supports **Saudi Vision 2030**, which emphasizes effective governance, innovation, and the professional development of human capital. Strengthening leadership practices in health education will contribute to national goals of quality improvement and workforce readiness.

## 4. Research Objectives

The overall objective of this study is to analyze how **integrative leadership models** influence **strategic alignment and organizational maturity** in health education institutions in Saudi Arabia.

Specific objectives are:

1. To evaluate how hybrid leadership behaviors (combining transformational and transactional elements) affect strategic alignment.
2. To examine the mediating role of **organizational culture** in the relationship between leadership style and institutional performance.
3. To assess how integrative leadership contributes to organizational maturity, sustainability, and employee engagement.
4. To propose a **conceptual framework** linking integrative leadership, culture, and strategic outcomes.

## 5. Research Questions

1. How do hybrid leadership behaviors influence project outcomes and strategic alignment in health education institutions?
2. What is the mediating role of organizational culture in the relationship between leadership style and institutional performance?
3. To what extent does integrative leadership contribute to organizational maturity?
4. How can integrative leadership models be implemented to strengthen strategic alignment within Saudi health education institutions?

## 6. Research Hypotheses

- **H1:** Integrative leadership models have a positive and significant effect on strategic alignment.
- **H2:** Organizational culture mediates the relationship between integrative leadership and institutional performance.
- **H3:** Integrative leadership positively influences organizational maturity, promoting adaptability and sustainability.
- **H4:** Strategic alignment mediates the relationship between integrative leadership and organizational effectiveness.

## 7. Literature Review

### 7.1 Overview of Leadership Theories

Leadership has been a central theme in organizational research for more than a century. According to **Northouse (2021)**, leadership is the process through which an individual influences a group to achieve a shared goal. Over time, leadership theory has evolved from focusing on innate traits to exploring behaviors, situational variables, and relational dynamics.

Early **trait theories** suggested that leaders are born with certain qualities—such as confidence, decisiveness, and charisma—that distinguish them from non-leaders. Later, **behavioral theories** (e.g., Ohio State and Michigan studies) shifted the focus toward observable actions, emphasizing task-oriented and people-oriented behaviors (Stogdill, 1974).

As organizations became more complex, **contingency and situational theories** emerged, arguing that no single style of leadership fits all contexts. **Fiedler's Contingency Theory (1967)** and **Hersey and Blanchard's Situational Leadership Model (1977)** proposed that leadership effectiveness depends on the match between style, task, and context.

By the 1980s, **transformational and transactional leadership theories** gained prominence, emphasizing motivation, shared vision, and performance outcomes (Bass, 1985). However, modern research increasingly acknowledges that effective leaders often combine multiple approaches—a shift that paved the way for **integrative leadership models** (Crosby & Bryson, 2010).

### 7.2 Transformational and Transactional Leadership

**Transformational leadership** is based on inspiring and motivating followers to exceed expectations by focusing on values, vision, and purpose. Transformational leaders encourage creativity, empower team members, and foster commitment to organizational goals (Bass & Avolio, 1994). They do this through four main behaviors:

1. **Idealized influence** – serving as role models.
2. **Inspirational motivation** – articulating a compelling vision.
3. **Intellectual stimulation** – encouraging innovation and problem-solving.
4. **Individualized consideration** – supporting and developing followers.

In contrast, **transactional leadership** focuses on structure, rewards, and compliance. Transactional leaders emphasize goal setting, performance monitoring, and reinforcement through rewards or penalties (Burns, 1978). While transformational leadership drives long-term change, transactional leadership ensures stability and consistency (Judge & Piccolo, 2004).

Both styles have distinct advantages. Transformational leadership enhances engagement and creativity, whereas transactional leadership strengthens accountability and operational control. In health education institutions, where both innovation and discipline are critical, **integrating these styles** may yield superior outcomes.

### 7.3 The Rise of Integrative Leadership

**Integrative leadership** refers to combining multiple leadership styles to achieve balance between flexibility, collaboration, and accountability. **Crosby and Bryson (2010)** describe integrative leadership as “the practice of bringing together people and organizations across boundaries to collectively solve problems and pursue shared goals.”

