An Analysis of the Saudi Healthcare System Readiness to Change in the context of Saudi National Healthcare Plan in Vision 2030
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Abstract: Change management studies have emphasized on the significance of the readiness of an organization for change and transformation and recommend strategies to cope with. Like an individual readiness, the readiness of an organization for transformation needs an analysis of the levels of organization focusing on the changes in structure, staffing, work flow, decision making, communication, and reward systems. The organizational readiness for change is a multi-facet and multi-level activity and multi-dimensional activity, the most important is that of willingness of organizational members to accept and implement the change, whereas ignoring the human factors may result into resistance and failure. This study has used hermeneutics, discourse and content analysis for extraction of quotes, concepts with computer software Atlas.ti for qualitative data analysis. The study concludes that if organizational readiness for change is high, resources are made available and situational factors have been aligned then it is expected that members of organizations take initiate for change, exert hard work coupled with greater effort, demonstrate greater determination, and extend more cooperative behavior, that may not only lead towards efficient but also to more effective implementation.

Keywords: Saudi Healthcare System, Readiness to Change, Change Management, NTP 2020

I. Introduction
Change is inevitable and one cannot ignore the changing demands of the healthcare systems as both internal and external changes left no other option but to reform and innovate. Human created systems and organization are going concerns and expected to remain viable and to pay for the return for the investment. Healthcare organizations function and operate to promote, restore and maintain health in a country (Bryan, 2009). If the system is doing so, one can justify the existence and investment of funds on such a system, however, if a system failed to meet the needs and requirements of the society or it cease to operate and function as dreamt out by its founder then we have no other option left to overhaul and modify the system as system life cycle suggest at least to upgrade it when it reach to the stage of stagnation and become a burden on the national economy. Bringing innovation and change in a healthcare system is not an easy task or a short click activity because today’s organization are more complex, and twisting in terms of their structure and functions (Spinelli, 2006; Wittenstein, 2008). Due to both technical and human complexities, introducing change is a challenge for the management and organizational authorities in all kinds of organization does not matter small or large, public or private (Vanderweerdetal.2013). It has been observed by the researchers that in most of the cases, the innovation or change fails to bear fruits and eat the budget and resources (Martha, 2013). This could happen if proper analysis of the existing system has not been done through professionalism considering both the human aspect as well as the non-human aspects of the system i.e. the technical aspects of the systems is easy to modify as compared to human aspect. In some instances, the systems analysts and developers ignore or play down the human factors and give prime importance to the technical dimensions of the organization that may result into in alignment and thus change management by itself succumbed to controversies and issues and thus fails to realize and materialize it goals and objectives (Hangeretal.2013). Another critical aspect is the readiness of the organization for transformation and change in terms if willingness of its members to go along with the change. The close system that does not welcome the external changes might cease to function as compared to the open and flexible system (Amatayakul, 2005). The readiness needs education and motivation of the stakeholders through financial incentives, promotion to the next higher ranks, trainings (Jones, et al., 2005; Armenakis & Harris, 2005). And most important is the change in the organizational culture, norms and values. Today’s organizations are considered as learning organization i.e. they unlearn the old to learn the new (Weiner, Lewis, & Linnan, 2009). This continuous learning environment play pivotal role in readiness for the change and transformation. Keeping in view the enormous pressure and financial constraints of the economy due to war like situation on the borders and the decreasing prices of the oil in the international market, the government of Saudi Arabia has no option left but to restructure and innovate its organizational mechanism and services in all sectors of the economy including the health sector. Currently, Saudi
Arabia has been following the National Healthcare Model in which provision of health services is mainly the responsibility of the government where patients are enjoying free of fee treatment and health services (Simeon Kerr, 2016). Although, some private hospitals and primary health care centers could be found, however, as compared to the government sector, the role of private sector is very nominal and insignificant. Therefore, under the able leadership of the young Deputy Crown Prince Muhammad Bin Salman, the government has envisioned a National Transformation Plan labeled as vision 2030 (NTP, 2020). The purpose of the plan is liberalization and giving an opportunity to private sector too to shoulder their responsibility by reducing the pressure on the public sector. Moreover, the new reforms are expected to eliminate the complications and deficiencies of the existing. The new structure of the system is therefore, likely to be more vibrant and service oriented in terms of quality of care and main focus of the new healthcare system is the total quality management. The aim of the this existing study is to identify the major issues that could be faced by the health sector in the successful implementation of the national transformation plan in the background of readiness for change in healthcare in the context of National Healthcare Plan in its Vision 2030.

