

أثر أسلوب القيادة على الاستراتيجية التنظيمية على القطاع الصحي في المملكة العربية السعودية

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The impact of leadership style on organisational strategy on health sector in Saudi Arabia

Abstract

This study addressed a diverse set of challenges facing the healthcare sector in the Kingdom of Saudi Arabia. It highlighted the critical role of leadership in the healthcare industry and its impact on organisational healthcare strategies. The problem was selected based on the urgent need to understand how leadership styles in healthcare influence institutional strategies, focusing on the unique challenges and opportunities faced by healthcare institutions in the Kingdom of Saudi Arabia.

The study details its type and scope, methodology, and the research tools employed to achieve its objectives. Utilising correlation and frequency analysis and predictive modelling, the quantitative methodology involved data collection from a representative sample of healthcare professionals in the Kingdom of Saudi Arabia.

Research findings revealed the significant and positive impact of leadership styles, particularly transformational leadership, on healthcare organisational strategies. These results can be utilised to enhance leadership development programs and improve management competencies in healthcare institutions.

The significance of the results lies in improving healthcare quality and enhancing patient satisfaction, opening avenues for considering how leadership styles can integrate with organisational goals in the long term. The study's outcomes provide valuable insights for shaping the future of leadership in Saudi Arabian healthcare and contribute to the ongoing discussion on effective healthcare management strategies.

تناولت هذه الدراسة مجموعة متنوعة من التحديات التي تواجه قطاع الرعاية الصحية في المملكة العربية السعودية. وسلط الضوء على الدور الحاسم للقيادة في قطاع الرعاية الصحية وتأثيره على استراتيجيات الرعاية الصحية التنظيمية. تم اختيار المشكلة بناءً على الحاجة الملحة لفهم كيفية تأثير أنماط القيادة في الرعاية الصحية على الاستراتيجيات المؤسسية، مع التركيز على التحديات والفرص الفريدة التي تواجهها مؤسسات الرعاية الصحية في المملكة العربية السعودية.

وتوضح الدراسة تفاصيل نوعها ونطاقها ومنهجيتها وأدوات البحث المستخدمة لتحقيق أهدافها. باستخدام تحليل الارتباط والتكرار والنمذجة التنبؤية، تضمنت المنهجية الكمية جمع البيانات من عينة تمثيلية من المتخصصين في الرعاية الصحية في المملكة العربية السعودية.

كشفت نتائج الأبحاث عن التأثير الكبير والإيجابي لأساليب القيادة، وخاصة القيادة التحويلية، على الاستراتيجيات التنظيمية للرعاية الصحية. ويمكن الاستفادة من هذه النتائج لتعزيز برامج تنمية المهارات القيادية وتحسين الكفاءات الإدارية في مؤسسات الرعاية الصحية.

وتكمن أهمية النتائج في تحسين جودة الرعاية الصحية وتعزيز رضا المرضى، وفتح سبل للنظر في كيفية دمج أساليب القيادة مع الأهداف التنظيمية على المدى الطويل. توفر نتائج الدراسة رؤى قيمة لتشكيل مستقبل القيادة في مجال الرعاية الصحية في المملكة العربية السعودية وتساهم في النقاش المستمر حول استراتيجيات إدارة الرعاية الصحية الفعالة.

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CHAPTER ONE: PROBLEM OF THE STUDY AND ITS IMPORTANCE

1.1 Background

The healthcare sector of Saudi Arabia has been recognised by a centralised system traditionally with operations and finances funded through the government (Alkassabi et al., 2018). The nation has faced significant challenges of healthcare delivery with increasing population with non-communicable conditions. These health conditions involve heart disease and diabetes, requiring long-term healthcare resources and planning (Al-Yami et al., 2018). To establish responsibility for these changes, there is an ongoing effort to privatise the health care system and improve efficiency and the quality of treatment provided to patients. Socioeconomic reforms and demographic shifts in Saudi Arabia are contributing to the need for a comprehensive transformation of the country's healthcare system (Alloubani et al., 2019).

Leaders are responsible for guiding the companies through a time of significant transformation, in addition to managing operations on a daily basis (Saleh et al., 2018). Healthcare leadership is important for improvement and change in dealing with modern healthcare system complexities (changes in healthcare organisations for compliance with updated policies) with innovation. They are responsible for designing the strategies and implementing the organisational changes that will bring the healthcare system in compliance with current national health policies and financial models (Falatah & Salem, 2018). Saudi Arabia has announced Vision 2030 as a strategic framework in response to these prevalent challenges and economic diversification. This framework aims at decreasing the dependency of the nation on oil by economic diversification (dependency on natural resources other than oil) and public service sector development, involving health, infrastructure, education, and tourism. This healthcare sector transformation helps to improve care quality, patient satisfaction, and efficiency in the organisations of healthcare in Saudi Arabia (Fu et al., 2022).

Most of the population of Saudi Arabia is becoming older, causing additional pressures on the country's existing medical facilities (Asmri et al., 2020). Healthcare systems must adapt to this changing demographic landscape by shifting their focus from crisis response and acute treatment to preventative medicine and long-term health and wellbeing. The dynamics of Saudi Arabian healthcare sector requires investigation about the styles of leadership in the political, economic, and social contexts of the region. It is important to understand the way leaders in healthcare sector of Saudi Arabia navigate these contexts and develop strategies aligned with national transformation goals. As the healthcare industry develops, it becomes evident that leaders with clinical expertise along with strategic management skills are required. Therefore,

this research will focus on the evaluation of the impact of leadership style on the organisational strategy of healthcare sector in Saudi Arabia.

1.2 Aim and Objectives

The aim of this research is to evaluate the impact of leadership style on the organisational strategy of healthcare sector in Saudi Arabia.

The research objectives are:

- To identify prevalent leadership styles in the healthcare sector of Saudi Arabia
- To analyse the impact of leadership styles on organisational strategy in the healthcare sector of Saudi Arabia
- To provide recommendations for organisations, healthcare leaders, and policy makers to enhance leadership in attaining organisational strategy.

1.3 Research Questions

The research questions of this project are:

1. What are the prevalent leadership styles in the healthcare sector of Saudi Arabia?
2. What is the impact of leadership styles on organisational strategy in the healthcare sector of Saudi Arabia?
3. What are the recommendations to enhance leadership in attaining organisational strategy?

1.4 Problem Statement

A rapidly growing as well as aging population is putting a strain on the Saudi Arabian health care industry by a growing need for healthcare services, along with a shift on the medical burden to chronic illnesses (Alkassabi et al., 2018). Due to the changing demographics and epidemiology, healthcare systems must to be reformed to place emphasis on long-term, individual-focused, preventive treatment. As the nation strives to enhance the quality as well as the effectiveness of the healthcare system, recognising the leadership processes becomes essential. It is a challenge for health care providers in Saudi Arabia to shift Vision 2030 as well as the National Transformation Program into tangible strategies of action. This is due to pressure on healthcare organisations to provide medical services to older population (Alloubani et al., 2019). The healthcare leaders require insights that can assist them in establishing organisational cultures, developing strategic plans, and executing policies that are in connection with national goals.

The current models of healthcare leadership in Saudi Arabia are rooted in hierarchical leadership structures that could discourage the flexibility and creativity essential to tackle new problems (Fu et al., 2022). The current autocratic leadership also faces issues with change management alongside strategic direction as a consequence of the privatisation process and the transition toward a more preventive healthcare strategy. Effective leadership can promote innovation, increase organisational adaptability, and drive change to evolving healthcare delivery demand (Falatah & Salem, 2018). However, the healthcare system of Saudi Arabia has been hierarchical structure traditionally with concentrated decision making by top management. This centralised system was not agile to support the evolving demands of rapidly shifting healthcare systems (Alkassabi et al., 2018).

As the country implements its ambitious Vision 2030 reform program, the Saudi healthcare system needs to deal with the critical challenge of adjusting to the country's shifting demographics and increasing prevalence of chronic illnesses. The need for incorporation of responsive, participatory, and transformative leadership to change in healthcare sector of Saudi Arabia is limited (Rahman & Al-Borie, 2021). These issues need to be resolved, if Saudi Arabia's healthcare system continues to grow in a way that is consistent with the goals of Vision 2030. This guarantees the provision of superior patient care, and accommodates the industry's rapid advancement and development. Therefore, this research will focus on the evaluation of the impact of leadership style on the organisational strategy of healthcare sector in Saudi Arabia.

1.5 Research Rationale

The need to understand and deal with the particular dynamics in the setting of healthcare forms the basis for the justification for investigating into how leadership styles affect organisational strategy in the Saudi healthcare industry. It is imperative to note that previous studies such as Alblooshi et al. (2021) and Al-Yami et al., (2018), has looked at leadership styles in a variety of organisational contexts. However, there is a clear need to investigate these styles in a particular socio-cultural and institutional context of Saudi Arabian healthcare. Moreover, due to the lack of Saudi Arabian-specific research, a targeted investigation of the most common leadership styles and how they affect organisational strategy is important. For the purpose of cultural fit, strategic alignment, well-informed decision-making, and customised leadership development, it is imperative to look into the leadership styles used in Saudi healthcare. By investigating the contextual factors impacting the selection and efficacy of

leadership styles in the Saudi Arabian healthcare industry, this study seeks to close these noted gaps.

Furthermore, the examination of the literature indicates an absence of studies discussing the precise relationship between effective organisational plan execution in this situation and leadership styles. At the same time, comprehending these intricacies is crucial for the efficient and enduring provision of healthcare services throughout the country. The present research is novel since it focuses on a particular industry inside a particular institutional and cultural framework. This study aims to fill up these gaps in the literature and provide insightful information that can influence academic discussion and real-world decision-making in Saudi Arabian healthcare leadership and policy.

1.6 Research Significance

The research is highly significant because it fills a gap in the literature by exploring the complex interaction between organisational strategy and leadership styles in the Saudi Arabian healthcare industry. Many stakeholders, including researchers, legislators, and healthcare organisations, will be significantly impacted by the findings of the investigation.

The results of this study offer an approach ahead for healthcare organisations to establish and cultivate successful leadership practises in line with their strategic goals. Healthcare companies can choose and develop leaders who are most suited to drive the accomplishment of strategic objectives by having a thorough awareness of the subtle effects of leadership styles on organisational strategy. Consequently, there is a chance that this will improve the standard of patient care and company performance. This research will provide policymakers with valuable insights for developing policies and programmes that foster the development of effective leadership in the healthcare industry. Policymakers can enhance the overall quality of healthcare in Saudi Arabia by coordinating leadership development programmes with the recognised influence of leadership styles on organisational strategy. Furthermore, this study significantly advances the understanding regarding the way organisational strategy and leadership styles interact in the healthcare industry, contributing to the body of knowledge currently available to scholars. The knowledge gained from this study will provide a basis for further research and a better understanding of leadership dynamics in the Saudi healthcare system.

1.7 Research Structure

The structure of the study is divided into six significant chapters. Below is the breakdown of each chapter:

Introduction: The introduction chapter has provided a detailed overview of the study, encompassing key aspects such as the significance of the research, the research problem, background information, research goals, and questions. It has also shed light on the rationale of the study.