This approach is especially valuable in sectors like healthcare and education, where leaders must coordinate interdisciplinary teams, align diverse objectives, and respond to rapid policy changes. Integrative leadership fosters inclusiveness, adaptability, and systems thinking.

**Van Wart (2013)** notes that integrative leaders are skilled at negotiating between competing demands, such as innovation versus regulation or collaboration versus hierarchy. They adapt their style according to situational needs rather than adhering rigidly to one model.

Empirical research supports its effectiveness. For instance, **Kearney and Gebert (2009)** found that hybrid leadership styles improved team performance in multicultural organizations. Similarly, **Alosaimi (2021)** reported that hybrid leadership enhanced collaboration and innovation in Saudi medical colleges.

Thus, integrative leadership represents a pragmatic and context-sensitive evolution of leadership theory—one particularly suited to complex institutional environments.

### 7.4 Strategic Alignment in Organizations

**Strategic alignment** refers to the degree to which an organization’s structure, resources, and processes support its strategic objectives. **Henderson and Venkatraman (1993)** proposed the

*Strategic Alignment Model (SAM)*, emphasizing the importance of aligning business strategy, organizational infrastructure, and management systems.

In educational institutions, strategic alignment ensures that mission statements, academic goals, and administrative operations work harmoniously. Misalignment can lead to inefficiency, resource waste, and employee frustration (Beer, 2011).

Leaders play a crucial role in achieving alignment by ensuring that staff understand institutional priorities and by integrating performance management systems with strategic goals. Integrative leadership, which emphasizes collaboration and communication, can strengthen alignment by bridging gaps between strategic intent and operational execution.

In Saudi health education, strategic alignment also involves compliance with national initiatives like Vision 2030, which calls for academic excellence, innovation, and improved healthcare outcomes. Leaders who combine vision (transformational) with structure (transactional) are better positioned to implement such complex strategies effectively.

## **7.5 Organizational Maturity**

**Organizational maturity** refers to an institution's ability to sustain consistent, optimized, and continuously improving performance. Mature organizations have well-defined structures, processes, and cultures that support long-term goals (Kerzner, 2019).

**Crawford (2015)** explains that maturity models, such as the *Organizational Project Management Maturity Model (OPM3)*, assess how effectively institutions execute their strategies. Maturity is achieved when processes are standardized, leadership is participative, and continuous learning is embedded in the culture.

In educational settings, organizational maturity manifests through accreditation readiness, research productivity, and the ability to adapt to policy changes. Leadership that integrates both vision and accountability helps institutions progress along maturity levels—from initial, reactive stages to systematic, optimized ones.

**Integrative leadership** contributes to maturity by fostering a culture of reflection, collaboration, and performance monitoring. This balance of flexibility and structure ensures continuous improvement and institutional resilience.

## 7.6 Organizational Culture and Leadership

**Organizational culture** represents shared assumptions and values that guide behavior within an institution (Schein, 2010). A strong culture can drive motivation, innovation, and cohesion, while a weak or misaligned culture can hinder progress.

Leaders shape culture through their behavior, communication, and decision-making. **Denison et al. (2014)** demonstrated that leadership practices emphasizing openness and participation lead to adaptive, high-performance cultures. Conversely, excessive hierarchy can limit creativity and transparency.

In the Saudi context, culture plays a particularly influential role due to hierarchical traditions and collectivist values. **Al-Dossary et al. (2016)** found that Saudi organizations tend to emphasize authority and respect for seniority. While this provides stability, it may also limit participative decision-making. Integrative leadership addresses this challenge by blending directive and participative behaviors—balancing authority with inclusiveness.

## 7.7 Integrative Leadership in Saudi Health Education

Saudi Arabia's healthcare and education sectors are rapidly transforming under Vision 2030. Health education institutions must modernize curricula, enhance research output, and develop future healthcare professionals. These demands require effective leadership that can bridge academic, administrative, and clinical functions.

Research indicates that hybrid leadership models may be particularly effective in this environment. **Alghamdi and Holland (2020)** found that leadership styles blending transformational and transactional elements improved organizational performance in Saudi universities. Similarly, **Aldulaimi (2018)** emphasized that integrating Western management theories with local cultural norms enhances institutional outcomes.

