Available online freely at www.isisn.org

Bioscience Research

Print ISSN: 1811-9506 Online ISSN: 2218-3973

Journal by Innovative Scientific Information & Services Network

RESEARCH ARTICLE BIOSCIENCE RESEARCH, 2022 19(3):1615-1624. **OPEN ACCESS**

Examine the relationship between transparency, strategic understanding, and organisation readiness to change among healthcare providers working in the ministry of health

Jamilah M Almuqati[1], Saud H Althomali[2], Mysara Alfaki[3]and Ahmed S Alkrani[4]

[1] Nursing Department, Taif Cluster, Taif, **Saudi Arabia**
[2]Teaching Assistant, Nursing department, College of applied medical sciences, Taif university, **Saudi Arabia**
[3] Nursing department, College of applied medical sciences, Taif university, **Saudi Arabia**
[4] Nursing department, College of applied medical sciences, Taif university, **Saudi Arabia**

***Correspondence:** asakg@live.com **Received 22-06-2022, Revised: 22-08-2022, Accepted: 24-08-2022 e-Published: 27-08-2022**

Readiness to change, transparency and strategic understanding are critical for having effective strategic change. The aim of this study is to examine transparency and strategic understanding as predictors for organisation readiness for change in Saudi Arabia.A descriptive cross-sectional correlational design was used to collect data from 420 participants in three Ministry of Health facilities. The study population includes all the healthcare providers working in the selected setting. The non-probability sample was selected in this study as they were selected on the basis of convenience and quota. Both descriptive and inferential statistics were calculated. The statistical test includes frequency, percentage, mean, variance and standard deviation to recognise the demographic characteristics, organisation readiness to change level, organisation transparency level, and strategic understanding level. Correlational tests were used to examine the association between the variables.A significant positive correlation was found between the organisation readiness for change, organisation transparency, and strategic understanding. The study revealed that organisation transparency and strategic understanding are significant predictors for organisational readiness to change. Demographic characteristics had a significant influence on the level of organisation transparency, strategic understanding, and organisation readiness to change. This study concluded that organisation readiness for change, organisation transparency, and employee strategic understanding were moderately perceived among healthcare providers who participated in the study. Moreover, personal and professional characteristics of the participants had made a variation on how they perceive organisation transparency, on the level of strategic understanding of the Ministry's strategies and on their collective readiness for change.

Keywords: change commitment, change efficacy, readiness to change, transparency, strategic understanding

INTRODUCTION

The vision for the future in Saudi Arabia set the roadmap for Saudi's future as it was designed to improve the quality of life of citizens, enhance socioeconomic growth, reduce dependency on oil commerce and develop a smart and diverse economy (NTP2020, 2016). Healthcare organisation reform is challenging, as it requires the implementation of changes without any disruption to the quality of care provided to patients, or patient satisfaction (Alharb, 2018). The sixteen objectives cover many areas of the health system, making changes complex and requiring adjustments to decision-making processes, workflows, staffing, reward systems and communication within a healthcare organisation (NTP2020, 2016). Employees are the main influencers in organisational change. Organisations will succeed with their employees' hearts, minds and hands. The impact of transparency on the healthcare system in Saudi Arabia is still unknown. Although Saudi Arabia was ranked 57th out of 180 countries on the global transparency index in 2017, 58th in 2018, it improved to 51st in 2019 with a score of 53 (Hinks, 2017). The improvement was in general for all movement entities and not specific to the health sector. The impact of transparency and strategic understanding on organisation readiness for change has not been studied in the Kingdom of Saudi Arabia which necessitates this study to be conducted.

The Kingdom of Saudi Arabia is undergoing a huge strategic change in all government entities. The Ministry of Health (MOH) is seeking to implement several health initiatives related to the National Transformation Program (NTP) 2020 and the Saudi Vision 2030. The reform involves all levels of ministry directories, hospitals, specialised clinics and primary health centres. Moreover, policies are changing, new projects have been initiated to fulfil the vision strategy like patient-centred care and

