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# EVALUATION OF KNOWLEDGE AND CHANGE READINESS OF JEDDAH FIRST HEALTH CLUSTER STAFF MEMBERS REGARDING SAUDI ARABIA'S HEALTH TRANSFORMATION PROGRAM

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## Abstract

As a key component of Vision 2030, Saudi Arabia's Health Transformation Program (HTP) seeks to completely transform the nation's healthcare sector. The purpose of this study is to evaluate the knowledge and change readiness of Jeddah First Health Cluster (JFHC) staff members. The study seeks to assess how prepared JFHC staff members are to accept the changes that the HTP brings about. Employing a cross-sectional descriptive approach, 374 JFHC staff members were given a self-administered questionnaire. Employee understanding of the HTP and their readiness for change along emotional, cognitive, and purposeful aspects were assessed by the questionnaire, which was validated through a pilot study. The results demonstrated a substantial positive link (Pearson correlation value of 0.632) between employees' knowledge of the HTP and their readiness for change. Most participants agreed that the HTP will improve healthcare quality, boost efficiency through electronic health records, and promote access to services. However, there were conflicting sentiments regarding potential wage increases, additional stress, and the system's readiness for the changes. The study emphasizes the need for ongoing education and opportunities for professional growth in preparing healthcare professionals for the HTP. Organizational culture, leadership, and effective communication strategies are essential in fostering a supportive environment for change. Addressing concerns about job security, financial implications, and work-related stress is crucial for successful program implementation. In a nutshell, this research underscores the importance of knowledgeable and prepared healthcare professionals for the successful implementation of the HTP. By addressing identified challenges and leveraging employee engagement, Saudi Arabia can achieve the Vision 2030 goals and transform its healthcare system to deliver higher quality care and better patient outcomes.

## Introduction

The successful implementation of a Health Transformation Program (HTP) hinges on the engagement and readiness of employees to embrace change. Employees' knowledge about the program and their readiness to change are critical factors influencing the program's effectiveness and overall outcomes. Previous research highlights the importance of these factors, providing key findings and implications for practice. The complexities involved in such transformational initiatives necessitate a thorough understanding of these dynamics to facilitate smooth transitions and achieve desired outcomes (Jones et al., 2005).

This study aims to evaluate employees' understanding of the HTP and their readiness to change within the Jeddah First Health Cluster in 2024. The investigation adopts the Theory of Planned Behavior (TPB) and Kotter’s Change Management Model as its theoretical frameworks. These well-established theories provide a robust foundation for assessing the readiness for change and the psychological and organizational factors that underpin it.

The Theory of Planned Behavior (TPB), developed by Icek Ajzen, posits that an individual's behavior is driven by their intentions, which are influenced by three primary factors: behavioral intentions, perceived control over performing the relevant behaviors, and perceived social norms. In the context of HTP, these factors translate into employees' beliefs about the program and its potential impacts, the extent to which their peers and the organization expect them to

adopt the changes, and their perceived capability to implement the changes in protocols and technology (Mirza et al., 2024).

Behavioral intentions reflect the employees' attitudes toward the HTP, including their beliefs about the program's benefits and drawbacks. Perceived social norms encompass the pressure employees feel from their colleagues and the organization to conform to new practices. Perceived behavioral control involves the confidence employees have in their ability to execute the required changes effectively. Understanding these elements is crucial for addressing the psychological barriers that may hinder the adoption of the HTP.

Kotter's Change Management Model complements the TPB by providing an organizational perspective on managing change. This model outlines eight essential steps for successful change: creating a sense of urgency, forming a powerful coalition, developing a compelling vision and strategy, communicating the vision, empowering employees for broad-based action, generating short-term wins, consolidating gains and producing more change, and anchoring new approaches in the organization's culture (Al-Otaibi et al., 2024). By applying Kotter's model within the context of the Jeddah First Health Cluster, the study can evaluate how each step contributes to addressing the research question and improving the overall environment for the HTP.

Combining these theories offers comprehensive insights into evaluating readiness for change at both individual and organizational levels. The TPB focuses on the cognitive aspects of readiness, such as attitudes and perceived control, while Kotter's model addresses the structural and procedural dimensions of change management. This integrated approach helps identify areas needing improvement and suggests measures to enhance employees' preparedness and motivation, ensuring the HTP's effectiveness in achieving its goals.