II. Review of the Existing Literature

Wittenstein (2008) while quoting the Kurt Lewin defined change as the process of changing the current state to a desired state, similarly, Lewin (1947) upholds that “change and constancy are relative concepts; group life is never without change, merely differences in the amount and type of change exist”. Thus, change and adaptation has been considered long as the most critical factor in the fields of policy and research in all fields including the health. Despite the sharp and growing development in the field however, the magnitude of the change and adaptation is still a great challenge to understand its dynamics as it is in its infancy. The lack of understanding on how to innovate and adapt, and the factors that determine the practical execution has been identified as one of the biggest issues as Repetto (2009) reports. For instance, the researchers like Biesbroek et al.2010; Gupta et al.2010; Berrang-Ford et al.2011; Termeer et al. 2012;Prestonetal.2011; and Hanger et al.2013; have identified the factors that could lead to success or otherwise failure, the factors may include, assessing the impacts; investigative, the adaptive capacity; and identifying the options for adaptation and the knowledge on the extent to which administrative and governance systems are prepared for adaptation. Similarly, these studies further points that the frameworks for systematically examining the extent to which the healthcare organizations are ready to adapt are also limited.

III. Perspective on the Global Transformational Management Models

The literature on transformational or change management models reveals two primary models for transformation and change i.e. planned and emergent, which are major models presented by Lewin (1951). According to Lewin planned approach, there are four concepts and theories to be used for effective change management i.e. field theory, group dynamics, action research, and the 3-step model. The thorough review of the existing literature reveals that presently, the most commonly used models of emergent change management model is that of the Hinings and Greenwood’s model of change dynamics (Hinings and Greenwood, 1989). Furthermore, the Kanter et al.’s “Big Three” model of organizational change (2003) and Pettigrew’s process/content/context model are also usable and effective in successful transformation and change process (Pettigrew, 1989). Inter alia, the most significant in the health sector were presented by Lukas et al.’s organizational model for transformational change in healthcare systems, the Canadian health services research foundation (CHSRF)’s evidence informed change management approach, and more recently, the Canada health information’s change management model.

IV. An Analysis of the Change Management Models in Healthcare

Lukas et al. (2007) have developed a conceptual model to guide the healthcare organizations for the sustained organization-wide patient care improvements. This model emphasizes on the facilitation of the process of impetus to transform, leadership commitment to quality, an initiatives to involve the employees in meaningful way. Martha Twaddle (2013) in her study ‘innovation in end-of-life care’ reports the complicated fabrics of multi-dimensional components that are interdependent and inter-coordinated. Her model focused on three main areas with regard to healthcare transformation and change i.e. organizational/people aspects, technology and data and workflow or the process aspects of an organization. The fig.1 given below explains the Martha Twaddle model for healthcare transformation change management.
Figure 1: A Bird Eye view of the Saudi Healthcare National Transformation Program-2020

The healthcare services system in Saudi Arabia has been evolved massively from the last 20 years. The Saudi Ministry of Health (MOH) is providing 60% of these services free of fee, while the remaining are provided by others including the private sector. To successfully deal with the future challenges, the Saudi health system is expected to go through transformation and change by 2020.

According to WHO officials “Saudi healthcare system has well-equipped hospitals designated to serve that surpassed many of the world-class hospitals” (WHO, 2012). Whereas according to Bloomberg the Saudi Arabia has been ranked 29th in a ranking with regard to efficiency of healthcare systems around the globe. Recently, the Saudi government has approved a 10-year strategic plan for the period covering 2010-2020, which emphasizes on tertiary and quaternary care in each region in order to give them independence in terms of provision of care (Aster DM Healthcare, November 29, 2015).

Numerous studies have identified the weaknesses of the existing Saudi healthcare system and offered way-out for cost-effective and quality healthcare services in Saudi Arabia for example (Zohair A. Sebai, Waleed A. Milaat, & Abdulmohsen A. Al-Zulaibani, 2001), according to this study Saudi Arabia is incurring high cost besides the apprehensions in quality of care. To resolve the issues of high cost and to further improve the quality of care, the government of Saudi Arabia has planned the restructuring and reform of the healthcare system through its vision 2030. It has been planned to involve the private sector and to increase its share from 25% to 35% in the coming years.