patient experience. Hospitals and primary centres are collected into health clusters in 4 preparing for the expansion of the privatisation of health services and reducing the cost of health services. Improving the utilisation of resources and efficient use of information technology has begun with digital health records for Saudi citizens. Those bundles of changes are required to be implemented while hospitals face challenges of old machinery that are struggling to deliver quality care to the patients and satisfy the need of nurses, physicians and other healthcare providers. Transparent communication of the vision's strategies and how it will be implemented to all ministry employees are decisive in their understanding of the strategies and preparing them for the change. On the other hand, when structural readiness is low, organizational members will regard the change as objectionable and consequently sidestep, or even 5 worse resist (Roberts, 2017). In this way, their spirit to implement the change is dampened and they become less inclined to participate in the change process. The absence of a strategic understanding of an organisation's goals may negatively influence the job performance of employees and when an organisation fails to clearly articulate its long-term strategy and goals to employees, they feel disoriented and less motivated (Dawley and Munyon, 2013). However, the lack of transparency leads to the decrease in trust of employees towards their leaders, decreases their job satisfaction, and mainly, negatively affects their readiness to pursue organisational transformations. Furthermore, it negatively influences the overall performance of a healthcare organisation and, most importantly, it severely affects patient outcomes. Worldwide there is a lack of research about transparency, particularly in the healthcare field. Saudi Arabia, the 51st country in the global transparency index and undergoing huge reform in healthcare services – the transparency and strategic understanding impact on organisation readiness to change has not been studied before.

By 2030, Saudi Arabia will have gone through considerable changes. The Ministry of Health is one government body that will be substantially affected by the 2020 national transportation plan and Saudi vision for 2030. The Ministry of Health (MOH) covers more than 60% of the Saudi health services under 20 directories, more than 280 hospitals, and over 2,400 healthcare centres (MOH, 2015). The national transformation plan has 16 objectives related to the 2030 vision strategic objectives: improving healthcare services, improving performance and productivity, improving the efficiency and effectiveness of healthcare through information technology, expanding privatisation, and achieving high levels of transparency (NTP2020, 2016). Sharing information and transparency are important to align employees with strategic objectives by ensuring commitment and improving performance (Men, 2013). However, to be aligned with strategies, employees need to understand them. Therefore, strategic understanding is important for employee work engagement and productivity. Worldwide, employee strategic understanding studies found that only 14% of employees understand their organisation's strategy. Saudi Arabia was ranked the 51st in the global transparency index, at present, no specific studies regarding 7 strategic understanding have been carried out (Ulrich, 2015). Since no previous studies have investigated the role of transparency and strategic understanding in organisation readiness to change in Saudi Arabia, this study will provide empirical evidence regarding these critical components.

MATERIALS AND METHODS

Research Design:

The current study was conducted using a descriptive cross-sectional correlational design. This design was selected for the study as it examines the relationship between study veriables and did not search for causality.

Setting:

The study was conducted at three hospitals in Saudi Arabia; King Fahad medical city Riyadh (KFMC), King Abdul-Aziz specialist hospital (KAASH) and King Faisal medical complex, Taif (KFMC-Taif).

KFMC in Riyadh is the biggest health facility under the MOH. The city launched the service in 2004, when it comprised the main hospital, women's specialised hospital, children's specialised hospital, rehabilitation hospital, comprehensive cancer centre (CCC), National Neurosciences Institute, Obesity, Endocrine & Metabolism Centre and King Salman heart centre with a total bed capacity of 1,200 beds. The city provided healthcare services to more than 30,000 inpatients and 500,000 outpatients per year. The medical city aims to be the benchmark for the health service in the middle east (KFMC, 2019).

King Abdul-Aziz specialist hospital in Taif: the hospital launched the service in 2001; it has 500 beds and is considered as the reference hospital in Taif Governorate. The hospital provides specialised medical and surgical services to Taif governorate citizens (Altibbi, 2019).

King Faisal medical complex: the hospital was launched to service in 2014. It has 500 beds for the general hospital and 300 beds for the maternity hospital. The hospital provides general healthcare services to Taif city citizens (Aleqtssadia, 2013).

Study Population:

The population of the study includes all the healthcare providers working in the selected setting. According to the speciality classification, the population consist of nurses, physicians and allied healthcare professions (pharmacist, laboratory specialist, physiotherapist, and dietitian) with total accessible population of 5,968.

The Sample:

The non-probability sample was selected in this study on the basis of convenience and quota. The convenience sampling entails using the most conveniently available people as participants. The population was distributed in strata based on their speciality, then determine how many participants were needed from each speciality, which is quota sampling to ensure representation from each speciality. Determining the sample size in this study was done in two steps. Step one: the minimum sample size required was calculated using the Slovin's formula n= N/ (1+N*e²) where n = sample size, N = population e = margin of error (5%). The result of the formula was 375 in addition to 10% to cover the cases of drop-outs and non-responses, resulting in a minimum sample size of 413 participants. Step two: a quota sample was calculated by dividing the accessible population into strata and calculating their proportion in the total population. The sample for this study included nurses, physicians and allied healthcare professions (pharmacist, laboratory specialist, physiotherapist, dietitian); the calculation of sample portion as an example: nurses' population was 3,870; the proportion of nurses from the total accessible population was equal to 64.84%. Therefore, the nurses' frequency in the target sample size is 268 nurses (3870*64.84%=268) and so on.