Employees' knowledge about the HTP is crucial for its successful implementation. Several studies have examined employees' knowledge levels regarding various aspects of healthcare transformation initiatives. For example, a study found that frontline healthcare workers had limited knowledge about the goals, strategies, and expected outcomes of a specific HTP in the Tabuk Region. This lack of knowledge was associated with resistance to change and hindered the program's effective implementation (Ghalibi et al., 2023). Similarly, other studies highlighted the importance of providing comprehensive training and education to employees to enhance their knowledge and understanding of the HTP (Riley et al., 2023).

Studies have also identified knowledge gaps related to specific components of the HTP. For instance, research revealed that employees had a positive perception of using electronic health records (EHRs) but limited knowledge about worker burnout and anxiety related to EHR use, integral to many healthcare transformation programs. These knowledge gaps can hinder the adoption and effective utilization of these technologies (Jabali & Abdulla, 2023). Findings from these studies emphasize the need for targeted educational interventions to improve employees' knowledge and understanding of the HTP's goals, strategies, and technological advancements.

Employees' readiness to change is a critical factor influencing their engagement and active participation in the HTP. A study emphasized that organizational readiness to change should not be viewed in isolation but in conjunction with the readiness and adaptability of its individual members. It is essential to consider and address the expectations of health workers in planning, policy development, and decision-making processes. Neglecting these expectations might lead to adverse effects, rendering an organization's readiness to change

ineffective unless its members are capable of adapting and sustaining the necessary changes (Alqurashi & Alharbi, 2024).

Organizational culture and leadership also play significant roles in shaping employees' readiness to change. Research highlighted the importance of a leadership style that values innovation, fosters open communication, and encourages employee participation in decision-making. Such leadership positively influences employees' readiness to change and promotes active engagement in the HTP (Mekonnen & Bayissa, 2023). Conversely, a study identified organizational resistance to change, lack of clear communication, and inadequate leadership support as barriers. These barriers might hinder employees' readiness to change and impede HTP implementation (Cheraghi et al., 2023).

These findings suggest that both individual and organizational readiness are interdependent and critical for successful HTP implementation. The role of leadership and communication is particularly highlighted, indicating that fostering an inclusive and communicative environment can enhance readiness to change. This guided the study to explore the readiness levels of employees and the organizational culture at Jeddah First Health Cluster, aiming to identify barriers and facilitators of change readiness.

The ongoing privatization process in various sectors is often justified by the argument that it will enhance efficiency, a claim supported by numerous studies. However, critics of privatization raise concerns regarding potential job cuts. Within the hospital sector, such employment reductions could potentially compromise the quality of care provided. Research specifically focused on the impact of privatization on employment levels and found significant reductions in staffing after for-profit privatizations, whereas non-profit privatizations did not result in permanent reductions (Heimeshoff et al., 2013). Additionally, a separate study highlighted a negative perception among nurses regarding the application of privatization efforts in the healthcare system (Seren & Yildirim, 2013).

The study by Falkenberg et al. (2009) provides a nuanced understanding of how privatization affects employees differently based on their hierarchical level. However, it lacks an in-depth analysis of why intermediate-level employees are more affected and what specific factors contribute to their vulnerability. Further research is needed to explore these underlying causes and develop strategies to support these employees during transitions. Heimeshoff et al. (2013) offers valuable insights into the different impacts of for-profit versus non-profit privatizations on staffing levels. While it highlights significant staffing reductions in for-profit models, the study could benefit from a more detailed examination of the long-term effects of these reductions on employee morale and patient care quality. Additionally, Seren and Yildirim's (2013) findings on nurses' negative perceptions underscore the need for better communication and support systems to alleviate concerns among frontline workers during privatization.

The research by Fallatah and Halawani (2023) underscores the critical role of knowledge in alleviating job security concerns during privatization. While the study highlights the positive impact of awareness on employees' perceptions of job security, it could be enhanced by exploring specific educational interventions that effectively improve understanding and reduce anxiety. Additionally, the limited scope of the study suggests a need for more extensive research across different regions and healthcare settings to validate and extend these findings.

In conclusion, employees' knowledge of the HTP and their readiness to change are crucial factors that influence the successful implementation and outcomes of healthcare transformation initiatives. Existing research highlights the importance of comprehensive training, a supportive organizational culture, and effective communication strategies to

enhance employees' knowledge and readiness to embrace change. By addressing knowledge gaps and fostering a culture of readiness to change, organizations can maximize employee engagement, promote effective HTP implementation, and ultimately achieve improved healthcare outcomes. While HTP can bring improvements in certain areas, it may not address all challenges comprehensively. The lack of comprehensive information poses significant limitations when it comes to drawing strong conclusions. Future research should focus on evaluating the impact of targeted interventions on enhancing employees' knowledge and readiness to change within specific healthcare transformation contexts.