Theoretical Framework of the Study/ First Variable of the Study: The second chapter has offered insights from the literature regarding the first variable of the study.

Second Variable and The Correlation between Variables: The third chapter revolves around the findings attained from the literature regarding the third variable of the study. This chapter will also be determining the correlation between the variables of the study.

Methodological Procedures- Chapter Four of this study will discuss the techniques involved in the data collection and analysis of this study.

Field Results- Chapter five of this research discuss the results attained through the methodological procedure in detail

Results And Proposal Analysis- The last chapter of the study will discuss the results and analysis in detail. It will also shed light on the conclusion and recommendation of the present study.

CHAPTER TWO: THEORETICAL FRAMEWORK OF THE STUDY/ FIRST VARIABLE OF THE STUDY

2.1 Introduction

According to Alkassabi et al. (2018), the Saudi Arabian healthcare sector is recognised by a centralised system that is typically sponsored by the government for both operations and finances. With a growing number of people suffering from non-communicable diseases, the country has encountered substantial hurdles in providing healthcare. These medical disorders include diabetes and heart disease, need for long-term planning and resources for treatment. The groundwork for comprehending Saudi Arabia's healthcare system is laid out in this chapter. It examines the difficulties, advancements, and changes that the healthcare industry is facing. The chapter also explores the vital role that good leadership plays in healthcare organisations, highlighting the effects it has on innovation, quality, and system performance. Examining the ramifications and contradictions of different leadership philosophies in the healthcare industry, the conversation goes on. In addition, the chapter examines conflicting viewpoints and potential issues as it traverses the challenging landscape of organisational strategy in the healthcare industry. The significance of harmonising leadership philosophies with organisational strategies is emphasised, and the difficulties in doing so are examined. There are offered helpful suggestions for improving leadership in order to accomplish organisational strategy. The chapter concludes with a conceptual framework that points out gaps in the wealth of research and opens the door for more in-depth investigations.

2.2 Overview of the healthcare sector in Saudi Arabia

Saudi Arabia's healthcare industry has made significant improvements, as evidenced through the government's dedication to enhancing health services throughout the country. The research by Almalki, FitzGerald, and Clark (2011) commended the government for its constructive actions during the 1970s, emphasising the improvement towards the healthcare systems of the Kingdom. The study highlighted that one important step was the founding of the Central Board of Accreditation for Healthcare Institutions (CBAHI) in 2005, which demonstrated Saudi Arabia's leadership in the Arab world in implementing accreditation programmes (Almalki, FitzGerald, and Clark, 2011). Contrary to this, the research by Almalki et al. (2011) noted that regardless of aforementioned initiatives, only a small number of hospitals have received accreditation, indicating difficulties with the effective implementation of quality, especially with regard to budgetary limitations and a lack of skilled workers.

While the government prioritises the development of healthcare, the study Almasabi (2013) offered a more critical viewpoint, identifying problems within the system. This research highlighted that some of the problems included missing of a national crisis management policy, the health ministry's diverse function, lack of Saudi medical personnel and insufficient funding. In addition, the research by Al-Hanawi, Khan, and Al-Borie (2019) have further added to the narrative's complexity by highlighting the burden on the healthcare system and the need for improved facilities to handle the ageing population and Saudi Arabia's expanding population. The study has significantly stressed that Human Resource Development (HRD) in healthcare must be in line with Vision 2030. That being said, this stands opposed to the claim made by Almalki et al. (2011) that the Saudi government has been emphasising health system reforms since the 1970s. The inconsistencies (personnel capability, financing, infrastructure, scope, and structure, burden of chronic illnesses, gaps in the referral system, inefficiencies in the information system, and unequal access) point to a possible disconnect between the goals of policy and its practical application. Further deepening the debate, Asmri, Almalki, Fitzgerald, and Clark (2020) concentrated on the transformation of Saudi Arabia's public healthcare system. The evaluation points out important areas for primary healthcare to improve, including personnel capability, financing, infrastructure, scope, and structure. The burden of chronic illnesses, gaps in the referral system, inefficiencies in the information system, and unequal access are all emphasised.

2.3 Importance of effective leadership in healthcare organisations

In healthcare organisations, effective leadership has a critical role in determining overall system performance, quality, and innovation. The impact and manifestations of successful leadership in healthcare organisations have been the subject of significant scholarly research; at this point diverse studies have resulted in contradicting perspectives and findings (Sfantou et al. 2017; Hao and Yazdanifard, 2015; Weintraub and McKee, 2019). A comprehensive review by Sfantou et al. (2017) found a significant relationship between leadership philosophies and indicators of healthcare quality. They underlined the importance of leadership in guaranteeing integrated and well-coordinated treatment, which is in line with Daly et al. (2014), who emphasised the critical role that clinical leadership plays in resolving workforce issues and enhancing patient-centred care.

On the other hand, different viewpoints regarding the influence of leadership styles are also presented in the literature. According to the research done by Hao and Yazdanifard (2015), effective leadership is essential for encouraging positive change and creativity in organisations.

According to research, skilled leaders accomplish this through putting strategic plans into action, encouraging creative thinking within the team, and establishing a continuous improvement culture (Hao and, 2015). The research by Weintraub and McKee (2019), in contrast, examined the complexity of leadership for innovation in the health sector, highlighting the dearth of available data and the necessity of more investigation. Although leadership is crucial, this nuanced perspective raises concerns regarding its consistent and direct impact because it shows that leadership effectiveness may alter depending on the organisational situation. Moreover, the significance of leadership transcends the broader healthcare area to particular sectors within it.

The study conducted by Guibert-Lacasa and Vázquez-Calatayud (2022) centred on the clinical leadership of nurses, highlighting the intricate nature of interventions (targeted training programs, mentorship initiatives pairing experienced nurses with novices, and the establishment of collaborative platforms for knowledge exchange) necessary to cultivate leadership abilities among bedside nurses. Their results support the idea put forth by Sfantou et al. (2017) regarding the complex relationship between leadership styles and healthcare quality metrics (patient satisfaction rates, adherence to clinical guidelines, and reduction in medical errors) by pointing to the necessity for multifaceted, theory-based programmes. Regardless of these discoveries, issues arise when evaluating the obstacles regarding proficient clinical leadership. According to Daly et al. (2014), there are several obstacles that prevent clinical leadership from being effective, including participation-related ones. The optimistic viewpoint of Sfantou et al. (2017), on the other hand, disregards the difficulties caused by implementation hurdles by viewing leadership styles as significantly connected with excellent care.

2.4 Leadership Styles in Healthcare

A wide range of viewpoints and occasionally contradictory conclusions about how leadership affects organisational outcomes, employee satisfaction, and general effectiveness can be found in the research on leadership styles in the healthcare industry. The study by Mah'd Alloubani et al. (2014) highlighted the need of adaptation in response to changing healthcare contexts, offering a more nuanced perspective of the job done by hospital executives. Their results demonstrated how transformative leadership qualities and organisational outcomes are positively correlated. In contrast, transformational leadership is shown to be dominant and to positively correlate with effectiveness and readiness in the study by Azar and Asiabar (2015). This paradox raises the possibility that transformative leadership's efficacy varies depending

on the situation. Furthermore, the research by Specchia et al. (2021) provided a different narrative through investigating the relationship between leadership styles and nurses' job satisfaction. Their research highlighted the beneficial effects of transformational leadership on job satisfaction, but it also presented a paradox by showing adverse associations with laissez-faire and passive-avoidant approaches. This disparity implies that different leadership philosophies do not always result in better outcomes for medical professionals.

Additionally, the study by Toprak et al. (2015) have put forth a distinctive viewpoint by examining how leadership philosophies impact organisational health in learning environments. Their results challenged the notion that leadership impacts are constant in many organisational contexts by demonstrating a positive correlation between transformational leadership and an appealing educational environment. This paradox highlighted how crucial it is to take into account the unique environment in which leadership functions. Furthermore, the research executed by Robbins and Davidhizar (2020) regarding transformational leadership in the nursing field was consistent with the views expressed by Mah'd Alloubani et al. (2014) and Azar and Asiabar (2015), with a focus on positive outcomes like lower turnover and staff satisfaction.

That being said, a contradiction is shown in the research performed by Arnold et al., (2015), which highlighted that transformative leadership is ineffective in preventing burnout. This paradox called for a rigorous analysis of the potential drawbacks and difficulties related to the advantageous effects of transformative leadership. In addition, it is also noted that healthcare leaders encounter difficulties when dealing with systemic changes (Delmatoff and Lazarus 2014). This pragmatic viewpoint casts doubt on the upbeat theories advanced by research on particular leadership philosophies, posing a crucial paradox by implying that good leadership may run across resistance in real-world situations.

The research by Perez (2021), which examined the shift from clinical practitioner to healthcare leader, is consistent with the advantageous characteristics of transformational leadership identified in earlier research. Nonetheless, this calls into question the generalisability of leadership philosophies, since successful leadership could depend on a person's back ground and position within the company. It is evident from the aforementioned literary evidences that while some research has highlighted the benefits of transformative leadership, other studies have shed light on context-specific difficulties and unfavourable relationships with certain results. These inconsistencies highlight the significance of taking into

account the particular organisational setting, the type of systemic changes, and the possible drawbacks of different leadership philosophies.

2.5 Influence of Leadership on Healthcare Quality and Patient Outcomes

Patient outcomes and the quality of healthcare are significantly shaped by leadership. Research by Jordan et al., (2015) demonstrated how transformational leadership enhances a culture of innovation and continuous improvement in healthcare. The study's findings clearly indicated how transformational leaders encourage and inspire medical staff to deliver excellent care, which improves patient outcomes. On the other hand, in healthcare settings, transactional leadership has been linked to a more task-oriented methodology. The research by Saravo et al., (2017) suggested that although transactional leaders are capable of guaranteeing adherence to protocols and procedures, the focus on rewards and punishments might not necessarily encourage the same degree of engagement and dedication from healthcare personnel. The results of this study have demonstrated that achieving the required changes in patient outcomes and healthcare quality may require more than just transactional leadership.

Leadership also affects organisational culture in healthcare facilities, which is something that goes beyond the clinical setting. Supportive leadership is crucial for fostering a healthy work environment, according to a study by Shirey (2017). The study's findings have clearly demonstrated that leaders who put healthcare workers' well-being first increase their colleagues' job happiness, which in turn improves the quality of care. The use of evidence-based practises in healthcare is influenced by leadership styles as well. Transformational leadership and the adoption of evidence-based practises are positively correlated, according to research by Aarons (2006). The results of the research demonstrated that leaders are more likely to support the integration of evidence-based practises, which improves patient outcomes, when they inspire a common vision and a dedication to excellence. Moreover, understanding the connections between leadership philosophies and how they affect healthcare quality as a whole is crucial for critical analysis. Although transactional components like performance goals and clear communication are important, a balanced strategy that includes transformational leadership stands out as a good contributor. According to Cummings and Wong (2010), this is consistent with the multifactor leadership model, which suggests that a mix of leadership philosophies could work well in healthcare environments.