Procedure of Data Collection:

After obtaining the ethical approval from the institutional review board (IRB) from King Saud University and the MOH, the selected setting was communicated to get access to start collecting the data. Official approval from the administration in hospitals was obtained. Questionnaire sheets were distributed in hospitals with an invitation letter. Participants were asked to sign the consent forms and fill out the questionnaires.

Measurements:

The questionnaire is composed of four parts. The first part is demographic data, comprising age, gender, nationality, years of experience and speciality. Organisational Readiness to Implementing Change (ORIC) is the second portion of the full questionnaire. The scale comprises twelve items, five measuring commitment to change and seven measuring efficacies. The items are measured on a five-point Likert-type scale (5 = agree to 1 = disagree). The scale demonstrated adequate psychometrics in the healthcare field and had reliability coefficients of between α = 0.91 and α = 0.89 (Shea et al. 2014). Organisational Transparency is the third part of the questionnaire, which is a subscale from the Organisational Transparency & Trust Scale. The Transparency portion has five subscales composed of twenty-seven items, four items measuring overall perceived organisation transparency, six items measuring participation, seven items measuring substantial information, five items measuring accountability; and five reverse-scored items measuring secrecy. The items are measured using a fivepoint Likert-type scale (5 = strongly agree to 1 = strongly disagree). An example item measuring overall transparency from this scale is "The organisation wants to understand how its decisions affect people like me". Moreover, an example item measuring participation effort from this scale is "Asks for feedback from people like me about the quality of its information". An example item measuring efforts to provide substantial information from this scale is "Provides information in a timely fashion to people like me". An example item measuring efforts to provide accountability from this scale is "Presents more than one side of controversial issues". In addition, an example item measuring secrecy from this scale is "Provides only part of the story to people like me". Psychometric analysis in the healthcare field demonstrated that the scale had reliability coefficients that ranged from 0.93 to 0.79 (Rawlins, 2008). Strategic Understanding is the fourth part of the questionnaire, measured by a six-item scale created by Dawley and Munyon (2013) that is used to assess employee understanding of strategic change. The items are measured using a five-point Likert type scale (5 = strongly agree and 1 = strongly disagree). An example item from this scale is "I understand where my organisation is now and where it is headed". The scale's psychometric analysis in the healthcare field revealed a reliability coefficient of 0.94 (Dawley and Munyon, 2013). Before applying the instrument on the participants of the study Permissions to utilise the Organisational Readiness to Implementing Change (ORIC) scale, Organisational Transparency & Trust Scale, and Strategic Understanding Scale were obtained from the developers' appendix.

Pilot Study:

A pilot study is a preliminary study carried out on a small scale before the full research to test out data. The reason for undertaking a pilot study is to determine the effectiveness of the research's core process, as well as to evaluate the time required and recourse challenges that may arise during the study. A pilot study was conducted on 42 participants which represent 10% of the total sample. They (61) were selected randomly from the population of the study and excluded from it. E-mail was sent through the internal communication system of the hospitals to the heads of departments. They were asked to complete the survey, forward it to their subordinates and comment on the principle of clarity, appearance, layout, feasibility and relevance of the statement, and to determine the time needed to complete the questionnaire. Due to low response and failure to reach all department staff, a hard copy was randomly distributed in the three hospitals. There was no comment from the participant, so no adjustment was made on the instrument. Based on the pilot study it required between 15 and 20 minutes to finish the survey. In addition to the original reliability and validity of the instruments, and before applying the instrument on the main sample in the research, reliability and validity

was examined in the pilot study. It achieved the reliability and validity as follows:

Reliability of the instrument:

Reliability is the extent to which a measurement is free from measurement error. It measures of the consistency and accuracy of the data collection instrument. The consistency of results across items is often measured with Cronbach's Alpha. Cronbach's alpha should minimally reach 0.70 for an instrument to have an acceptable level of consistency (Taber, 2018). After collecting the data of a pilot sample, the data is entered into Statistical Package for the Social Sciences (SPSS) and the reliability coefficient for the three sections of the instrument is computed: ORIC, OT, SU. The reliability coefficients of the instrument in this study were the following: organisation readiness to implement change (α = 0.96), organisation transparency (α = 0.83) and strategic understanding (α = 0.94). It is observed that the reliability coefficient for each dimension is greater than 62 (0.70) which means that each section in the questionnaire is reliable, so we can get the approximated results when we distribute the instrument on a similar sample.