In order to successfully implement, the vision government has reserved 06 billion SAR to support the transformation of health sector (Simeon Kerr, 2016). The goals of NTP 2020 included the increase in the share of private sector through alternative financing and supervision, increase the efficient use of existing resources, improve the efficiency and effectiveness of healthcare with information technology and digital transformation, improve the governance in the healthcare system through accountability mechanism besides to address the quality patient safety issues, and further to improve the infrastructure, facility management and safety standards in healthcare facilities (NTP-2020).

V. Barriers to Readiness for Change Process

Though in the background of middle east in general and from Saudi point of view in particular, there could be no specific framework to address the management issues in readiness and adaptation; however, there are numerous studies available in the literature who have already developed frameworks that guides the nations to be ready including the efforts of the United Nations Development Program (UNDP), who identified and developed four components through which we can assess the readiness for change i.e. the ability to plan, access, deliver, monitor and report (Vander weerd et al.2013). This model illustrated below in the fig. 2 could clearly help the policy makers in assessing readiness and to identify areas that need addressing to maximize the fruits of effective implementation of the change.

![Diagram](attachment:diagram.png)
The readiness of an organization for change is a multi-level, multi-faceted and multi-dimensional construct (Bryan, 2009). And the readiness of an organization for change may refer to the preparation, willingness and commitment of the members of the organization and their resolve to implement a change by developing the collective capability bring efficacy in the change process. Though according to studies, the readiness of an organization for change varies due to variation if the structure, functions and the value to change by the organizational members besides the three key determinants of implementation capability which include the task demands, resource availability, and situational factors.

Researchers working in the field of change management have accentuated the significance to establish the organizational readiness for national transformation and change along with advocating various strategies. Like a personal or an individual willingness for change, similarly, the organizational preparation and willingness is also critical. The change may be multiple and simultaneous, the change areas may consist of staffing, workflow, decision-making, communication, and reward systems.

The barriers towards successful implementation may include the lack of political will and the leadership, legal obstacles, absence of financial resources for change, limited or weak coordination between the actors involved in the transformation and change process, scarce financial resources required to support the successful implementation of the program, uncertainty over information for readiness with regard to decision making process, the lack of clarity over who is responsible for the action, conflicting objectives among the stakeholders and interest groups and finally the failure in collective decision making.

It has been widely reported by the researchers that when organizational readiness for change is high, then the members of the organization most probably initiate the change by exerting more and greater efforts, exhibits grander determination, and exhibit greater cooperative with positive attitude and behavior that result into smooth, disciplined and effective implementation with no or minimum chances of the resistance to change.

VI. Discussion and Analysis

Like any other organizations, the healthcare organizations throughout the developed and developing countries could hardly be found ready to implement and manage rapid organizational changes. The new knowledge economy has introduced opportunities as well as tumult, and growth for the healthcare organizations (Beer & Nohria, 2002). Around the globe, the healthcare institutions are facing with high costs, recompense reductions, reforms in the regulation of the government, cutthroat competition, and demanding physicians and patients. Radical and rapid changes within the field of healthcare are more significant factors that are driving organizational changes in the healthcare systems (Appelbaum & Whol, 2000; Kilpatrick & Holscaw, 1996; Studer, 2003). Likewise, in addition to these factors, an aging population, ghoulish lifestyles, the high prescription cost, and scarcity of the registered nurses and other healthcare service workforce (Spinelli, 2006; Wittenstein, 2008) are compelling the health authorities to resolve these issue with more dynamic and vibrant systems.

The conditions that can promote the change in an organization include the change valence, change efficacy, and contextual factors (Jones, et al., 2005; Amatayakul, 2005; Armenakis & Harris, 2005; and Fishbein, 1995). With this above background, it could be concluded that readiness of an organization as shared psychosomatic condition where members of the organization feel determined to implement a new system by innovating the existing one or totally bringing new change with confidence and their collective efforts and abilities to do it. If the members of an organization have thinking like that, for change, it will best help in understanding and analyzing the organizational changes, however, despite these facts, a uniformity in behavior change is pre requisite in order to effectively execute the change and reap the anticipated benefits of the prospected change, furthermore, though there is no ‘one best way’ to increase organizational readiness for change, yet experts in organization and management believe that to regularly monitor the change process and keep it as flexible as possible.