2.6 Impact of Leadership on Employee Satisfaction and Engagement

The research on how leadership affects worker happiness and engagement shows that there is a complicated relationship between various leadership philosophies and organisational

results (Yahaya, 2016). It is evident from the results of the study by Ding et al., (2017) that employee engagement and satisfaction are positively correlated with transformational leadership, which is typified by inspiration and motivation. The results of this study highlighted that the significance of mentorship, supportive organisational culture, and good communication in fostering a positive work environment. In contrast, the study by Febres (2017) has put forth that lower employee satisfaction is linked to transactional leadership, which emphasises task-oriented goals and dependent rewards. Over time, job satisfaction and engagement may decrease as a result of the transactional approach if it creates a work environment where employees are largely motivated by external factors (Sartono, 2016).

In addition to this, the study by Campbell (2020) has highlighted that lower employee happiness and engagement levels are regularly associated with laissez-faire leadership, which is characterised by a hands-off approach. Workers may feel unsupported in these settings, which lowers their commitment and motivation. Additionally, effective mentorship, feedback mechanisms, clear expectations, effective communication, and equitable compensation structures are important components of a productive work environment under these leadership philosophies (Hollywood et al., 2016). The research by Ramchunder (2014) has presented contrasting views regarding the necessity of a multifactor leadership model, recognising that the organisational context and industry type might affect the effectiveness of different leadership styles. Critical analysis highlights methodological flaws such as possible biases and self-report employee satisfaction metrics. For a thorough understanding of the relationship between leadership and employee satisfaction, it is also necessary to take into account the contextual intricacies of industry, employee demographics, and organisational culture.

2.7 Challenges and Considerations in Adapting Leadership Styles

For leaders in organisations, changing their leadership styles can be a difficult task that calls for a deep comprehension of the different aspects that affect how effective a leader's methods are. According to research, flexibility is important, but there are important factors and hurdles to overcome when using this strategy successfully (Chen et al., 2017). Navigating a variety of organisational conditions is one of the main challenges that executives face. When selecting the best leadership style, a range of industries, organisational cultures, and team dynamics must be carefully taken into account. Anderson's (2017) findings underscored the necessity of matching leadership philosophies to the particular requirements and attributes of the company. The results indicate that managers should customise their plans to the unique requirements of their company and that a one-size-fits-all approach may not be the best option.

Moreover, Van Knippenberg (2013) underlined the significance of understanding team diversity and the ways in which individuals respond to various leadership styles. The results of this study have unequivocally shown that leaders need to be cognisant of the particular needs and incentives of every team member in order to guarantee effective adaptation.

In light of the possibility that one employee may not use the same techniques as another, this necessitates a tailored approach. Another crucial consideration is striking a fine balance between staying the same and adapting to change. Uhl-Bien (2018) demonstrated how the literature advised leaders to establish a core style of leadership while retaining the adaptability to make necessary adjustments.

Furthermore, evaluating the effect of modified leadership philosophies on worker happiness and involvement presents difficulties. Although some research, such that done by Soieb (2013), confirmed that there is a beneficial relationship between specific leadership styles and employee results, there is still disagreement over how successful adaptation is. The requirement for actual data to back up statements regarding the advantages of changing leadership philosophies is highlighted by the careful analysis of opposing viewpoints. One important factor to take into account is the possibility of internal organisation opposition to change. According to research by Reid (2015), workers may become resistant to leaders who stray too much from accepted conventions and expectations. The study's findings have clearly demonstrated that, in order to reduce resistance, executives need to be aware of organisational culture and make changes gradually. Predicting and handling potential issues related to leadership style adaptations requires a deep grasp of the organisational context.

2.8 Literature Gap

Even though leadership research in healthcare has advanced significantly worldwide, a comprehensive review of leadership in Saudi Arabian health sector identifies gaps that demand further research. Research on leadership styles in the Saudi Arabian healthcare environment has been done by Asiri (2016) and Harb et al, (2022). It is admirable that these research add to our knowledge of leadership preferences and how they affect organisational results. Nonetheless, the material that is currently in publication presents an idealised perspective by emphasising the good characteristics of leadership styles. The difficulties and particular circumstances of the Saudi healthcare system are not fully understood, which could limit the efficacy of various leadership philosophies. Furthermore, the literature that is currently accessible mostly ignores the contributions of middle management in favour of emphasising

the function of top-level executives in healthcare leadership. This point was made by Oborn (2013), who emphasised the necessity of distributed leadership in healthcare institutions.

Nevertheless, there is a clear void in our understanding of the complexities of leadership at various organisational levels because this study does not go into great detail about the unique difficulties experienced by middle managers in Saudi Arabian healthcare contexts. There is also the cultural dimension, which calls for a more thorough investigation. Research such as the one by Khan (2013) touched on the influence of Saudi Arabian culture on leadership preferences, but they do not go into great detail about it. In the Saudi Arabian healthcare system, it is essential for leaders to comprehend how cultural influences influence expectations and behaviours. Therefore, the need for a more contextualised and culturally sensitive investigation of leadership styles in Saudi Arabian healthcare is at the centre of the literature gap. By thoroughly examining leadership choices, obstacles, and effectiveness within the distinct socio-cultural and organisational environment of Saudi Arabia, the current study seeks to close this gap. Acknowledging the shortcomings of previous research and concentrating on the unique leadership dynamics in the Saudi healthcare system, the study aims to make a significant contribution to the deeper understanding of successful leadership techniques in this unique context.

2.9 Chapter Summary

In a nutshell, the present chapter has carefully examined the first variable, leadership, in the context of Saudi healthcare by conducting a thorough literature review. The chapter has significantly revolved around the complexity of leadership styles and examined how they affect employee happiness, organisational performance, and the standard of healthcare. The analysis uncovered complex viewpoints, inconsistencies, and gaps in the literature. The chapter specifically emphasised the need for a more contextualised and culturally aware concept of leadership in the Saudi healthcare system. This examination prepares the reader for the next investigation of the second variable, organisational strategy, and the relationship between leadership and strategy in the next chapters by critically assessing a variety of research.

CHAPTER THREE: SECOND VARIABLE AND THE CORRELATION BETWEEN VARIABLES

3.1 Introduction

Organisational strategy in healthcare greatly influences patient outcomes, performance, and resource management. This chapter explores the challenges, measures of effectiveness, and the correlation between leadership styles and organisational strategy. The literature reveals defining and implementing strategies, emphasising the need for approaches in the dynamic healthcare landscape.

3.2 Organisational Strategy in Healthcare

Diverse viewpoints and inconsistencies concerning the definition, elements, and effects on healthcare delivery and employee motivation have been found in the literature on organisational strategy in healthcare. According to research by Aboumatar et al. (2017), a High-Reliability Organising (HRO) strategy is recommended, where quality and safety are given top priority and all employees participate in ongoing training. Their framework centred on modifying capacity-building initiatives for various workforce segments. On the other hand, the Afolabi et al. (2018) systematic review highlighted the importance of organisational characteristics and human resources in fostering employee motivation in the healthcare industry.

Both non-financial and financial elements, such compensation and comfortable working environments, are found to be important motivators. In addition to this, Parmelli et al. (2011) conducted a systematic review that examined methods for altering organisational culture in order to enhance healthcare performance. The study found that work-related and clinical outcomes have improved, despite a small number of studies and possible bias. This optimistic view, however, stands in stark contrast to the pessimism conveyed in the conclusion, which emphasises the dearth of workable and broadly applicable organisational culture modification techniques.

The differences in viewpoints of organisational culture between Aboumatar et al. (2017) and Parmelli et al. (2011) are the source of their disagreement. Parmelli et al. (2011) questioned the efficacy and generalisability of initiatives to transform organisational culture, whereas Aboumatar et al. (2017) concentrated on establishing a culture of safety and quality as part of an HRO approach. This paradox calls into question the viability and significance of these kinds of cultural initiatives. Addition of another level of complexity is the focus placed by Afolabi et al. (2018) on employee motivation and human resources. They contend that

elements including compensation, managerial support, and career growth have an impact on healthcare practitioners universally and that motivation is essential for accomplishing organisational goals.

This point of view contends that employee motivation is a complex component of organisational strategy, challenging the HRO framework's exclusive focus on quality and safety. The contradiction becomes more apparent when Parmelli et al. (2011) expressed doubts regarding the efficacy of tactics aimed at altering organisational culture. Concerns were voiced on the dearth of data pertaining to practical, broadly applicable tactics for altering organisational culture. They questioned whether such tactics were desirable and feasible, emphasising the need for additional thorough study to support the available data. In order to improve healthcare performance, Parmelli et al., (2011) raised concerns about the efficacy of treatments aimed at changing organisational culture. If motivation plays a major role in accomplishing organisational goals, as Afolabi et al. (2018) argued, then the efficacy of organisational culture change initiatives becomes critical. Questions raised by Parmelli et al. (2011) cast doubt on how these tactics might affect healthcare performance. While Aboumatar et al. (2017) and Afolabi et al. (2018) emphasised the significance of safety, quality, and employee motivation, Parmelli et al. (2011) expressed doubt over the efficacy of organisational culture change initiatives.

3.3 Significance of Organisational Strategy in Healthcare.

The success and long-term viability of healthcare organisations are greatly influenced by the importance of organisational strategy in the field. A clearly defined and well-executed organisational plan has been shown to have a favourable effect on a number of healthcare delivery aspects, patient outcomes, and overall institutional performance (Seidman, 2020). A crucial discovery from research conducted by Wu et al. (2015) emphasised how crucial it is to have a thorough grasp of organisational strategy. The study's findings have made it abundantly clear that healthcare organisations need to create plans that go beyond simple planning and take into account a sophisticated knowledge of the intricate and ever-changing healthcare environment.

The special possibilities and problems that the healthcare industry presents, such as advancing technology, changing patient demographics, and regulatory changes, should all be taken into account in strategic planning (Ginter, 2018). Reaching the best possible results requires that organisational strategy be in line with the larger healthcare landscape. Furthermore, strategic alignment is important for healthcare organisations, according to a

research by Aker et al. (2016). The outcomes of this investigation demonstrated that companies possessing strategically linked plans have a higher probability of efficiently responding to market needs, adapting to external changes, and improving overall performance.

In a sector as dynamic and fast changing as healthcare, the significance of strategic alignment cannot be emphasised. Additionally, the distribution and use of resources within healthcare organisations are greatly impacted by strategic decision-making. According to research by Figueroa et al. (2019), strategic choices have an effect on the efficacy and efficiency of healthcare delivery, especially when it comes to resource management. The study's findings have clearly demonstrated that, in order to provide the best possible patient care and organisational sustainability, organisations must carefully allocate their resources to areas that support their overarching goals. On the other hand, ineffectiveness and less-than-ideal results may result from a vague and poorly defined organisational plan.

Research highlights the detrimental effects of strategic uncertainty on organisational performance, as demonstrated by the work of Frese and Keith (2015). The results of the investigation demonstrated that companies lacking a well-defined plan can encounter difficulties in making choices, allocating resources, and functioning as a whole. According to the critical analysis, strategic uncertainty may prevent healthcare organisations from realising their full potential. Moreover, there is a substantial correlation between the implementation of evidence-based practises in healthcare and organisational strategy. Patient outcomes have been demonstrated to improve with strategic initiatives that support evidence-based practises (Black et al. 2015). Results from the study have unequivocally shown that businesses that strategically emphasise integrating evidence-based practises have superior levels of patient safety, care quality, and overall satisfaction.