Validity of the instrument:

Validity is the degree to which an instrument measures what it is intended to measure (Polit and Beck, 2017). Validity is also defined as the extent to which data, and its interpretation, reflect the phenomenon under investigation without bias (Gerrish and Lathlean, 2015). Using the same sample of pilot data, and SPSS, the item level validity of the instruments is examined by determining the following scoring assumptions:

A- The item belonging to the same instrument and measuring the same construct should show approximately the same mean and standard deviations.

B- All instruments are valid and powerful. The Pearson correlation coefficient was used between the responses on each item and the total score of all respondents on all items, where P-value ≤ 0.05 considered as the value indicates such correlation. Therefore, all items were significant at level of significance (0.01), which means that the instrument is valid with high internal consistency. After achieving the validity and reliability of the instrument, the questionnaire was distributed to the main sample to collect data.

Data Analysis:

Datasheets were uploaded to SPSS version 22. The data was treated through various statistical models to perform statistical analysis. Both descriptive and inferential statistics were calculated. The statistical test includes frequency, percentage, mean, variance and standard deviation to recognise the demographic characteristics, organisation readiness for change level, organisation transparency level, and strategic understanding level. Correlational tests were used to examine the association between the variables. A correlation is considered to be "an association or bond between variables with variation in one variable systemically related to variation in another" (Polit and Beck, 2017). Analysis of variance one-way (ANOVA) statistics was done for demographic variables to determine whether the variables differed based on demographic groupings. Least Significant Difference (LSD) post-hoc tests were used to identify the specific source of the differences in the mean. A regression test was made to identify the predictive power of organisational readiness to change through transparency and strategic understanding.

Ethical Consideration:

This study was approved by the King Saud University institutional review board (IRB) on 12 March 2019 under code KSU-HE-19-133. Also, this study obtained the Ministry of Health in Saudi approval under code number 19-142E. The consent of the participants in this study was obtained.

RESULTS

Response rate:

Four hundred and forty-seven of the 600 questionnaires distributed were returned, 27 questionnaires were discarded due to incompleteness. Forty hundred and twenty questionnaires were therefore included in the study which exceeds the minimum sample size to get reliable statistical results. The total response rate was 70%. Furthermore, the response rate for nurses was 78% and for physicians and allied healthcare providers it was 42% and 63% respectively. The response rate for KFMC staff was 79.14%, while the response rate for KFMC-TAIF staff was 59.2% and the KAASH staff response was 55.2%.

Demographic Profile:

The majority of participants were nurses, and the majority of them were from King Fahad medical city. The table shows that there were 312 (74.3%) participants who hold a bachelor's degree and 171 (40.7%) who had experience that ranged from five to ten years. Half of the participants were non-Saudi, and 200 (47.6%) participants were in the age group from 22 to 31 years.

Nurses represent 273 (65%) of the the total participants, with 74 participants from King Faisal hospital representing 17.6%, and 69 participants from specialist hospitals representing 16.4%. Regarding participants' age, 200 participants were aged from 22 to 31 years which represents nearly 47.6% of the total participants and 169 participants aged from 32 to 41 years

Table 1: The demographic characteristics of respondents (N=420)

Variable	Frequency	Percent (%)
Hospital		
KFMC- Riyadh	277	66.0
KFMC-Taif	74	17.6
KAASH	69	16.4
Specialty		
Doctors	84	20.0
Nurses	273	65.0
Others	63	15.0
Age		
22- <32	200	47.6
32- <42	169	40.2
42- <52	47	11.2
52- 61	4	1.0
Gender		
Male	116	27.6
Female	304	72.4
Nationality		
Saudi	208	49.5
Non-Saudi	212	50.5
Experience		
Less than 5 years	141	33.6
5-10 years	171	40.7
More than 10 years	108	25.7
Educational Qualification		
Diploma	68	16.2
Bachelor	312	74.3
Master	29	6.9
Doctorate	11	2.6

Three hundred and four female staff participated in this study, representing 72.4%, and 116 male participants, representing 27.6%. Moreover, 208 participants were Saudi, representing 49.5% of the total participants, and 212 participants were non-Saudi, representing 50.5%. One hundred and seventy-one participants had from five to ten years in the setting, and 141 participants had less than five years of experience. Three hundred and twelve participants had a bachelor's degree, and 68 participants had a diploma degree, while 29 participants had a master's degree. Doctorate degree holders were the least participants, as 11 participants had PhD degree as shown in Table 1.