Integrative leadership aligns well with Saudi cultural characteristics such as collectivism, loyalty, and respect for hierarchy. It allows leaders to uphold cultural values while encouraging innovation and strategic progress.

Given these dynamics, the adoption of integrative leadership could help Saudi health education institutions strengthen strategic alignment, build organizational maturity, and sustain excellence.

## 8. Theoretical Framework

The proposed study integrates three theoretical perspectives to form its conceptual model:

### 8.1 Transformational and Transactional Leadership Theory

**Bass (1985)** conceptualized transformational and transactional leadership as complementary, existing on a continuum. Transformational leadership inspires change through vision and motivation, whereas transactional leadership ensures performance through structure and accountability.

Integrative leadership builds upon this continuum by merging both styles. Leaders apply transformational behaviors to inspire and transactional practices to ensure discipline. This balance is particularly relevant in education and healthcare, where innovation must coexist with compliance and safety.

The theory suggests that institutions led by integrative leaders are more likely to achieve **strategic alignment** because their leadership approach encompasses both flexibility and control.

## 8.2 Strategic Alignment Model (SAM)

The **SAM model** developed by **Henderson and Venkatraman (1993)** highlights the need for coherence between strategy, structure, and systems. It proposes that organizational effectiveness arises when external strategy aligns with internal operations.

In this study, the SAM framework supports the idea that **integrative leadership** acts as the mechanism that aligns vision (transformational elements) with operational systems (transactional elements). Such alignment is essential in health education, where academic missions must correspond with healthcare priorities and government policies.

## 8.3 Organizational Maturity Theory

**Kerzner's (2019) *Project Management Maturity Model*** describes how organizations evolve from ad hoc processes to fully optimized systems. Leadership plays a decisive role in advancing through these stages.

Integrative leaders, by combining innovation and control, facilitate this progression. They promote continuous improvement, staff development, and cultural cohesion—key indicators of organizational maturity.

The theory posits that as institutions adopt integrative leadership behaviors, their **organizational maturity** increases, leading to sustainable performance and strategic coherence.

## 9. Methodology and Research Design

### 9.1 Research Approach

This study adopts a **mixed-methods approach**, integrating both **quantitative** and **qualitative** methods to provide a comprehensive understanding of how integrative leadership models affect strategic alignment and organizational maturity. Mixed methods allow for the validation of findings through triangulation, enhancing the reliability and depth of insights (Creswell & Plano Clark, 2018).

The **quantitative phase** identifies measurable relationships between leadership behaviors, organizational culture, and strategic alignment. The **qualitative phase** provides contextual insights into how leadership is practiced and perceived within Saudi health education institutions.

### 9.2 Research Design

The study employs an **explanatory sequential design**. First, quantitative data will be collected and analyzed to identify patterns and correlations. Then, qualitative data will be used to interpret and elaborate on the quantitative results. This design ensures a balanced understanding of both numerical trends and the human experiences underlying them.

The research framework aligns with **Henderson and Venkatraman's (1993)** Strategic Alignment Model and **Bass's (1985)** leadership theories. It examines how integrative leadership influences organizational maturity, with **organizational culture** serving as a mediating variable.

### 9.3 Population and Sampling

The target population includes **department heads, program directors, and senior administrators** working in health education institutions in Saudi Arabia. These include **King Abdulaziz University (KAU)**, the **Saudi Commission for Health Specialties (SCFHS)**, and **Ministry of Health (MOH)** training centers.

A **stratified random sampling** method will be used to ensure representation across different types of institutions. Approximately **200 participants** will complete the quantitative survey, and **15–20 participants** will be selected for focus group interviews in the qualitative phase. Selection criteria will include leadership experience, academic rank, and departmental responsibilities.

## 9.4 Data Collection Instruments

### *Quantitative Phase*

A structured questionnaire will be used to measure:

- **Integrative leadership behaviors**, based on the *Multifactor Leadership Questionnaire (MLQ)* (Avolio & Bass, 2004).
- **Strategic alignment**, adapted from the *Strategic Alignment and Maturity Assessment (SAMA)*.
- **Organizational culture**, using Denison's Organizational Culture Survey (Denison et al., 2014).
- **Organizational maturity**, assessed through indicators adapted from Kerzner's (2019) maturity model.