3.4 Key Components and Elements Shaping Organisational Strategy

Organisational strategy is a complex concept formed by essential parts and components that are vital to the success of an institution. The research by Martin (2015) highlighted the need of incorporating strategic vision, goals, and objectives into a well-designed strategy. The study's findings have clearly demonstrated that strong organisational planning is built on a distinct and appealing strategic vision. Critical analysis, however, indicates that it is equally necessary to translate the vision into attainable goals, which calls for careful preparation and coordination with organisational resources. According to Henry (2021), strategic leadership is yet another important factor impacting organisational strategy.

The results of this study demonstrated that a key factor in the successful development and application of organisational strategy is effective leadership, which is typified by strategic decision-making and foresight. On the other hand, poor leadership can cause strategic misalignment and impair organisational effectiveness. According to Ginter (2018), environmental scanning is crucial in determining organisational strategy. The study's findings have clearly demonstrated the importance of carefully analysing the external environment, which includes market trends, legislative developments, and rivalry, in order to make strategic decisions. To stay flexible and responsive, firms should, according to the critical evaluation, maintain a balance between proactive strategic planning and reactive adaptation to changes in the environment.

According to the research put forth by Järlström (2018), resource management and allocation play a critical role in determining organisational strategy. The results of this investigation demonstrated that the successful implementation of strategic initiatives requires the efficient allocation of resources, including human, financial, and technological resources. To guarantee alignment with strategic aims, organisations must constantly assess how they are using their resources, as the critical analysis highlights. On the other hand, the research by Teece (2016) highlighted how organisational capabilities and core competencies influence strategy. The study's findings have clearly demonstrated that using special abilities to one's advantage gives one a competitive edge. On the other hand, the critical evaluation indicates that companies need to continuously review and improve their ability to adjust to changing market conditions.

3.5 Key Factors Influencing the Effective Execution of Organisational Strategy

One important factor in determining an institution's performance is how well its organisational strategy is implemented. Studies have revealed important variables that have a major impact on how well strategic initiatives are implemented. These variables include communication, organisational culture, leadership, alignment, and ongoing assessment. According to Ginter (2018), strategic leadership is essential to carrying out organisational strategy. The results of this study have clearly demonstrated the need of leaders that exhibit a distinct strategic vision, encourage an innovative culture, and offer support throughout the implementation process in order to ensure successful strategy execution.

A critical examination reveals that in order to ensure alignment with organisational goals and sustain momentum throughout the process, strategic leaders need to actively support the execution of the strategy in addition to formulating it. According to Warrick (2017),

organisational culture has a major role in determining how well a strategy is executed. The findings of this study have clearly demonstrated that an organisation's capacity to carry out its strategy is improved by a flexible and encouraging culture where workers have similar values and views. On the other hand, implementation attempts could be hampered by a resistive or misaligned culture. The critical evaluation emphasises how crucial it is to match the intended strategic behaviours with the current organisational culture in order to create a unified and cooperative setting that is favourable to the execution of strategy.

Transforming a strategy from conception to implementation requires effective communication. The work Radovic Markovic (2018) emphasised that effective execution depends on effective communication of performance goals, strategic objectives, and progress reports. The results of this study demonstrated that staff engagement and commitment to strategy implementation are stronger in companies with clear and regular communication channels. A two-way method of communication is recommended by critical analysis in order to facilitate feedback and effectively handle any implementation hurdles. Another important component affecting the success of execution is the alignment of strategy with organisational resources.

According to Wilton (2019), resource allocation and strategic goals must be in line for a strategy to be executed effectively. Organisations must distribute their financial, human, and technological resources in a way that supports their strategic aims, as the study's results have clearly demonstrated. A critical analysis demonstrates that misalignment might result in resource limitations, impeding the organisation's capacity to successfully carry out strategic activities. For a plan to be successful over time, it must be evaluated and adjusted continuously. In order to measure performance and evaluate strategies, Kaplan and Norton (1996) developed the balanced scorecard. As a result of their use of the balanced scorecard approach, organisations have a systematic way to monitor and modify strategy execution in response to key performance indicators, as demonstrated by the study's findings.

Critical analysis highlights how crucial it is to continuously evaluate organisational goals, pinpoint areas that need work, and make necessary adjustments in order to stay in line with them. On the other hand, Kotter (2008) pointed out that, difficulties in executing a strategy could result from a failure to instil a feeling of urgency. The study's findings have made a big difference in demonstrating that companies need to make a strong case for change in order to inspire staff members and other stakeholders to get involved in the implementation process. A critical review reveals that a lack of urgency could lead to resistance and apathy,

which would hinder the effective execution of strategic goals. Moreover, a major obstacle to the successful implementation of a strategy can come from organisational opposition to change. Proactive resistance management is necessary for successful execution, according to research by Chytas (2011). The results of this study demonstrated that implementation procedures go more smoothly in organisations that deal with opposition by using effective change management techniques.

3.6 Challenges in Implementing Organisational Strategy

Implementing organisational strategy in the healthcare sector presents numerous challenges that demand careful consideration and strategic implementation. In the field of globalised business, effective change management, crucial for organisational success, deals with challenges like resistance, a recognised hurdle by Metz (2021), in directing the evolving circumstances. The argument lies like resistance, Iuliana (2020) argued that it is an inherent human reaction to unfamiliar circumstances; while, Warrick (2023) argued that it is based on ineffective communication or lack of involvement in the decision-making process. Iuliana's viewpoint suggested that resistance is a natural response to change, deeply based on human psychology, making it a universal challenge irrespective of industry or context. On the other hand, Warrick's perspective emphasised the role of leadership and communication in mitigating resistance, suggesting that strategic leaders can influence the degree of resistance encountered during implementation.

Resource constraints are another factor that causes challenges in implementing organisational strategy, with Eisman et al. (2020) highlighting the significance of proper resource allocation for successful strategy execution. The argument revolves around the balance between resource allocation and strategic goals (El Khatib et al., 2020; Beekman, 2023). For instance, El Khatib et al. (2020) asserted that strict alignment is necessary for effective execution; while, Beekman (2023) highlighted the need for flexibility and adaptability in resource allocation to respond to unforeseen challenges and dynamic environmental changes.

A critical examination of organisational culture's impact on strategy implementation highlighted another challenge. Azeem et al. (2021) argued that a flexible and encouraging culture enhances the capacity to execute strategy successfully. Conversely, there is a counter-argument asserted by Kaul (2019) that attempting to align strategy with an existing organisational culture can limit the transformative potential of the strategy, necessitating a strategic cultural shift. Lastly, measuring the effectiveness of organisational strategy introduces

the debate on whether traditional metrics like the balanced scorecard adequately capture the complex and dynamic nature of healthcare organisations. Aryani and Setiawan (2020) argued that these metrics oversimplify the evaluation process and fail to consider the relationship of factors influencing healthcare performance.

3.7 Measuring the Effectiveness of Organisational Strategy in Healthcare

Measuring the effectiveness of organisational strategy in healthcare is a diversified effort that highlight the differences surrounding the choice of methodologies, the reliability of metrics, and the main goal of such measurements. One school of thought, stressed by Rafiq et al. (2020), reported the Balanced Scorecard as a comprehensive tool for evaluating strategy effectiveness. The argument is based on that balanced scorecard approach provides a systematic and holistic view, incorporating financial, customer, internal processes, and learning and growth perspectives. However, a counterargument arose by Sharma and Singh (2019) concerning the subjectivity inherent in certain non-financial metrics, such as customer satisfaction, potentially leading to a representation of overall effectiveness.

The debate extended to the role of Key Performance Indicators (KPIs) in measuring strategy effectiveness. Gilsing (2021) emphasised the importance of clearly defined KPIs in communicating performance goals and strategic objectives. The argument suggested that a well-defined set of KPIs facilitates a transparent evaluation of strategy implementation. However, Pidun and Felden (2011; cited by Partington et al., 2016) contended that the focus on quantitative indicators cause ignorance towards qualitative aspects crucial for healthcare organisations, such as patient experience and the quality of care provided.

Continuous evaluation emerges as a central theme in the discussion on measuring effectiveness. Rafiq et al. (2020) highlighted the need for organisations to adopt a balanced approach, regularly monitoring and adjusting strategies in response to key performance indicators. The argument here is that this iterative process ensures ongoing alignment with organisational goals. However, Benn et al. (2015) expressed concerns about the resource-intensive nature of continuous evaluation, arguing that excessive focus on assessment change attention from day-to-day operational demands, potentially impacting patient care. In addition, the alignment of strategy with organisational resources becomes another point of argument. Lemarleni et al. (2017) argued that for effective execution, there must be coherence between resource allocation and strategic goals. The argument centres on the idea that organisations must strategically distribute financial, human, and technological resources to support their main objectives.

3.8 Correlation between Leadership Styles and Organisational Strategy

The correlation between leadership styles and organisational strategy in healthcare introduces a dynamic aspect that directs the impact of different leadership approaches on strategic development, execution, and overall effectiveness. Higgins (2015) exemplified transformational leadership style as a visionary and inspirational leader, Higgoin argued that such leader practices offers good outcomes like patient satisfaction, aligning well with dynamic and rapidly evolving healthcare environments. The argument here is that a transformational approach stimulates a shared vision, motivating employees to embrace and contribute to the organisational strategy. However, Afsar et al. (2017) challenged the practicality of sustaining this leadership style, arguing that while inspiring, it lack focus on essential tasks that are required for the meticulous execution of complex healthcare strategies.

Transactional leadership, with its emphasis on clear expectations and reward systems, presented an alternative perspective. Ali and Khan (2023) asserted that in healthcare, where precision and adherence to protocols are crucial, transactional leaders provide a structured approach that ensures strategy implementation aligns with predetermined goals. The argument based on the idea that in a sector where patient safety is crucial, transactional leaders establish a clear framework for employees to operate within. However, Khan and Khan (2021) contended that the rigid nature of transactional leadership hinder innovation and the adaptability needed in an ever-changing healthcare landscape.

Debates surrounding participative leadership in healthcare, emphasised by Juma. Ayub and Ali advocated for collaborative decision-making, enhancing strategy execution. Involving healthcare practitioners in strategy development employ diverse expertise for comprehensive and practical insights. However, McNeish and Tran (2020) challenged the efficiency of this leadership style, particularly in time-sensitive scenarios.

3.9 Literature Gap

The literature review revealed several gaps and arguments in the understanding of organisational strategy in healthcare. Firstly, the definition, elements, and effects of organisational strategy in healthcare revealed diverse viewpoints and inconsistencies, particularly regarding the emphasis on quality, safety, and employee motivation (Aboumatar et al., 2017; Afolabi et al., 2018; Parmelli et al., 2011). The inconsistent views on the efficacy of cultural initiatives for organisational change, as highlighted by Parmelli et al. (2011), make doubt on the practicality and universality of such interventions. Additionally, the emphasis on employee motivation as a crucial component challenges the exclusive focus on quality and

safety within the HRO framework (Afolabi et al., 2018). Furthermore, the significance of organisational strategy in healthcare is acknowledged, but there is a lack of unity on the best approach. While Wu et al. (2015) emphasised the need for a thorough understanding of the healthcare environment, Aker et al. (2016) stressed the importance of strategic alignment. The challenges in implementing organisational strategies in healthcare, such as resistance, resource constraints, and the impact of organisational culture, revealed contrasting perspectives on effective change management (Metz, 2021; IULIANA, 2020; Warrick, 2023; Eisman et al., 2020; Azeem et al., 2021; Kaul, 2019).