The relationship between transparency, strategic understanding, and organisational readiness for change among healthcare providers

To find out if there is a statistically significant relationship between transparency, strategic understanding, and organisational readiness for change, the Pearson correlation coefficients were used, in addition to the Skewness index is (-0.57, -0.73, -0.67) for ORIC, OT, SU respectively. This means that the distribution is approximately symmetric except for OT, which is moderately skewed to the left side. Kurtosis index is (0.45, 0.58. 0.33) for ORIC, OT, SU respectively which supports the use of Pearson's correlations.

Table 2: Correlations between Organisational Readiness to change with Organisation Transparency and Strategic understanding

	ORIC	OT	SU
ORIC			
OT	0.606**		
SU	0.593**	0.731**	

** Correlation is significant at the 0.01 level (2-tailed).

The above table illustrates that there is a moderate positive significant relation at level of significance (0.01) between organisational readiness for change, and each of organisation transparency and strategic understanding were r=0.593 and r=0.592. In addition, it shows that there is a strong positive significant relation at the level of significance (0.01) between organisation transparency and strategic understanding at r=0.731.

The difference between demographic characteristics toward organisational readiness for change, transparency and strategic understanding among healthcare providers working in the MOH to find out if the organisational readiness to change, transparency and strategic understanding differed regarding demographic characteristics, one-way analysis of variance (ANOVA) was used.

The table 3 illustrates that there was no significant relationship between organisational readiness to change, strategic understanding, and participant work setting. The p-values for organisational readiness for change and strategic understanding were p=0.382 and p=0.108 respectively. On the other hand, the significant value for the f-value of organisation transparency was p=0.034, so there was a significant relationship between transparency and participant work.

Table 3: ANOVA result of sample responses on ORIC, OT, and SU according to demographic characteristics.

Axes	Source of variance	Sum of Squares	DF	Mean Square	F/T-value	Sig.
Work setting						
ORIC	Between groups	1.055	2	.527	.964	0.382
	Within groups	228.082	417	.547		
OT	Between groups	2.938	2	1.469	3.407	0.034*
	Within groups	179.816	417	.431		
SU	Between groups	3.825	2	1.913	2.235	0.108
	Within groups	356.919	417	.856		
Specialty						
ORIC	Between groups	7.461	2	3.730	7.017	0.001*
	Within groups	221.676	417	0.532		
OT	Between groups	17.192	2	8.596	21.65	0.0001*
	Within groups	165.562	417	0.397	1	
SU	Between groups	38.221	2	19.110	24.70	0.0001*
	Within groups	322.524	417	0.773		
Age						
ORIC	Between groups	6.162	3	2.054	3.832	0.010*
	Within groups	222.974	416	0.536		
OT	Between groups	3.933	3	1.311	3.050	0.028*
	Within groups	178.822	416	0.430		
SU	Between groups	13.967	4.656	3	5.585	0.001**
	Within groups	346.778	416	0.834		
Experience						
ORIC	Between groups	3.588	2	1.794	3.317	0.037*
	Within groups	225.548	417	.541		
OT	Between groups	.195	2	.098	.223	0.800
	Within groups	182.559	417	.438		
SU	Between groups	3.652	2	1.826	2.132	0.120
	Within groups	357.093	417	.856		
Education level						
ORIC	Between groups	0.928	3	0.309	0.564	0.639
	Within groups	228.208	416	0.549		
OT	Between groups	1.616	3	0.539	1.237	0.296
	Within groups	181.139	416	0.435		
SU	Between groups	0.036	3	0.012	0.014	0.998
	Within groups	360.709	416	0.867		
Gender		Mean				
ORIC	Male	3.5611	418	-	-3.526	0.0001
	Female	3.8418				
OT	Male	3.1191	418		-4.895	0.0001
	Female	3.4626				
SU	Male	3.4626	418		-3.699	0.0001
	Female	3.8317				

The relationship between organisational readiness for change, strategic understanding, transparency, and participants' speciality was statistically significant at 0.05 level. The p-value for organisational readiness for change, transparency and strategic understanding were p=0.001, p=0.0001 and p=0.0001 respectively, which means that the participants in the specialities physician, nurses and allied healthcare providers differ about their responses on the organisational readiness to change, organisation transparency, and strategic understanding.

The relationship between organisational readiness for change, strategic understanding, transparency, and participants' age was statistically significant at 0.05 level. This means that the participants in all the four age intervals: 22-31, 32-41, 42-51 and 52-61 differed in their responses on the variables: organisational readiness for change, organisation transparency and strategic understanding.