## Materials and Methods

### Study Design:

The study variables were assessed using a cross-sectional descriptive methodology. This design was suitable for achieving the study's goal. The approach incorporated collecting data at a single point in time that described the level of knowledge and assessed the extent of readiness to change.

### Study Setting

The study was conducted in Jeddah First Health Cluster (JFHC) facilities. This cluster was appropriate for the study because it's one of the clusters that is implementing the HTP and is accountable for almost all governmental healthcare facilities in south Jeddah.

### Study Population

The population of the study was composed of all different hierarchical levels of employees working for JFHC, including medical and non-medical staff. The target population of this study involved all the employees of the Jeddah First Health Cluster (JFHC) and these were drawn from all the organizational levels, from the directing and(super) subordinate personnel inclusive of the medical and non-medical personnel. Such a widespread was aimed at obtaining a comprehensive idea of the state of the workforce's knowledge and preparedness concerning the Health Transformation Program. The medical staff was made up of doctors, nurses, and other players in the health-related field who directly have interact with clients while non-medical staff comprised of administrators, technologists, and support staff who assist the medical staff in running the health cluster. Thus, by targeting such a large sample of employees, the study sought to gain as comprehensive a perspective as possible on the organizational preparedness and obstacles associated with the HTP implementation.

### Eligibility Criteria

#### Inclusion Criteria:

The target population for the study embraces employees of Jeddah First Health Cluster (JFHC), and no limitation was made in terms of roles, departments, or positions within the organization. This involved individual workers who were full-time, part-time, and those who worked under contract so that all the samples from the entire Workforce could be captured. For the purpose of this study, all employees irrespective of their clinical or clerical work designation or their professional experience such as clinicians, doctors, nurses, allied health staff, administrators, information technology specialists, maintenance workers, and other support staff were considered to be included. Also, participants were selected with at least six months of working experience with the JFHC to make sure that they are in a good position to understand the culture and practices important for the implementation of the Health Transformation Program.

#### Exclusion Criteria:

Healthcare employees of other healthcare clusters or organizations that are not part of the JFHC system were also excluded from the study because the focus of the study was only on those employees who work for the JFHC. Participants who could easily be fired from the hospital and were likely to be temporary staff, interns, or volunteers with no fixed term of contract with JFHC were also excluded to increase the data reliability. In this case, employee groups who precluded themselves from continuous employment during the time of the study like those on maternity leave or long-term sick leave were also excluded on the grounds that their engagement and exposure to the change processes being

investigated may not be optimal. Further, it removed students who were still in their probationary period within the organization and those who joined JFHC within the last six months to allow participants to have a useful understanding of the organization and the Health Transformation Program that they are implementing.

## Sample Size

The number of participants was 374. The participants were 394 in which the data of 20 participants were missing or they had chosen only one option for the whole questionnaire. So, after carefully analyzing the data, only 374 participant's data were considered for analyzing the responses.

## Sampling Technique

A mix of techniques was used. First, a list of participants was prepared using the database available at the JFHC after the exclusion of those who did not fulfill the inclusion criteria. The list was used to determine the sample through systematic random sampling based on the sample size and population of the study. In addition, a convenient sampling method was used to recruit a convenient number of high-level employees and managers.

## Data Collection Tool (instrument) and Technique

A Google form questionnaire was used to assess the knowledge and readiness to change of eligible employees at JFHC facilities. The tool was adopted from a study with a related topic on a national level and it was subjected to a pilot study of 20 professionals who ensured the questionnaire's validity (Alqurashi & Alharbi, 2024). This involves 3 parts: The first part recorded a total of 6 demographic characteristics and the second part was made up of 12 statements that assessed knowledge about the HTP covering aspects including the quality of healthcare services, electronic health records, salary, number of healthcare workers, equity and fairness, access to healthcare services, out of pocket payment, stress, country expenses, financial waste, current system readiness. The third part documented the healthcare worker's readiness to apply change, and this includes 4 emotional questions, 2 cognitive and 2 Intentional questions. Participated employees were asked to respond with "Strongly disagree", "Disagree", "Neutral", "Agree" or "Strongly agree".