Measuring the effectiveness of organisational strategy introduced debates on methodologies and metrics. The Balanced Scorecard is proposed as a comprehensive tool, yet concerns about subjectivity in non-financial metrics and the potential oversight of qualitative aspects arised (Sharma and Singh, 2019; Pidun and Felden, 2011). The correlation between leadership styles and organisational strategy in healthcare presents varying perspectives on the impact of transformational, transactional, and participative leadership (Higgins, 2015; Afsar et al., 2017; Ali and Khan, 2023; Juma. Ayub and Ali). Therefore, the literature gaps included conflicting views on the elements and effects of organisational strategy, uncertainties in the best approach, and debates on the challenges and measurement of strategy effectiveness in healthcare.

3.10 Chapter Summary

In revealing the complexities of organisational strategy in healthcare, this chapter exposed critical debates. Conflicting views on strategy elements, challenges, measurement, and leadership styles highlighted the need for an adaptive approach. Bridging these gaps is essential for developing effective strategies that enhance patient care, organisational performance, and resilience in the face of healthcare's dynamic nature.

CHAPTER FOUR: METHODOLOGICAL PROCEDURES

4.1. Research Design

There are various research designs, involving qualitative, quantitative, and mixed methods design (Plano Clark, 2017). In qualitative studies, researchers utilise techniques like in-depth interviews and observation in an attempt to find out what an event is regarding and what its implicit significance is (Bhattacharya, 2017). The basis of quantitative research lies in the methodical application of statistical and mathematical techniques to analyse the observable events in the form of empirical study. Experiments and surveys are generally used in quantitative research to obtain numerical data. To enhance understanding of the research subject, mixed-methods studies use statistical information alongside extensive knowledge derived from qualitative and quantitative methodologies (Johnson & Christensen, 2019).

This quantitative research focused on examining the relationship between the styles of leadership and strategy of organisation through using the Saudi Arabian healthcare industry as the case study for this research. The quantitative approach is mainly recognised through its focus on numerical data as well as statistical analysis. Thus, the qualitative method of research was most appropriate to contrast and evaluate the effectiveness of various styles of leadership in health sector of Saudi Arabia. This research utilised correlation analysis, quantitative evaluation, and regression analysis to provide a comprehensive representation of numerical data for the healthcare environment in Saudi Arabia, involving the predominance of various leadership styles within the industry.

To make sure the inclusion of wide sample in analysis of Saudi Arabian health sector's leadership styles and strategy of organisation, this research study utilised a quantitative methodology to effectively analyse large volumes of data for generalisable findings. This quantitative methodology facilitated an examination of large data volume by involving several viewpoints and minimising the impact of biases as in self-reported data. By utilising recognised techniques of quantitative research such as surveys and statistical analyses, this investigation attempted to quantify the correlation between different styles of leadership and strategy of organisation. The systematic and rigorous approach inherent in quantitative research contributes to the enhanced reliability and validity of its findings. Therefore, policymakers and hospital managers can use these results to enhance data-informed strategies for implementing organisational transformations.

4.2. Research Method

The study employs research procedures, which refer to the methods used for the purpose of examining and assessing pertinent data (Fellows & Liu, 2021). They provide as a framework for the collecting, measurement, and analysis of data, providing guidance in these processes. The inductive method relies on the observation of particular cases in order to develop hypotheses or generalisation that are more extensive in scope. It starts with particular instances and then moves on to more general conclusions (Woo et al., 2017). The deductive approach takes a working theory or hypothesis as its starting point and then employs concrete examples and data from experiments to verify or reject it. This strategy begins with the general and then moves on to the specific. The historical method is a way of researching and understanding the past that makes use of documents and archives (Brundage, 2017). An experimental approach involves changing one variable in a controlled setting and then examining how it changes another variable (Campbell, 2017). Relationships between causes and effects are widely established using it in the fields of psychology and the natural sciences.

The deductive technique was mainly employed in the context of this research. The necessity to test particular hypotheses arising from pre-existing theories of strategy as well as leadership influenced this selection. Theoretical frameworks on leadership's effect were methodically tested against empirical evidence due to the deductive method's ability to enable a targeted research. The significance of this approach comes from the realisation that it yielded measurable findings about the impact of leadership styles on organisational strategy in the Saudi Arabian health sector by specifically confirming or disproving theoretical assumptions. The reasons for the selection of deductive method included the requirement to conduct hypothesis testing about the effect of leadership styles on health sector organisational strategies. The research attempted to provide empirical support for or opposition to prior concepts by beginning with a theoretical framework and progressing to particular findings.

4.3. Population and Sampling

The stratified random sampling technique was selected for this research. The process of stratified random sampling involves separating a population into subsets, or strata, that are defined by shared traits (Nguyen et al., 2021). The participants in the study were healthcare professionals from different levels in Saudi Arabia. The use of a stratified random sampling approach was implemented in recognition of the variety within the industry. This strategy improved the study's external validity by making sure all important strata, including administrative and clinical staff, had sufficient representation in the sample. The purpose of

this sampling technique was to provide an in-depth understanding of health sector implementation of plans by examining leadership dynamics at various organisational levels.

4.4. Data Collection

There are various techniques of data collection in quantitative research, involving experiments, structured observations, and surveys (Ragab & Arisha, 2018). The purpose of surveys is to collect targeted data from many people using already prepared and organised questionnaires. The controlled testing known as experiments include manipulating one variable in order to determine the way it affects another variable (Fellows & Liu, 2021). In order to determine the links between causes and effects, this approach is frequently utilised. The goal of observational research is to document observable events or behaviours as they occur in natural environments, generally without human interference (Campbell, 2017). A uniform set of questions is used in structured interviews to ensure that data is collected consistently from all participants (Sileyew, 2019).

The survey technique was selected for data collection in this research. An effectively designed survey was mailed to selected healthcare professionals in order to gather data. The survey was designed to get comprehensive input on different leadership styles and the way they are believed to influence the overall strategy of the organisation. The survey method's ability to generate high-quality, organised data and its efficacy in reaching a wide audience contributed to its selection. Although the survey was designed to be simple and quick to administer, it allowed for the extraction of explicit and practical information. In addition, surveys were a time and cost-effective option during this research due to their scalability, particularly when administered electronically.

4.5. Data Analysis

Data analysis refers to the strategies and processes involved in the processing and summarisation of raw data obtained from the data-collecting process (Peck, Short & Olsen, 2020). Since the current study is based on a quantitative design and data is obtained using a survey, therefore, a quantitative method needs to be adopted to statistically analyse and interpret the data. The statistical analysis of survey responses was carried out using Statistical Package for the Social Sciences (SPSS) software. Ong & Puteh (2017) stated that SPSS is effective for quantitative data analysis in research as it ensures reliable analysis. Less time and effort and a variety of tests to analyse different aspects of the data, based on study requirements. However, Denis (2018) argued that SPSS is not useful in managing large datasets accurately. Since the sample size of this study is based on 100 participants, therefore, SPSS was found

suitable to analyse the survey data. The tests performed using SPSS included frequency analysis and correlation and regression analysis.

Frequency analysis refers to the test which determines the number of occurrences of certain responses in the given dataset (Peck et al., 2020). It was included in the analyses to identify the dominance of different perceptions towards leadership styles' influence on organisational strategy. Correlation analysis is opted for since it allows the researchers to identify the strength or relationship between study variables (Gogtay & Thatte, 2017). Therefore, the correlation opted for data analysis in the current study for the identification of the relationship between organisational strategy and leadership style variables in the healthcare sector in Saudi Arabia. Regression analysis refers to the tests which analyse the significance and impact of the relationship between these two variables.

Therefore, regression was also performed to identify the extent of the impact of leadership styles and their significance for organisational strategy. However, Sarstedt, Mooi, Sarstedt and Mooi (2019) stated that correlation and regression analysis lacks the consideration of any confounding factors which may have influenced the study findings. However, the questionnaire was developed considering this limitation and no confounding factor was involved in the current analysis. In this way, the data was analysed and interpreted to understand the findings.

4.6. Ethical Considerations

Ethical considerations also hold much importance in research to ensure that the integrity, rights and well-being of participants are secured (Arifin, 2018). The current study involved 100 research participants and therefore, it was found important to consider the ethical principles throughout the study. Ngozwana (2018) stated that ethics in research demand the researcher to obtain informed consent from the participants. The consent ensures that the participants have the necessary information related to the study the purpose of their participation and the use of their data in the research. Therefore, in the current study researcher asked for informed consent from the participants and ensured that the participation was completely informed and voluntary. Furthermore, ethics demands that the privacy and confidentiality of the research participants be maintained (Kalu & Bwalya, 2017).

The researcher in the current study ensured that the data obtained from participants was anonymised before beginning the analysis. The names of the participants were removed and replaced with alphabets and numbers-based codes. No personal information was included in the analysis or any other part of the study. The data was also accessible to the researcher only

and was secured in password-locked laptops. Along with these considerations for the participants, ethics are also considered while using secondary data sources in the literature review and analysis sections. The sources were appropriately referenced and acknowledged and plagiarism was completely avoided.

CHAPTER 5: FIELD RESULTS

5.1 Quantitative Analysis

5.1.1 Frequency Analysis

Table 1

**Transformational leadership style is known to be an effective style for
healthcare employees**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	24	24.0	24.0	24.0
	Agree	51	51.0	51.0	75.0
	Neutral	25	25.0	25.0	100.0
	Total	100	100.0	100.0	

The findings of the frequency analysis show how healthcare workers view the efficacy of the transformational leadership style. The effectiveness of transformational leadership is acknowledged by 51% of respondents, while 24% strongly agree. On the other hand, 25% more people have no opinion on this statement. Overall, the replies demonstrate a largely optimistic perspective, with a sizable majority (75%) indicating agreement or strong agreement. However a sizeable percentage (25%) are neutral, indicating some ambiguity or disagreement on the efficacy of transformational leadership for healthcare staff.

Table 2

**Transformational leadership style leads to lower turnover and staff
satisfaction**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	29	29.0	29.0	29.0
	Agree	35	35.0	35.0	64.0
	Neutral	29	29.0	29.0	93.0
	Disagree	6	6.0	6.0	99.0
	Strongly Disagree	1	1.0	1.0	100.0

Total	100	100.0	100.0
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Perceptions regarding the connection between employee happiness and turnover and transformational leadership style are highlighted by the frequency analysis. 64% of respondents agree (35%) or strongly agree (29%) that transformational leadership reduces employee turnover and raises employee satisfaction. In the meantime, 29% have a neutral opinion on this claim. Additionally, just 7% of respondents strongly disagree (1%), while 6 % disagree (6%). Based on these findings, there appears to be a general trend in favour of the idea that transformational leadership has a beneficial effect on employee satisfaction and turnover. However, a sizeable portion of respondents are undecided or have different opinions.