There was no significant relationship between organisation transparency, strategic understanding, and participants' experience. The p-value for organisation transparency and strategic understanding were p=0.800 and p=0.120 respectively. On the other hand, for the significant value for f-value for organisational readiness for change was less than 0.037, which means that the participants in all the three intervals – less than five years, five to ten years and more than ten years – differed in their responses on the organisational readiness for change.

There was no significant relationship between organisational readiness for change, transparency, strategic understanding, and participant education level. The p-value for organisational readiness for change, transparency and strategic understanding were p=0.639, p=0.296 and p=0.998 respectively. This means that the participants in all four education categories: Diploma, Bachelor, Master, and Doctorate, were homogeneous in their responses on the organisational readiness to change, organisation transparency, and strategic understanding.

The significant values for t-values for each of organizational readiness for change, organisation transparency, and strategic understanding were less than 0.05 so there were significant differences between means of responses of participants' regarding their gender. The table shows that females perceived their organisation to be ready for change more than males as the mean of their responses was 3.84 and 3.56 respectively. Females also perceived their organisation to be transparent more than males as the means of their responses were 3.46 and 3.11 respectively. In addition, females perceived themselves to have an understanding of organisation strategies more than males as the means of their responses were 3.83 and 3.46 respectively.

The predictive power of organisational readiness for change through strategic understanding among healthcare providers working for the MOH. In order to examine the predictive strength of the organisation transparency and strategic understanding on the organisational readiness for change linear regression analysis was used as shown in the following tables.

Tables 4 and 5 indicate that organisation transparency is a significant predictor for organisation readiness to change. Transparency predicts 36% variance in organisation readiness for change scores (p-value < 0.0001, $R^2 = 0.368$). The table showed that the regression model is a good fit for data at F = 242.903, pvalue =< 0.0001. Unstandardised coefficients B-value results show that the effect of increasing one unit in the organisation transparency will lead to an increase in organisation readiness for change by 0.659.

Table 4: Results of Regression Analysis; Model Summary

Model	R	R^2	Adjusted R^2	SD error	F	P-value
Model 1	.606	.368	.366	.589	242.903	<0.0001
Model 2	.593	.352	.350	.596	226.769	<0.0001
Model 1 predictor = transparency						
Model 2 predictor = strategic understanding						

Table 5: Regression Coefficients

	Unstandardized Coefficients B	SE	Standardized coefficients Beta	t-	p-value
Model 1: OT	**.659**	**.042**	**.606**	**15.585**	**<0.0001**
Model 2: SU	**473**	**.031**	**.593**	**15.059**	**<0.0001**

Dependent variable = organization Readiness for change; n = 420, SE indicates standard error.

Tables 4,5 indicate that strategic understanding is a significant predictor for organisation readiness for change. Strategic understanding predicts 35% of the variance in organisation readiness for change scores (p-value <0.0001, R^2=.352). The table showed that the regression model is a good fit for data at F = 226.769, p value =< 0.0001). Unstandardised coefficients B-value results show that the effect of increasing one unit in the strategic understanding will lead to an increase in organisation readiness for change by 0.473.

DISCUSSION

The participant in this study, in general, perceive the ministry of health to be somewhat transparent. Ministry of health is considered a large organization and more funds are required to cover the cost of information sharing to a wide range of employees. Research revealed that large organization have better discloser and transparency level this could be because they have more resource, less competitive and better discloser practice. In contrast, other studies show that organization size does not affect its transparency level (Al-Moataz & Hussainey, 2013). The participant 89 perceives the ministry effort in providing Substantial information higher than other dimensions of transparency and the ministry has the desire to share the information. These findings are consistent with research that has highlighted the value of transparency is derived from the disclosure of information concerning issues that may be doubted by employees (Brandes & Darai, 2017).

Even the three hospitals in this study are in different stages of the change and in implementation of the NTP objectives, they approximately have the same level of readiness. other research finding was different and revealed that readiness varies among hospitals and departments based on the type of leadership, staffing, culture, training opportunity and resource availability (Sharma et al., 2018). The finding of this study shows that employees' characteristics have an influence on readiness to change. In contrast, (Abd-Elkawey & Sleem, 2015) found that there is no relation between readiness to change and personal characteristics.

In this study, the organizational readiness to change is influenced by employee specialty whereas nurses have more collective readiness than other specialty. This result is similar to what was found by (Nafei, 2014) that the employee from different specialty responds differently toward the change. The result also is contradictory from what was found in other research whereas physicians had more readiness to change (Rodriguez et al., 2016).