Both the logic as well as the empirical evidence recommend a positive relationship between the support of people in an organization for the change and new strategy and that of the effectiveness their implementation, however, due to variation is the organizations and their units besides nature (Bazzoli et al., 2004). Objective and mode of operation in terms of the organizational capabilities for implementation of the change. This implies that organizations may differ in their overall orientation toward change in terms of general skills and competencies they might require to implement new processes.

Ray, Barney, and Muhanna (2004) have described the general orientation in the organizations, which they named as ‘service climate’ according to them this climate service is directly related to the strategic efforts of an organization to improve patient service in healthcare organizations. The critical factors that determine the service climate are not related to any specific new patient service process but rather to a general set of behavioral norms that exist within an organization. However, it has been observed that
implementing strategic change normally requires the engagement of the stakeholders in different behaviors than they have in the past. When the norms within organizations are inconsistent with the new behaviors, then they may generate unwillingness to change.

Caldwell and O’Reilly (2003) have identified the characteristics and beliefs in their comprising around 2000 organizations, which in their opinion could help promote the innovation within healthcare organizations, and grouped these into four identifiable categories including, support for risk taking, and tolerance of mistakes, teamwork, and speed of action. Similarly, the findings of the Caldwell and O’Reilly were consistent with that of the Armenakis & Harris, 1993; Eby, Adams, Russell, & Gaby, 2000; Oreg, 2003) for change readiness.

VII. Conclusions and Recommendations

Transformation and change is inevitable in the modern day organizations like healthcare organization. The transformation is a shift from the current state to the desired state being non satisfaction from the current one (Cole, Harris, Bernerth, 2006). Saudi Arabia government is trying to bring radical changes in the structure and function of its healthcare system for quality of care and effective service delivery through its NTP 2020.

This study has been conducted by employing qualitative data techniques like hermeneutics, discourse and content analysis with the help of computer based software Atlas.ti. After through and critical analysis based on the principal of logical argumentation, the study concludes that Saudi government should address the human issues of the organization instead of paying attention to the only economic and technical dimension of the healthcare organization. The interaction of human is core element that constitute, makes or breaks an organization. Therefore, ignoring it in planning, policy formulation and decision could be detrimental as readiness of organization for changes is valueless without willingness of the organizational members to adapt and keep In tune themselves in line with required transformation. Otherwise, resistance could destroy the whole exercise and efforts of NTP 2020.

It is believed that generally, the impediments that hamper the readiness of an organization like NYP 2020, may consist of the lack of political will and support from leadership, legal hindrances, lack of funds for change, poor coordination among the people responsible for implementation of reforms, too much secrecy and uncertainty in decision making process, the lack of clarity over who is responsible for the action, conflicting objectives among the stake holders and interest groups and finally the failure in collective decision making. Until and unless these issue are not addressed, we cannot imagine readiness for change and successful implementation.

Moreover, allocation of adaptation funds is also required to be made available, though Saudi government has allocated handsome amount for transformation in NTP 2020, yet it need to be more focused on the priority areas. The second significant aspect could be that of the targeting action, for example the regions where healthcare organizations scores poorly on readiness, Weiner, Amick, and Lee (2008), suggests that priority may be given more to the institutional enhancement, building support for adaptation, and stakeholder dialogue to effectively facilitate the sustainable transformation in these areas to materialize the goals of transformation, like that of NTP 2020.

Likewise, monitoring and evaluation of the change process by itself is critical for the successful execution of the plan, the ability to track transformation is complicated if measureable outcomes are absent to judge the transformation process, therefore, experts recommends a rigorous monitoring and evaluation mechanism that could be used to assess readiness for transformation progress by comparing the actual developments designed for transformation within the institutional and governance structures.

Supporting environment is a pre-condition to get the desired level of readiness for transformation, however, during transformation, the healthcare organization could face a number of challenges, these may include the procedural, conceptual, and political as identified by experts like Eriksen and Kelly(2007), Weiner, Lewis, and Linnan (2009), and Madsen, Miller, and John (2005) in several transformational cases. Therefore, these issues may be addressed in order to successfully to achieve the preparedness of the stakeholders and organizational members to avoid complications and resistance and to implement the Saudi healthcare new transformational plan effectively.

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References


Abdulmajeed Hamdan et al., American International Journal of Research in Humanities, Arts and Social Sciences, 24(1), September-November, 2018, pp. 24-29