Table 3

Transformational leadership enhances a culture of innovation and continuous improvement in healthcare

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	33	33.0	33.0	33.0
	Agree	48	48.0	48.0	81.0
	Neutral	17	17.0	17.0	98.0
	Strongly Disagree	2	2.0	2.0	100.0
	Total	100	100.0	100.0	

Perceptions of transformational leadership's influence on promoting an innovative and continuous improvement culture in the healthcare industry are shown by the frequency analysis. 81% of respondents strongly agree (33%) or agree (48%) that transformational leadership improves this kind of culture. Just 17% of respondents are undecided about this statement. Remarkably, just 2 percent strongly disagree. These findings point to a generally favourable attitude, with a broad consensus on the idea that transformational leadership is essential for fostering an atmosphere of creativity and ongoing development in healthcare institutions. The low proportion of strongly disagreed suggests that there are not many opposing viewpoints on this issue.

5.1.2 Correlation Analysis

Table 4

Correlations		Leadership style	Organisational strategy on health sector in Saudi Arabia
Leadership style	Pearson Correlation	1	.569**
	Sig. (2-tailed)		.000
	N	100	100
Organisational strategy on health sector in Saudi Arabia	Pearson Correlation	.569**	1
	Sig. (2-tailed)	.000	
	N	100	100

In the Saudi Arabian health sector, organisational strategy and leadership style have a partially positive and statistically significant correlation, as shown by the correlation analysis in the table above. Leadership style and organisational strategy have a strong link, as shown by the Pearson correlation coefficient of 0.569 and p-value of 0.000. The range of the Pearson correlation coefficient, which quantifies the direction and intensity of a linear relationship, is -1 to 1. A correlation of 0 denotes no correlation, a correlation of -1 denotes a perfect negative correlation, and a correlation of 1 implies a perfect positive correlation. In this situation, the positive value of 0.569 indicates that organisational strategy in Saudi Arabia's health sector has a propensity to alter positively as leadership style varies. A moderate correlation is indicated by the value of 0.569, which highlights a detectable relationship but falls short of perfect correlation.

Given that the significance level (p-value) of 0.000 is less than the usually accepted cutoff of 0.05, it seems improbable that the observed association is the result of random chance. This increases trust in the dependability of the correlation coefficient and suggests that there is a statistically meaningful relationship rather than a coincidental one between leadership style and organisational strategy. It is necessary to take into account the particular circumstances of

the Saudi Arabian health sector while interpreting this association. The positive association suggests that specific approaches to leadership are linked to particular methods or modifications in organisational tactics in the healthcare industry. The development or use of strategies within health organisations changes in tandem with the prominence or distinctiveness of a leader's style.

Comprehending the various ways that various leadership styles appear in the context of healthcare leadership is necessary for a more comprehensive examination of this relationship. Innovative and patient-centered organisational tactics may have a good correlation with transformational leadership, for instance, which is characterised by inspiration and vision. On the other hand, techniques that are more regimented and efficiency-driven may be associated with transactional leadership, which emphasises explicit instructions and rewards. Given the moderate strength of the correlation, it is possible that additional factors contribute to the complexity of strategic decision-making in the health sector, even though leadership style has a significant impact on organisational strategy.

External effects like economic situations, legislative changes, or the distinct cultural and demographic features of the Saudi Arabian healthcare landscape could be some of these extra considerations. The fact that correlation does not imply causality must be acknowledged. Even while the statistical analysis shows a connection, it does not prove a cause-and-effect relationship between organisational strategy and leadership style. The causal mechanisms underlying this link may be better understood through additional research, including using longitudinal studies or experimental approaches. The results hold practical significance for Saudi Arabia's healthcare leadership. It may be advantageous for leaders in the health sector to evaluate and modify their leadership philosophies in accordance with the strategic objectives of the company. In the event that the objective is to bring about revolutionary modifications in the provision of healthcare, cultivating a transformational leadership approach may prove to be more advantageous.

5.1.3 Regression Analysis

Model Summary

Table 5

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate

1	.569 ^a	.324	.317	.44070
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The association between organisational strategy and leadership style in Saudi Arabia's health sector was investigated in the Model Summary for the regression analysis. One important measure of the linear link between the independent variable (leadership style) and the dependent variable (organisational strategy) is the Multiple Correlation Coefficient, or R. A moderately positive correlation with a R value of 0.569 indicates that there is a noticeable tendency for organisational strategy to shift positively as leadership style varies.

Next, the Coefficient of Determination, or R Square, and its value of 0.324 is important to know how much of the diversity in organisational strategy may be attributed to differences in leadership style. The model accounts for about 32.4% of the variability, which suggests a modest level of explanatory power. This suggests that although leadership style matters, a large amount of the variation in organisational strategy is still unaccounted for.

The number of predictors in the model is taken into account by the Adjusted R Square, which is somewhat lower at 0.317. This modification is essential to avoid overestimating the explanatory power of the model. The model appears to have a significant explanatory power even after adjusting for the predictors, as indicated by the Adjusted R Square of 31.7%. The estimate's standard error sheds light on how accurate the model's predictions are. The average divergence of the anticipated values from the observed values is 0.44070. This moderate standard error demonstrates that there is variability in organisational strategy that the model does not capture, even though it also indicates a degree of precision.

When these findings are taken as a whole, the Model Summary highlights the regression model's mediocre ability to capture the complex relationship between organisational strategy and leadership style in the Saudi health sector. The significant influence of leadership style is highlighted by the positive correlation and the explained variability, which offer insightful information about the dynamics of this relationship. The moderate standard error and the unexplained variability, however, draw attention to how intricate and varied the elements influencing organisational strategy in this situation are.

Anova

Table 6

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	9.118	1	9.118	46.950	.000 ^b
	Residual	19.033	98	.194		
	Total	28.152	99			

The Anova results for the Saudi Arabian health sector shown in the above table offer important new information about the connection between organisational strategy and leadership style. The regression component's sum of squares (SS) is 9.118, meaning that the independent variable (leadership style) accounts for 9.118 of the dependent variable's variability. This metric is crucial because it measures the degree to which changes in organisational strategy are attributable to changes in leadership style. The regression's one degree of freedom denotes the number of factors, highlighting the unique but significant influence that leadership style plays in this situation. The average variance explained by the model is shown by the regression's mean square (MS), which stands at 9.118.

This number becomes important when evaluating the model's effectiveness; a higher MS suggests a model that is better at capturing the subtleties of the connection. In this instance, it appears that organisational strategy in the Saudi Arabian health sector is significantly predicted by leadership style, as indicated by the relatively high MS for the regression component. The F-statistic, which is determined by dividing the residuals' MS by the regression's MS, is a very impressive 46.950. This statistic evaluates the regression model's overall significance. A high F-statistic indicates that the regression model's explanation of variance is significantly higher than what would be predicted by chance. The regression model's statistical significance is strongly supported by the accompanying p-value, which is an extremely small 0.000. Strong evidence contradicting the null hypothesis that the model has no predictive power is shown by this almost zero p-value.

The unexplained variability in organisational strategy is represented by the residual component, which is contained in the sum of squares (SS) for residuals. It measures the degree to which variables other than leadership style account for the observed variances, and its value is 19.033. The health industry is complicated, as evidenced by the 98 degrees of freedom for residuals, which recognise that organisational strategy is influenced by a multitude of factors other than the single predictor. With a mean square (MS) of 0.194 for residuals, an average measure of unexplained variation is given. A smaller residual mean square error (MS) denotes

a better fit and indicates that a sizable amount of the observed variability can be effectively explained by the model.

This comparatively low MS for residuals in the Saudi Arabian health sector suggests that, generally speaking, there is little unexplained variability in organisational strategy, which adds to the model's reliability. The components that are explained (regression) and unexplained (residual) are combined into the total sum of squares (SS). With 99 degrees of freedom and a total SS of 28.152, it offers a thorough understanding of the overall diversity in organisational strategy. The effectiveness of the regression model is evaluated using this total SS as a baseline. The coefficient of determination, or R-squared, is given by the ratio of the regression SS to the total SS. The ratio ($9.118 / 28.152$) indicates the percentage of organisational strategy variability that may be attributed to leadership style. A better fit is shown by a higher R-squared value, which suggests that the model accounts for a greater portion of the variability.

The regression analysis's findings have a big impact on Saudi Arabia's health sector's strategic decision-making and leadership approaches. Leadership style is a substantial predictor of the variance in organisational strategy, as demonstrated by the very significant F-statistic and corresponding p-value. The strength of the link is highlighted by the F-statistic's magnitude, which suggests that organisational strategy is significantly shaped by leadership style rather than being just coincidental. This emphasises how crucial it is for politicians and executives in the healthcare industry to fund leadership development initiatives that foster approaches that are in line with the particular requirements of Saudi Arabia's healthcare system.

The effective model fit and the low mean square for residuals indicate that the regression model offers a meaningful depiction of the relationship between organisational strategy and leadership style, even though it does not capture all variances. This suggests that the model is not unduly sensitive to unobserved elements and offers a solid basis for strategic planning, which is encouraging for decision-makers.

Coefficient

Table 7

Coefficients ^a					
Model		Unstandardized Coefficients		Standardized Coefficients	
		B	Std. Error	Beta	
1	(Constant)	.292	.084		3.492
					.001

Leadership style	.599	.087	.569	6.852	.000
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The baseline influence in the absence of a particular leadership style is indicated by the constant coefficient, which is 0.292. This baseline effect highlights the complex nature of strategic decisions in the Saudi Arabian health sector by indicating that there is a positive influence on organisational strategy even in the absence of a specific leadership style. It is necessary to interpret the leadership style coefficient of 0.599 with consideration. The predicted change in organisational strategy for a one-unit change in leadership style is represented by this coefficient. The significant influence of leadership style on organisational strategy is further highlighted by the accompanying standardised coefficient, or Beta, which stands at 0.569. The positive beta suggests that organisational strategy tends to increase along with an increase in leadership style. The leadership style coefficient's t-value of 6.852 and remarkably low p-value of 0.000 attest to its statistical significance. This strong importance emphasises that, in Saudi Arabia's health sector, modifications in organisational strategy are substantially correlated with shifts in leadership style rather than occurring at random.

5.2 Discussion

The main aim of the current study was to evaluate the impact of leadership style on the organisational strategy of the healthcare sector in Saudi Arabia. To address this aim, three objectives were devised, which were addressed using the findings in the current study. The first objective of the current study was to identify prevalent leadership styles in the healthcare sector of Saudi Arabia. The findings showed that the transformational leadership style was the most prevalent in the Saudi Arabian healthcare sector. The findings highlighted that the transformational leadership style is known to be an effective style for healthcare employees. Azar and Asiabar (2015) identified that transformational leadership was prominent and positively related to the effective performance of employees in Saudi healthcare organisations. Furthermore, Specchia et al. (2021) highlighted the major benefits of transformational leadership on improving job satisfaction. However, Specchia et al. (2021) also provided an alternative aspect which suggested that the laissez-faire and transactional leadership styles are negatively associated with employee performance in healthcare organisations. These findings suggested that different leadership styles are not equally effective in yielding better outcomes for medical professionals.