This method allowed for efficient data collection, enabled the measurement of employees' knowledge about HTP and their readiness to apply change. The self-administered questionnaire ensured standardized data collection and provided a comprehensive understanding of employees' perspectives, contributing to the achievement of the research objectives in a timely and effective manner. The data was collected through self-administration, which allowed participants to provide responses based on their understanding of HTP and readiness to change.

## Study Variable

### The Independent variable: Knowledge of HTP, and readiness to change

Two predictor variables in this research are employee awareness of the Health Transformation Program (HTP) and the level of readiness for change. The degree of familiarity with the HTP entails the amount of awareness of the employees about the objectives, strategies, and anticipated results of the program. Readiness to change is analyzed through three dimensions: affected (specific aspects of the manner in which the employees towards the change), rational (how aware the employees are regarding the change process and what it entails), and voluntary (employees' predisposition to behave in a manner that supports the change). When compiled, these aspects come together to dictate the readiness and willingness of the workforce to adopt the HTP.

### The Dependent variable: Health transformation program

The dependent variable is defined as the level of success attained in implementing the Health Transformation Program (HTP) in the Jeddah First Health Cluster. This includes the extent to which the program meets the goals of the project, which may include the enhancement of the delivery of healthcare services, better patient outcomes, increased productivity or effectiveness of healthcare delivery and the system as a whole. The effectiveness of the HTP is determined mainly through some key variables, such as patient satisfaction, quality of treatment, use of resources, and staff morale. The correlation between the elements of change readiness and the level of employees' knowledge and the

successfulness of the change process of implementing the HTP is vital interest for identifying the strategies and actions to support the transformation.

### Data Entry and Analysis

The data was entered in SPSS and analyzed by (Social Science statistical package). Descriptive statistics, such as percentages and frequencies, were computed to summarize nominal and ordinal data. Numerical variables were described using appropriate measures such as mean, median, standard deviation, and interquartile ranges. (Chi-squared test) was utilized to assess the association between HTP and the variables of knowledge and readiness to change. While (T-Test) to compare the means of questionnaire scores. P value <0.05 was used to determine statistically significant associations or differences between variables.

### Pilot Study

An English questionnaire with Arabic translation was piloted on 15 employees to identify the challenges like the time required to complete the survey. Then the questionnaire was revised by the Chief of Communication and Change Management, to assess the methodological quality of the questionnaire.

### Ethical Considerations

The aim and objectives were clearly described in the questionnaire. Emphasizing that filling in the required data was considered as consent. No names were required to assure the confidentiality of data and all information was kept confidential and used only for this study's purposes. However, this research obtained ethical approval from the Research and Studies Department at Jeddah Health IRB (A01888)

## Results and Discussion

The current study's sample size of 374 healthcare workers was analyzed using SPSS. First, a demographic part was looked at, and then regression, reliability, and validity tests were done. This was done to find out how people felt about the Health Transformation Program (HTP) and how ready they were to follow the program change agenda.

### Social Demographic Characteristics

The sample's demographic information is displayed in Table 1. The majority of those who answered the questionnaire, or 68.2% of the sample population, were men. The survey sample's gender distribution shows that male healthcare workers were more prevalent. Furthermore, making up 89.3% of the sample, Saudi nationals were the most common respondents. The questionnaire's subjects, which included Vision 2030 and the reform of the Saudi health system topics that are extremely relevant to Saudi citizens help to explain why a large number of respondents were Saudi nationals. Thirty-one to forty years old was the largest age group reported, making up 39.6% of the sample population. Given that members of this age group are probably tech-savvy and frequent users, their opinions on the HTP and its execution may differ.

**Table 1: Social Demographic Characteristics**

| Characteristic | | Frequency | Percent | Mode | Standard Deviation |
|---|---|---|---|---|---|
| Gender | Male | 255 | 68.2% | 1 (Male) | 0.466 |
| | Female | 119 | 31.8% | | |
| Nationality | Saudi | 334 | 89.3% | 1 (Saudi) | 0.309 |
| | Non-Saudi | 40 | 10.7% | | |
| Age | 25–30 | 34 | 9.1% | 2 (31–40) | 0.856 |
| | 31–40 | 148 | 39.6% | | |
| | 41–50 | 135 | 36.1% | | |
| | > 50 | 57 | 15.2% | | |
| | Under 5 years | 55 | 14.7% | 3 (16+) | 1.077 |