Responses will be measured on a **five-point Likert scale** ranging from strongly disagree to strongly agree.

### *Qualitative Phase*

Semi-structured focus group interviews will explore participants' perceptions of leadership effectiveness, organizational culture, and alignment challenges. Interviews will last approximately 60–90 minutes and will be recorded and transcribed verbatim. Open-ended questions will encourage discussion about leadership experiences and institutional dynamics.

## 9.5 Data Analysis Procedures

**Quantitative analysis** will be conducted using **SPSS** and **AMOS** software:

- Descriptive statistics to summarize participant demographics.
- Correlation analysis to examine relationships between variables.
- Multiple regression and structural equation modeling (SEM) to test hypotheses and assess mediation effects.

**Qualitative analysis** will be conducted using **NVivo** software:

- Data will be coded inductively to identify recurring themes.
- Thematic analysis will highlight patterns related to leadership behavior, culture, and alignment.
- Results will be integrated with quantitative findings to provide a holistic understanding of the phenomena.

## 9.6 Validity and Reliability

To ensure **content validity**, the questionnaire will undergo expert review by scholars in leadership and health management. A pilot study with 20 participants will test clarity and reliability, with **Cronbach's alpha** used to measure internal consistency (acceptable threshold  $\geq 0.7$ ).

For qualitative data, **credibility** will be established through member checking and triangulation. Using both survey and interview data ensures that findings are robust and contextually grounded.

## 10. Ethical Considerations

Ethical approval will be sought from the relevant **Institutional Review Board (IRB)** before data collection. All participants will receive an **informed consent form** explaining the study's objectives, procedures, confidentiality, and voluntary nature.

Data will be anonymized, and identifiers will be removed. Only aggregate results will be reported. Participants may withdraw at any time without consequence. Digital data will be stored securely and destroyed after the study concludes.

Cultural sensitivity will be maintained throughout the research process, ensuring respect for Saudi organizational and religious norms. The study will adhere to the **ethical principles of honesty, transparency, and academic integrity**.

## 11. Scope and Limitations

This study is limited to **health education institutions** in Saudi Arabia, specifically focusing on KAU, SCFHS, and MOH training centers. The findings may not generalize to other sectors or countries.

### **Limitations include:**

1. **Self-report bias:** Survey responses may reflect perceived rather than actual behaviors.
2. **Cultural influence:** Participants may hesitate to critique leadership due to hierarchical norms.
3. **Time constraints:** The study is limited to a one-year timeframe, which may not capture long-term effects.

Despite these limitations, the study offers valuable insights into leadership dynamics and organizational alignment in the Saudi context.

## 12. Expected Results and Implications

It is anticipated that the study will demonstrate a **positive relationship** between integrative leadership and both **strategic alignment** and **organizational maturity**. Specifically:

- Hybrid leadership behaviors will correlate with improved goal alignment and decision-making consistency.
- Organizational culture will significantly mediate leadership's impact on performance.
- Institutions practicing integrative leadership will show greater adaptability and maturity.

### Practical Implications

1. **Leadership Development:** The findings can inform training programs for academic and administrative leaders in Saudi Arabia.
2. **Policy Formation:** Results can guide decision-makers in aligning institutional strategies with Vision 2030 priorities.
3. **Organizational Change:** The proposed model can serve as a framework for continuous improvement and cultural transformation in education and healthcare sectors.

### 13. Timeline

| Phase                   | Activities                            | Duration |
|-------------------------|---------------------------------------|----------|
| Phase 1                 | Literature review, instrument design  | 1 month  |
| Phase 2                 | Pilot study and instrument validation | 1 month  |
| Phase 3                 | Quantitative data collection          | 1 month  |
| Phase 4                 | Qualitative data collection           | 1 month  |
| Phase 5                 | Data analysis and interpretation      | 1 month  |
| Phase 6                 | Report writing and review             | 1 month  |
| Total Duration 6 months |                                       |          |

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