Findings in the current study also showed that transformational leadership style leads to lower turnover and high staff satisfaction in the healthcare sector in Saudi Arabia. Robbins

and Davidhizar (2020) affirmed that transformational leadership focuses on ensuring the achievement of low turnover rates and improved staff satisfaction in healthcare. Furthermore, Azar and Asiabar (2015) stated that transformational leadership is an effective leadership style for motivating the healthcare employees, encouraging them to perform beyond expectation and individual capacity. However, Arnold et al. (2015) stated that transformational leadership was ineffective in workload management and burnout prevention in healthcare. This was identified as a significant drawback of the transformational leadership style and its utilisation in healthcare. The current study discussed the application of transformational leadership styles in the Saudi healthcare sector and food is effectiveness in enhancing the satisfaction of employees leading to lower turnover rates among healthcare professionals in Saudi Arabia.

The findings in the current study also showed that transformational leadership enhances a culture of innovation and continuous improvement in healthcare. This also supported the prevalence of transformational leadership in Saudi healthcare and the factors involved in its effectiveness for healthcare employees. As identified in previous studies, transformational leadership encourages the building of a culture of innovation and continuous improvement among employees (Jordan et al., 2015). Furthermore, other leadership styles were found less prevalent, since transactional leadership styles are based on strict compliance of standard protocols and compliance. These leaders use reward and punishment which show a lower level of engagement of employees compared to the engagement of employees found under transformational leadership (Saravo et al., 2017).

The second objective of the study was based on an analysis of the impact of leadership styles on organisational strategy in the healthcare sector of Saudi Arabia. The regression analysis indicated that there is a significant and positive impact of leadership styles on organisational strategy in healthcare. Furthermore, it was found that healthcare organizations need to have an effective leadership style which has a critical role in determining overall system performance, quality, and innovation. Findings from previous studies showed that a supportive leadership style is crucial for promoting a healthy work culture in an organisation (Shirey, 2017). Another study by Saravo et al. (2017) showed that leaders support the integration of evidence-based practices in their organisations improving overall patient outcomes. Jordan et al. (2015) affirmed that the importance of leadership lies in ensuring a combined and coordinated practice. It further emphasises that leadership in healthcare plays an important role in managing workplace issues and improving patient-centred care. In this way, the finding

supported that the choice of leadership style plays an important role in determining the strategy of healthcare organisations.

The analysis of the survey responses also showed that different elements like compensation, managerial support, and career growth have a significant impact on healthcare practitioners across the world. These findings were supported by previous literature as Martin (2015) stated that the need to incorporate strategic vision, goals, and objectives into a well-designed strategy determines the success of healthcare organisations. Henry (2021) supported that a key factor in the successful development and application of organisational strategy is effective leadership, which is typified by strategic decision-making and foresight. However, Ginter (2018) highlighted another viewpoint stating that healthcare organisations need to be flexible and responsive, which requires these organisations to maintain a balance between proactive strategic planning and continuous adaptation to changes in the environment.

The finding in this study also showed that motivation is essential for accomplishing organizational goals in the healthcare sector. Afolabi et al. (2018) stated that effective leadership enhances employee engagement and satisfaction which was correlated with inspiration and motivation among the employees. Aboumatar et al. (2017) affirmed that factors like compensation, leadership support, and professional development growth affect healthcare practitioners; while, motivation was found essential for achieving organisational goals. However, Campbell (2020) stated that increased motivation in transformational leadership leads to overwhelming employees which may result in burnout among employees. Furthermore, Aboumatar et al. (2017) added that motivation can lead to a lack of focus among employees on specified tasks in healthcare resulting in increased chances of medical errors and patient safety incidents. This suggests that the leaders in healthcare need to adopt a balanced approach to ensure that employee motivation is effective in achieving healthcare organisations' goals.

The third objective of this study was to provide recommendations for organisations, healthcare leaders, and policymakers to enhance leadership roles in attaining organisational strategy. One important recommendation highlighted through the survey responses was that healthcare organisations should strategically emphasise integrating evidence-based practices to ensure higher levels of patient safety, quality of care and overall satisfaction. Seidman (2020) affirmed that a well-executed organisational strategy shows significant improvement in the number of healthcare delivery, patient outcomes and overall organisational performance. Aker et al., (2016) supported that healthcare organisations having strategically linked plans have a

higher probability of efficiently responding to market needs, adapting to external changes, and improving overall performance.

Based on the findings it is recommended that healthcare organisations need to continuously review and improve their ability to adjust to changing market conditions. These findings can be supported using previous literature where Ginter (2018) identified the importance of carefully analysing the external environment, which includes market trends, legislative developments, and competition, to make strategic decisions. To stay flexible and responsive, firms should maintain a balance between proactive strategic planning and reactive adaptation to changes in the environment. Furthermore, Teece (2016) highlighted the role of organisational capabilities and core competencies in influencing their strategy. Teece (2016) demonstrated that using organisational abilities to their advantage provides the organisation with a competitive edge. However, Henry (2021) argued that companies need to continuously review and improve their ability to adjust to changing market conditions.

It was also recommended in the current study that healthcare organisations need to have strategic abilities to manage resources using a well-defined plan. A previous study conducted by Figueroa et al. (2019) showed that strategic resource management can result in significant improvement in the effectiveness and efficiency of healthcare delivery. Figueroa et al. (2019) further mentioned that stated that healthcare organisations need to carefully allocate their resources to ensure high-quality patient care and organisational sustainability. Furthermore, Järlström (2018) stated that healthcare organisations lacking a well-defined plan may face difficulties in decision-making, resources allocation and management of overall organisational functions. This means that the healthcare organisations need to constantly analyse their resource management practices, to ensure that their strategies align with overall vision and goals of the organisation.

Findings in the current study highlighted that organisations need to carefully allocate their resources to areas that support their overarching goals. Wilton (2019) stated that resource allocation and strategic goals should align with organisational strategies for effective execution. Organisations must distribute their financial, human, and technological resources in a way that supports their strategic aims. Critical analysis indicated that misalignment with organisational goals might result in resource limitations, impeding the organisation's capacity to successfully carry out strategic activities. For the strategic plans to be successful over time, resource management should be evaluated and adjusted continuously. These findings suggested that by implementing the aforementioned strategies, healthcare organisations can

enhance the role of leadership styles in achieving organisational goals through comprehensive strategy implementation.

CHAPTER SIX: RESULTS AND PROPOSAL ANALYSIS

6.1. Summarised Findings

The correlation analysis results revealed a statistically significant and moderate positive association between leadership style and organizational strategy in the health sector of Saudi Arabia. The Pearson correlation coefficient for leadership style and organizational strategy is 0.569, with a p-value of 0.000, indicating a robust relationship between these two variables. The positive correlation implies that certain leadership styles are associated with specific approaches or changes in organizational strategies within the health sector. The moderate strength of the correlation suggests that while leadership style plays a meaningful role in influencing organizational strategy, other factors may also contribute to the complexity of strategic decision-making within the health sector. These additional factors could include external influences such as regulatory changes, economic conditions, or the unique cultural and demographic aspects of the Saudi Arabian healthcare landscape.

The mean square (MS) for the regression is 9.118, representing the average variance explained by the model. The associated p-value, a minuscule 0.000, emphatically underscores the statistical significance of the regression model. The 98 degrees of freedom for residuals highlight the complexity of the health sector, acknowledging that numerous factors, beyond the one predictor, influence organizational strategy. Therefore, the regression analysis offered a robust exploration of the relationship between leadership style and organizational strategy in the health sector of Saudi Arabia. The statistical significance, as indicated by the F-statistic and p-value, underscores the relevance of leadership style in influencing strategic decisions. Hence, the results of regression analysis highlighted that there is significant impact of leadership style on organisation strategy on health sector in Saudi Arabia.

6.2. Proposal Analysis

This research aimed at investigating the leadership styles impact on the strategy of organisation in Saudi Arabian healthcare sector. This proposal analysis emphasises the potential significance of the findings of this research and their practical applications for future implementation. The results of this research are significant in understanding dynamics of leadership, organisational performance enhancement, strategy and policy development, fulfilling gap between practice and research, and cultural context considerations. Understanding the impact of various leadership approaches on organizational strategy is greatly enhanced by the research's dedication to leadership styles. An organisation's culture, decision-making procedures, and long-term goals are greatly affected by its leadership. The findings

provide insights on the productive leadership styles in the health care industry, supporting present and future executives with strategy and leadership development.

This research is particularly useful for recommendations to healthcare organisations in optimising the approaches of leadership for better performance through analysis of the leadership style's impact on organisational strategy. The results of correlation analysis revealed that there is moderate association between leadership style and organisational strategy on health sector in Saudi Arabia. The results of regression analysis highlighted that there is significant impact of leadership style on organisation strategy on health sector in Saudi Arabia. In order to increase efficiency, staff satisfaction, and patient outcomes, healthcare providers could employ these results to launch programs for leadership development. These programs can assist to match leadership styles with corporate goals.

The results can have important implications for health sector strategy planning and policymaking. Better healthcare services and patient care can be the result of policymakers' efforts to better understand the relationship between strategy and leadership and to develop frameworks that encourage successful leadership. This research supported to close the knowledge disconnect between leadership theory and its practical healthcare applications. It has the potential to inform healthcare training programs along with educational curriculum by providing empirical information on the efficacy of approaches to leadership. Moreover, the research provides a novel perspective by placing leadership styles in the context of Saudi Arabian cultural as well as organizational norms, due to its exclusive emphasis on the nation as a whole for generalised results. For international businesses and partnerships to be successful in today's globalised environment, it is necessary for leaders to understand the cultural complexity of leading across diverse groups.

The practical implications of results of this research are leadership training and development, initiatives of organisational change, systems of performance management, and processes of strategic planning, healthcare governance and policy formulation. Leadership programs for development and training can be informed by the findings of the research. Leadership styles like transformational leadership to improve health sector organizations' strategy and performance can serve as the primary emphasis in these programs. Healthcare organisations may better correspond to their leadership styles with desired strategic goals by utilising insights from the research to support organisational transformation activities. To achieve this goal, it should be necessary to implement new methods of communication and decision-making or to reorganise the positions of leadership.

This research offers the potential to shape performance management systems in a way which more effectively rewards leaders for demonstrating the skills necessary to put strategies into action. For this purpose, leadership effectiveness and its effect on strategic objectives can be included as performance metrics in these systems. Companies in the healthcare industry could utilise the research's results to inform their long-term strategies. This integration can help make sure that leadership styles are taken into consideration when the organisation's plans are being established and put into action. The results highlight the importance of leadership in attaining long-term goals and can possibly shape health sector policies and governance frameworks. Some examples of these documents include healthcare organizations' standards for leadership development, assessment, and selection programs.