| | | | | | |
|---|---|---|---|---|---|
| **Years of Experience** | 5–10 years | 62 | 16.6% | | |
| | 11–15 years | 105 | 28.1% | | |
| | More than 16 years | 152 | 40.6% | | |
| **Working Place** | JFHC offices | 102 | 27.3% | 1 (Jeddah) | 1.954 |
| | Mental Health Services | 80 | 21.4% | | |
| | Adhum Hospital | 76 | 20.3% | | |
| | Althager Hospital | 30 | 8.0% | | |
| | Alleith Hospital | 28 | 7.5% | | |
| | King Abdulaziz Hospital | 19 | 5.1% | | |
| | East Jeddah Hospital | 39 | 10.4% | | |
| **Working Nature** | Administrative | 119 | 31.8% | 2 (Medical/Technical) | 0.466 |
| | Medical/Technical | 255 | 68.2% | | |

Concerning years of experience, the majority of respondents (40.6%) said they had worked in the healthcare sector for more than 16 years. Given their high degree of expertise, the responders are probably well knowledgeable in the topic and have a thorough awareness of both the HTP's suggested modifications and the current healthcare system. With regard to the workplace, the Jeddah First Health Cluster offices accounted for 27.3% of the respondents, while the Mental Health Services accounted for 21.4%. Almost half of the responders were from these two institutions, demonstrating a significant presence of these important Jeddah healthcare providers. Finally, the medical/technical workers employed 68.2% of the respondents. Since those workers will be the most affected by the modifications suggested by the HTP, their opinions and insights will be very helpful to this study.

## Data Analysis

The present study includes two kinds of variables: the sample's readiness to change is represented by the X axis, and healthcare employees' understanding of HTP is represented by the Y axis. Both factors were examined using correlation, which guaranteed the validity and dependability of the research questionnaire.

### Healthcare Workers' Participant Knowledge

Table 2 shows the analysis of the healthcare workers participant's knowledge of HTP. Most of the participants thought that HTP would increase access to healthcare services and that hospitals would operate more effectively with electronic health records. Although most participants agreed that the HTP would improve the quality of healthcare services, they also agreed that it would help increase the number of healthcare professionals working for the healthcare organization, provide equity and fairness through privatization, and increase remote people's access to healthcare services. Regarding whether healthcare workers will be paid more and whether HTP will create a more stressful work environment, the majority of participants were unsure. They further said that while HTP will lower national health costs, aid in reducing financial waste, and out-of-pocket payments will rise.

Table 2 shows that most respondents (73.8%) agreed or strongly agreed that the HTP would enhance healthcare, with 28.6% strongly agreeing and 45.2% agreeing. The program's healthcare quality impact received a mean score of 1.88, indicating positive sentiment. Electronic health records would improve hospital efficiency, according to 89.0% of respondents, with 42.2% strongly agreeing and 46.8% agreeing, resulting in a mean score of 1.55.

With regard to HTP will increase in pay for healthcare professionals, responses were varied. Only 40.1% agreed or strongly agreed, 45.0% were neutral, and 14.9% disagreed. This produced a neutral mean score of 2.69, indicating pay rise uncertainty or mixed feelings. More than half of respondents (56.0%) agreed or strongly agreed that the HTP would increase healthcare worker numbers in the organization, with 12.9% strongly agreeing and 43.1% agreeing. The mean score of 2.47 indicates consensus. Furthermore, 58.4% agreed or strongly agreed that privatization achieved justice and equity and 31.2% were neutral, giving in a mean score of 2.38, reflecting a positive yet cautious perspective. The majority (86.1%) agreed or strongly agreed that the HTP would increase healthcare access, with 39.1% strongly agreeing. Mean 1.78 indicates substantial favorable agreement.

The majority (72.7%) agreed that HTP would improve healthcare access for distant residents, with 25.2% strongly agreeing and 47.5% agreeing. The mean score of 2.05 is optimistic. Some (46.1%) agreed that the HTP would increase out-of-pocket expenses, whereas others (40.1%) were neutral. The mean score of 2.57 suggests slight agreement and uncertainty. In addition, 45.6% agreed or strongly agreed that the HTP will increase healthcare worker stress, while 26.2% were neutral. A typical score of 2.73 indicates neutral to slightly negative opinion. A majority of respondents (59.4%) believed the HTP would cut national healthcare expenses. 26.7% were neutral, resulting in a mean score of 2.34, suggesting overall agreement but some reservations.

With a mean score of 2.02, 79.2% agreed or strongly agreed that the HTP will eliminate financial waste. There were varied opinions on whether the current system can make HTP adjustments. 41.6 percent agreed or strongly agreed, 35.1% neutral, and 23.3% disagreed. The mean score of 2.79 suggests that many respondents are ambivalent regarding the system's readiness.