Participants' characteristics find to have an influence on the level of their understanding of ministry strategy. Nurses and physicians have more understanding of organization strategy than allied health care providers do. This could be due to the difference in the professional background of each specialty and the share of objectives that relate directly to their work. Older participants and females report that they understand the ministry strategies more than the younger and males' participants do. While participant experience did not affect their understanding of the strategies. These findings are supported by previous research that show the same finding regarding the impact of age and experiences on strategic understanding (Dawley & Munyon, 2013)

The relationship and predictability between transparency, strategic understanding, and organisation readiness for change among healthcare providers' were found to have a strong to moderate relationship with both organisation transparency and strategic understanding, while a strong correlation is demonstrated between organisation transparency and strategic understanding. In this study, the participants have a moderate level of understanding and view the ministry to be a bit transparent and to some degree ready to the change. Organisational transparency and strategic understanding were similarly strongly predicting the organisational readiness to change. Organisation transparency and strategic understanding can predict 35-36% of variation on organisational readiness to change. These findings highlight the role of communication of strategies to all of the employees in the ministry to improve the readiness to change. The finding of this study is similar to what was found in previous research: the employee who feels that the organisation is transparent and has good communication within the organisation will act positively towards change with less resistance (Ahmed et al. 2017; Salazar, 2017). This finding is also supported by much research that sharing the organisational strategy and communicating a change initiative will contribute to the understanding and employees' support of the change (Alharbi, 2018). The correlation between strategic understanding and transparency found in this study is consistent with Salazar (2017) result which concludes that transparency is strongly related to employee strategic understanding and commitment to organisation during strategic change.

CONCLUSION

This study explores how the healthcare provider in the ministry of health perceives the ministry transparency, how they perceive their understanding of vision strategies and NTP initiative, and how they perceive the ministry readiness to this change. there is the question of whether the results from this study on change readiness, transparency and strategic understanding in the ministry of health can be generalized to other organizations.

Since our research was investigated in the healthcare sector, its outcomes are not represented for all healthcare professionals; thus, consideration is required to generalize our findings, the hospitals (study settings) were at different phases of change. Employees change attitudes may alter over a change phases.

This study proposed that improving organisation transparency and employees' strategic understanding will

lead to improvement in organisation readiness to change. The finding of this study concluded that organisation readiness to change, organisation transparency, and employee strategic understanding was moderately perceived among healthcare providers who participated in the study. Moreover, personal and professional characteristics of the participants made variations in how they perceive organisation transparency, on the level of strategic understanding of the ministry strategies and on their collective readiness to change. This study has contributed to that body of knowledge by finding a significant relationship between organisation transparency, strategic understanding and organisation readiness to change. Perceived organisation transparency and employee strategic understanding were a significance predictor for organisation readiness to change. When taken as a whole, the findings indicate the important role of organisational transparency and employee understanding of the strategies while preparing the organisation for change and during the implementation of a change initiative.

Recommendation for administration

- Leaders need to be proactive in managing change by assessing the change readiness in their organisation and set plans to prepare the organisation for change, which could be done through using change management models such as McKinsey 7-S Model and Kotter's Model. In addition, leaders need to have discussions with staff about how their exact role supports the vision initiative. The relationship between personal differences and strategic understanding indicates that a standardised method for communicating the strategies and initiative is inadequate.
- Future research may include use of a mixed-methods design. A questionnaire is a powerful tool for obtaining a large amount of information but focus groups could provide a deeper understanding of the rationale behind the answers. A longitudinal study might offer a better indication of the organisational readiness to change, organisational transparency, and strategic understanding.
- Employees need to take an active approach in implementing the plan to enhance their perception of the ability to implement the change. Employees must be able to discuss the strategy and raise suggestions, concerns, issues and feedback. Employees could also help the organisation in shaping and communicating strategy and plans.

CONFLICT OF INTEREST

The authors declared that present study was performed in absence of any conflict of interest.

ACKNOWLEDGEMENT

The researchers would like to publicly thank everyone who helped with this research in any way.

AUTHOR CONTRIBUTIONS

All authors contributed to the design and implementation of the research, the writing and reviewing of the manuscript, and. All authors read and approved the final version.

REFERENCES

Abd-Elkawey H, Sleem W, 2015. Factors Affecting Nurses' Readiness for Change in Health Care Organizations. International Journal of Advanced Research 3: 1330–1343.