To ensure the ongoing transfer of information and best practices in leadership, the leadership centre should be developed to establish a framework of collaboration with healthcare organisations, academic institutions, and policymakers. Leadership development, education, and research in the health care industry would be the primary goals of this centre. The proposed initiative will share the results of this study and related research, develop leadership programs founded on evidence-based methods, and give advisory services to healthcare organisations intending to update their leadership frameworks and approaches. Leadership development programs in the Saudi Arabian health industry can be more effectively responded to by working together in this manner. Academic programs in medicine and healthcare administration would succeed well to include the findings of the research into the curriculum. Health care is a complicated and ever-changing industry, and this integration would make sure that the leaders of future have the abilities to effectively manage it.

References

- Afsar, B., Badir, Y.F., Saeed, B.B. & Hafeez, S. (2017). Transformational and transactional leadership and employee's entrepreneurial behavior in knowledge-intensive industries. *The International Journal of Human Resource Management*, 28(2), pp.307-332. <http://dx.doi.org/10.1080/09585192.2016.1244893>
- Arifin, S. R. M. (2018). Ethical considerations in qualitative study. *International journal of care scholars*, 1(2), 30-33. <https://doi.org/10.31436/ijcs.v1i2.82>
- Aryani, Y.A. & Setiawan, D. (2020). Balanced scorecard: Is it beneficial enough? A literature review. *Asian Journal of Accounting Perspectives*, 13(1), pp.65-84. <https://doi.org/10.22452/AJAP.vol13no1.4>
- Azeem, M., Ahmed, M., Haider, S. & Sajjad, M. (2021) Expanding competitive advantage through organizational culture, knowledge sharing and organizational innovation. *Technology in Society*, 66, p.101635. <https://doi.org/10.1016/j.techsoc.2021.101635>
- Beekman, L.U.U.K. (2023) *Strategic allocation of resources to increase ambidexterity in large firms: a single case study*. Available from: https://essay.utwente.nl/94470/1/Beekman_MA_BMS.pdf (Accessed: December 1st, 2023).
- Benn, J., Arnold, G., D'Lima, D., Wei, I., Moore, J., Aleva, F., Smith, A., Bottle, A. & Brett, S. (2015) Evaluation of a continuous monitoring and feedback initiative to improve quality of anaesthetic care: a mixed-methods quasi-experimental study. Available from: <https://europepmc.org/article/nbk/nbk305883> (Accessed: December 1st, 2023).
- Bhattacharya, K. (2017). *Fundamentals of qualitative research: A practical guide*. Taylor & Francis.
- Brundage, A. (2017). *Going to the sources: A guide to historical research and writing*. John Wiley & Sons.
- Campbell, D. T. (2017). Factors relevant to the validity of experiments in social settings. *Sociological methods*, 243-263.
- Denis, D. J. (2018). *SPSS data analysis for univariate, bivariate, and multivariate statistics*. John Wiley & Sons. <https://books.google.com.pk/books?hl=en&lr=&id=MjVmDwAAQBAJ&oi=fnd&pg=PA1&dq=SPSS+is+effective+for+quantitative+data+analysis&ots=qqndYynfXo&si>

- [g=FGHKhT86xfIWdsl8GKjLD_MOrCw&redir_esc=y#v=onepage&q=SPSS%20is%20effective%20for%20quantitative%20data%20analysis&f=false](https://doi.org/10.1016/j.psychres.2019.06.008)
- Eisman, A.B., Kilbourne, A.M., Dopp, A.R., Saldana, L. & Eisenberg, D. (2020). Economic evaluation in implementation science: making the business case for implementation strategies. *Psychiatry Research*, 283, p.112433.
<https://doi.org/10.1016/j.psychres.2019.06.008>
- El Khatib, M., Alabdooli, K., AlKaabi, A. & Al Harmoodi, S. (2020). Sustainable Project Management: Trends and Alignment. *Theoretical Economics Letters*, 10(06), p.1276.
<https://doi.org/10.4236/tel.2020.106078>
- Fellows, R. F., & Liu, A. M. (2021). *Research methods for construction*. John Wiley & Sons.
- Gilsing, R., Wilbik, A., Grefen, P., Turetken, O., Ozkan, B., Adali, O.E. & Berkers, F. (2021). Defining business model key performance indicators using intentional linguistic summaries. *Software and Systems Modeling*, 20(4), pp.965-996.
<https://doi.org/10.1007/s10270-021-00894-x>
- Gogtay, N. J., & Thatte, U. M. (2017). Principles of correlation analysis. *Journal of the Association of Physicians of India*, 65(3), 78-81. https://www.kem.edu/wp-content/uploads/2012/06/9-Principles_of_correlation-1.pdf
- Higgins, E.A. (2015) *The influence of nurse manager transformational leadership on nurse and patient outcomes: Mediating effects of supportive practice environments, organizational citizenship behaviours, patient safety culture and nurse job satisfaction*. Available from:
<https://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=4453&context=etd> (Accessed: December 1st, 2023).
- Johnson, R. B., & Christensen, L. (2019). *Educational research: Quantitative, qualitative, and mixed approaches*. Sage publications.
- Juma, L.M., Ayub, S.E. & Ali, U. (2023) Influence of Participative Leadership Style on Public Health Service Delivery in County Governments in the Western Kenya Region. *African Journal of Empirical Research*, 4(1), pp.116-132. Available from:
<https://ajernet.net/ojs/index.php/ajernet/article/view/51> (Accessed: December 1st, 2023).
- Kalu, F. A., & Bwalya, J. C. (2017). What makes qualitative research good research? An exploratory analysis of critical elements. *International Journal of Social Science Research*, 5(2), 43-56. <https://doi.org/10.5296/ijssr.v5i2.10711>

- Kaul, A. (2019). Culture vs strategy: which to precede, which to align? *Journal of Strategy and Management*, 12(1), pp.116-136. <https://doi.org/10.1108/JSMA-04-2018-0036>
- Khan, I.U. & Khan, H. (2021). Impact of individualised consideration on transformational and transactional leadership styles. *International Journal of Education Economics and Development*, 12(2), pp.136-150. <https://doi.org/10.1504/IJEED.2021.114367>
- Lemarleni, J.E., Ochieng, I., Gakobo, T. & Mwaura, P. (2017). Effects of resource allocation on strategy implementation at Kenya Police Service in Nairobi County. *International Academic Journal of Human Resource and Business Administration*, 2(4), pp.1-26. Available from: https://www.iajournals.org/articles/iajhrba_v2_i4_1_26.pdf (Accessed: December 1st, 2023).
- McNeish, R. & Tran, Q. (2020). Leadership that promotes successful implementation of community-based mental health interventions. *Journal of community psychology*, 48(5), pp.1500-1511. <https://doi.org/10.1002/jcop.22343>
- Metz, M. (2021). Overview of change in organizations. Resistance to change. a literature review. *Ovidius University Annals, Series Economic Sciences*, 21(1), pp.611-620. Available from: <https://stec.univ-ovidius.ro/html/anale/RO/2021/Section%204/22.pdf> (Accessed: December 1st, 2023).
- Ngozwana, N. (2018). Ethical dilemmas in qualitative research methodology: Researcher's reflections. *International Journal of Educational Methodology*, 4(1), 19-28. <https://doi.org/10.12973/ijem.4.1.19>
- Ong, M. H. A., & Puteh, F. (2017). Quantitative data analysis: Choosing between SPSS, PLS, and AMOS in social science research. *International Interdisciplinary Journal of Scientific Research*, 3(1), 14-25. https://www.researchgate.net/profile/Fadilah-Puteh-2/publication/322885790_Quantitative_Data_Analysis_Choosing_Between_SPSS_PLS_and_AMOS_in_Social_Science_Research/links/5a73d1320f7e9b20d490034b/Quantitative-Data-Analysis-Choosing-Between-SPSS-PLS-and-AMOS-in-Social-Science-Research.pdf
- Partington, A., Chew, D.P., Ben-Tovim, D., Horsfall, M., Hakendorf, P. & Karnon, J. (2016). Screening for important unwarranted variation in clinical practice: a triple-test of processes of care, costs and patient outcomes. *Australian Health Review*, 41(1), pp.104-110. <https://doi.org/10.1071/AH15101>
- Peck, R., Short, T., & Olsen, C. (2020). *Introduction to statistics and data analysis*. Cengage Learning.

<https://thuvienso.hoasen.edu.vn/bitstream/handle/123456789/12547/Contents.pdf?sequence=1&isAllowed=y>

- Pidun, T. & Felden, C. (2011) Limitations of performance measurement systems based on key performance indicators. Available from:
https://scholar.archive.org/work/5mpmwide2zfe3fh3poqi42tdnm/access/wayback/http://aisel.aisnet.org/cgi/viewcontent.cgi?article=1013&context=amcis2011_submissions
 (Accessed: December 1st, 2023).
- Plano Clark, V. L. (2017). Mixed methods research. *The Journal of Positive Psychology*, 12(3), 305-306. <https://doi.org/10.1080/17439760.2016.1262619>
- Rafiq, M., Zhang, X., Yuan, J., Naz, S. & Maqbool, S. (2020). Impact of a balanced scorecard as a strategic management system tool to improve sustainable development: measuring the mediation of organizational performance through PLS-smart. *Sustainability*, 12(4), p.1365. <https://doi.org/10.3390/su12041365>
- Sarstedt, M., Mooi, E., Sarstedt, M., & Mooi, E. (2019). Regression analysis. *A concise guide to market research: The process, data, and methods using IBM SPSS Statistics*, 209-256. https://link.springer.com/chapter/10.1007/978-3-662-56707-4_7
- Warrick, D. D. (2023). Revisiting resistance to change and how to manage it: What has been learned and what organizations need to do. *Business Horizons*, 66(4), pp.433-441. <https://doi.org/10.1016/j.bushor.2022.09.001>.
- Woo, S. E., O'Boyle, E. H., & Spector, P. E. (2017). Best practices in developing, conducting, and evaluating inductive research. *Human Resource Management Review*, 27(2), 255-264. <https://doi.org/10.1016/j.hrmr.2016.08.004>

Appendix

Questionnaire

Demographic Variables

Gender:

0= Female

1= Male

2=Prefer not to say

Age:

0=18-29 years

1=30-39 years

2=40-49 years

3=50years and above

Questionnaire

Variables of the Study

<i>Variable/ Codes</i>	0	1	2	3	4
Leadership style - IV	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
In healthcare organisations, effective leadership has a critical role in determining overall system performance, quality, and innovation					
Effective leadership is essential for encouraging positive change and creativity in organisations					

Transformational leadership style is known to be an effective style for healthcare employees					
Transformational leadership style leads to lower turnover and staff satisfaction					
Transformational leadership enhances a culture of innovation and continuous improvement in healthcare					
Organisational strategy on health sector in Saudi Arabia - DV					
Elements including compensation, managerial support, and career growth have an impact on healthcare practitioners universally and that motivation is essential for accomplishing organisational goals					
Organisations must carefully allocate their resources to areas that support their overarching goals					
Companies lacking a well-defined plan can encounter difficulties in making choices, allocating resources, and functioning as a whole					
Businesses that strategically emphasise integrating evidence-based practices have superior levels of patient safety, care quality, and overall satisfaction					

Companies need to continuously review and improve their ability to adjust to changing market conditions					
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The impact of leadership style on organisational strategy on health sector in Saudi Arabia

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