The HTP is generally well-received, with high consensus on improving healthcare quality, efficiency through electronic records, and service access. However, income increases, a more pressured work environment, and the system's preparation for the changes stir mixed feelings.

**Table 2: Healthcare Workers' Participant Knowledge**

| Question | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Mean | Standard Deviation | Direction |
|---|---|---|---|---|---|---|---|---|
| Through the HTP, the level of health care will get better. | 107 (28.6%) | 169 (45.2%) | 84 (22.5%) | 9 (2.4%) | 5 (1.3%) | 1.88 | 0.779 | Agree |
| Hospitals will work more efficiently using electronic health records. | 158 (42.2%) | 175 (46.8%) | 28 (7.5%) | 8 (2.1%) | 5 (1.3%) | 1.55 | 0.733 | Strongly Agree |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Healthcare workers will be paid more with HTP. | 19 (9.4%) | 62 (30.7%) | 91 (45.0%) | 22 (10.9%) | 8 (4.0%) | 2.69 | 0.927 | Neutral |
| As a result of HTP, the healthcare organization will have more people working in healthcare. | 26 (12.9%) | 87 (43.1%) | 62 (30.7%) | 22 (10.9%) | 5 (2.5%) | 2.47 | 0.936 | Agree |
| Through privatization, justice and equity will be achieved. | 31 (15.3%) | 87 (43.1%) | 63 (31.2%) | 17 (8.4%) | 4 (2.0%) | 2.38 | 0.914 | Agree |
| HTP will improve access to healthcare services | 79 (39.1%) | 95 (47.0%) | 24 (11.9%) | 2 (1.0%) | 2 (1.0%) | 1.78 | 0.769 | Strongly Agree |
| After HTP is put in place, people in remote areas | 51 (25.2%) | 96 (47.5%) | 51 (25.2%) | 2 (1.0%) | 2 (1.0%) | 2.05 | 0.796 | Agree |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| will be able to get health care. | | | | | | | | |
| With HTP, out-of-pocket payments will rise. | 26 (12.9%) | 67 (33.2%) | 81 (40.1%) | 24 (11.9%) | 4 (2.0%) | 2.57 | 0.929 | Agree |
| Healthcare workers will have a more stressful environment with HTP. | 28 (13.9%) | 64 (31.7%) | 53 (26.2%) | 48 (23.8%) | 9 (4.5%) | 2.73 | 1.105 | Neutral |
| HTP will lower the nation's healthcare costs. | 43 (21.3%) | 77 (38.1%) | 54 (26.7%) | 26 (12.9%) | 2 (1.0%) | 2.34 | 0.986 | Agree |
| HTP will help to reduce financial waste | 51 (25.2%) | 109 (54.0%) | 29 (14.4%) | 12 (5.9%) | 1 (0.5%) | 2.02 | 0.825 | Agree |
| The current system is prepared to implement the adjustments required by HTP. | 15 (7.4%) | 69 (34.2%) | 71 (35.1%) | 38 (18.8%) | 9 (4.5%) | 2.79 | 0.982 | Neutral |

**ealthcare Workers' Readiness to Change**

## Emotional Readiness

Table 3 illustrates the emotional readiness for change. The majority of participants reported feeling pleased about the change implemented by HTP and viewing the shift as a constructive process inside their organizations. The participants were divided on whether they thought the change process was moving too quickly, and the majority of them disagreed with the idea of being resistant to change. Healthcare professionals appear to be emotionally prepared for the shift based on the general trend for emotional readiness.

The result in Table 3 suggests that most respondents (66.8%) like the changes, with 17.9% strongly agreeing and 48.9% agreeing, resulting in a mean score of 2.29. 60.9% considered workplace change as beneficial, with 16.8% strongly agreeing and 44.1% agreeing, for a mean score of 2.39. However, the changing pace is disputed. While 43.4% believe that the transformation process is hastened (10.2% strongly agree, 33.2% agree), 36.4% are neutral, with a mean score of 2.71. 51.4% of respondents disagree or strongly disagree that they are resistant to change, reflecting a general openness to change, while 21.4% are neutral. The mean score of 3.39 implies most responders are adaptable. According to responses, healthcare workers are generally supportive of HTP modifications and not resistant to them. Neutrality and conflicting feelings exist about the rate of these developments.