Ahmad MH, Ismail S, Rani WM, Wahab MH, 2017. Trust in management, communication and organisational commitment: Factors influencing readiness for change management in organisation. In International Conference on Applied Science and Technology 1891: 1-6. https://doi.org/10.1063/1.5005352.

Aleqtssadia, 2013. King Faisal medical complex. www.aleqt.com/2013/07/11/article_769482.html%0D Accessed 14 June 2021.

Alharb MF, 2018. An Investigation of the Saudi Healthcare System's Readiness for Change in the Light of Vision 2030: The Role of Transformational 100 Leadership Style. Journal of Health Specialties 6:45–51. https://doi.org/10.4103/jhs.JHS.

Alharbi MF, 2018. An analysis of the Saudi health-care system's readiness to change in the context of the Saudi National Health-care Plan in Vision 2030. International Journal of Health Sciences 12: 83–87.

Al-Moataz E, Hussainey K, 2013. Determinants of Corporate Governance Disclosure in Saudi Companies. Journal of King Abdulaziz University: Economics & Administration 27: 411–430.

Altibbi, 2019. KAASH. Retrieved from https://www.altibbi.com/29257-DirectoryMedical/Hospital-King-Abdul-Aziz-Specialist Accessed 14 May 2021.

Brandes L, Darai D, 2017. The value and motivating mechanism of transparency in organizations. European Economic Review 98: 189–198. https://doi.org/10.1016/j.euroecorev.2017.06.014

Dawley DD, Munyon TP, 2013. Does strategy matter for non-managers?: an examination of strategic understanding and self-regulation at work.

Proceedings of the Academy of Management, 134: 635–646.

Gerrish K, Lathlean J, 2015. The Research Process in Nursing. GSSB. (2015). G4 sustainability reporting guidelines.

Hinks J, 2017. International Transparency Index. http://www.transparency.org/cpi2016 Accessed 5 Mar 2021.

KFMC, 2019. Who we are?. https://www.kfmc.med.sa/EN/About/Pages/default.aspx Accessed 7 Mar 2021.

Men L, 2013. The Effects of Organizational Leadership on Strategic Internal Communication and Employee Outcomes. PhD thesis. University of Miami. Miami. USA.

Ministry of Health, 2015. Statistical Book for the year 1436. Saudi Ministry of Health. http://www.moh.gov.sa/en/Ministry/Statistics/book/Documents/StatisticalBook1436.pdf%0Ahttp://www.moh.gov.sa/ministry/statistics/book/pages/default.aspx Accessed 6 May 2021.

Nafei WA, 2014. Assessing Employee Attitudes towards Organizational Commitment and Change: The Case of King Faisal Hospital in Al-Taif 108 Governorate, Kingdom of Saudi Arabia. Journal of Management and Sustainability 4: 204–219. https://doi.org/10.5539/jms.v4n1p204.

NTP2020, 2016. National transformation program 2020. http://vision2030.gov.sa/sites/default/files/NTP_En.pdf Accessed 4 June 2021.

Polit DF, Beck CT, 2017. Nursing research generating and assessing evidence for nursing practice, Ed 10. Lippincott Williams & Wilkins, Philadelphia, USA.

Rawlins BL, 2008. Measuring the relationship between organizational 110 transparency and employee trust. Public Relations Journal 2: 1–21.

Roberts AD, 2017. Factors that influence successful organizational change in corporations: Examination of change management, employees' reaction to change, and change outcomes. PhD thesis. University of Maryland. Maryland. USA.

Rodriguez HP, Chen X, Martinez AE, Friedberg MW, 2016. Availability of primary care team members can improve teamwork and readiness for change. Health Care Management Review 41: 286–295.

Salazar M, 2017. Let' s be clear: Exploring the Role of Transparency Within the Organization. PhD thesis. Minnesota State University. Mankato. USA.

Sharma N, Herrnschmidt J, Claes V, Bachnick S, De Geest S, Simon M, 2018. Organizational readiness for implementing change in acute care hospitals: An analysis of a cross-sectional, multicentre study. Journal of Advanced Nursing 74: 2798–2808. https://doi.org/10.1111/jan.13801.

Shea CM, Jacobs SR, Esserman DA, Bruce K, Weiner BJ, 2014. Organizational readiness for implementing change: a psychometric assessment of a new measure. Implementation Science 9: 2-15. https://doi.org/10.1186/1748-5908-9-7.

Taber KS, 2018. The use of cronbach's alpha when developing and reporting research instruments in science education. Research in Science Education 48: 1273–1296.

Ulrich B, 2015. Transparency. Nephrology Nursing Journal 42: 7-8.