**Table 3: Emotional Readiness to Change**

| Question | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Mean | Standa Deviati |
|---|---|---|---|---|---|---|---|
| The change that HTP made makes me feel good. | 67 (17.9%) | 183 (48.9%) | 86 (23.0%) | 24 (6.4%) | 14 (3.7%) | 2.29 | 0.959 |
| In my opinion, the change taking place at my workplace is a positive process. | 63 (16.8%) | 165 (44.1%) | 96 (25.7%) | 37 (9.9%) | 13 (3.5%) | 2.39 | 0.992 |
| In my opinion, the change taking place at my workplace is a positive process. | 38 (10.2%) | 124 (33.2%) | 136 (36.4%) | 57 (15.2%) | 18 (4.8%) | 2.71 | 1.003 |
| I am somewhat resistant to change. | 28 (7.5%) | 74 (19.8%) | 80 (21.4%) | 108 (28.9%) | 84 (22.5%) | 3.39 | 1.239 |

## Cognitive Readiness

With regard cognitive readiness for change, the majority of participants believed that most transformation plans and change projects solve problems; nevertheless, they disagreed on whether most changes will negatively impact stakeholders. Healthcare professionals appear to be intellectually prepared for the shift based on the general trajectory of cognitive preparation.

Table 4 below shows that when asked if most changes would negatively impact stakeholders, views were mixed. This assertion was agreed or strongly agreed by 36.4% of respondents (11.0% highly and 25.4% agreed), while 33.5% disagreed or strongly disagreed. Some (30.2%) were neutral. The mean score was 2.96, showing a neutral position on whether changes negatively harm stakeholders.

| Question | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Mean | Standard Deviation | Direction |
|---|---|---|---|---|---|---|---|---|
| Most changes will have a negative effect on stakeholders. | 41 (11.0%) | 95 (25.4%) | 113 (30.2%) | 87 (23.3%) | 38 (10.2%) | 2.96 | 1.155 | Neutral |
| Most change projects/transformation plans solve problems. | 64 (17.1%) | 178 (47.6%) | 109 (29.1%) | 19 (5.1%) | 04 (1.1%) | 2.25 | 0.836 | Agree |

When asked if most change projects and transformation plans solve difficulties, 64.7% agred or strongly agreed (17.1% strongly agreed and 47.6% agreed). With 29.1% neutral, only 6.2% disagreed or strongly disagreed (5.1% and 1.1%, respectively). Many agree that change projects and transformation plans solve problems, as shown by the mean score of 2.25. Despite their disagreements, healthcare staff are impartial on how reforms hurt stakeholders. A stronger agreement that changes projects and transformation plans fix problems indicates a more positive cognitive preparedness for the HTP.

**Table 4: Cognitive Readiness to Change**

## Intentional Readiness

Regarding intentional readiness for change, most participants concurred that they were prepared to contribute significantly to the change and disagreed that they were unwilling to devote effort to it. The general trend towards purposeful readiness suggests that healthcare professionals are prepared for the shift on purpose.

Table 5 below suggests that a huge majority of respondents (88.3%) agreed or strongly agreed that they were ready to contribute significantly to change. Only 11.0% were neutral, and even fewer objected (0.5%) or strongly disagreed (0.3%). The mean score was 1.69, suggesting substantial agreement and that most healthcare workers are eager to contribute significantly to change.

When asked if they would not try to change, 67.9% disagreed or strongly disagreed (30.5% and 37.4%). Only 18.2% agreed or strongly agreed (5.6% highly and 12.6% agreed), while 13.9% were neutral. The mean score of 3.82 indicates considerable disagreement, indicating that most healthcare personnel are willing to change. The data demonstrates that healthcare personnel are generally willing to actively participate in HTP reforms. They strongly disagree with not putting effort into change, demonstrating their dedication and conscious preparedness to support it.

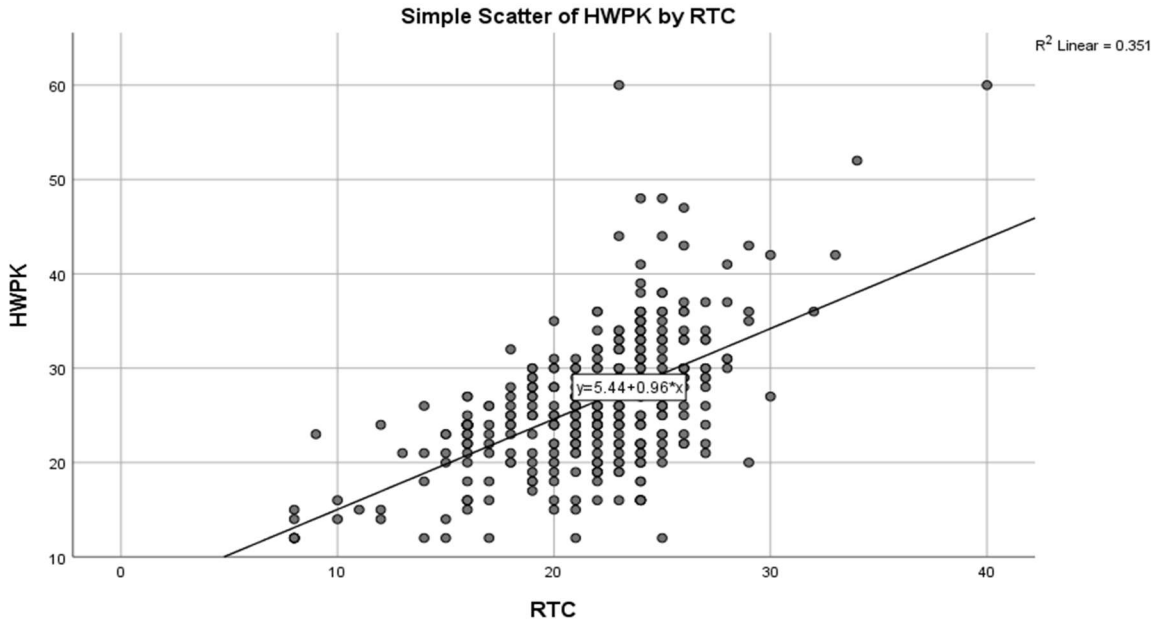
**Table 5: Intentional Readiness to Chang**

| Question | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Mean | Standard Deviation | Direction |
|---|---|---|---|---|---|---|---|---|
| I'm prepared to contribute significantly to the change. | 163 (43.6%) | 167 (44.7%) | 41 (11.0%) | 2 (0.5%) | 1 (0.3%) | 1.69 | 0.705 | Agree |
| I won't put any effort into the process of change. | 21 (5.6%) | 47 (12.6%) | 52 (13.9%) | 114 (30.5%) | 140 (37.4%) | 3.82 | 1.221 | Disagree |

The study discovered a significant value of 0.000, which is less than the 0.05 P-value, and a Pearson R square of 0.351. This demonstrates the close relationship between healthcare professionals' readiness to make adjustments and their comprehension of the HTP. In Figure 1, this association is displa

**Figure 1: Correlation between Knowledge about HTP and Readiness to Change**

With a mean score of 2.79, the knowledge questions got mostly positive answers. On the other hand, the emotional, cognitive, and intentional readiness to change questions were more about being ready to




change, with most of the respondents agreeing with the statements.

## Reliability Analysis

Cronbach's Alpha scores of 0.870 and 0.883, which show that all questions in the group fit together very well, were used to test the overall reliability of the questionnaire.

**Table 6: Reliability Statistics**

| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
|---|---|---|
| 0.870 | 0.883 | 20 |

## Summary of Findings

In summary, the response to the knowledge questions indicated that healthcare workers generally have a good understanding of the HTP, with a mean score of 2.79 on the Likert scale. The readiness for change questions revealed that healthcare professionals are intentionally, emotionally, and cognitively prepared for the changes brought about by the HTP; there is a strong positive association between their readiness to accept the program and their knowledge of HTP. The validity of the conclusions is supported by the reliability study, which verified the internal consistency of the questionnaire. In a nutshell, these results suggest that the healthcare workers at the Jeddah First Health Cluster are well-informed about the HTP and are prepared to adapt to the changes it entails. This readiness is crucial for the successful implementation of the program and for achieving the goals set out in Vision 2030.

## Discussion

Every nation's development strategy should prioritize healthcare, as Saudi Arabia has shown by its Vision 2030 plan. This plan consists of the Health Transformation Program (HTP). The aim of fundamental improvements to the design and operation of items is to raise the standard for healthcare and service delivery. Strong positive correlations between the grasp of the HTP and the readiness to change of healthcare staff are shown by a Pearson correlation value of 0.632. This conclusion underlines how the HTP cannot function without competent and experienced healthcare personnel.

The results show how important it is to keep giving healthcare workers chances to learn new things and advance their careers. This result fits with what Al-Yateem et al. found earlier, which said that all of Saudi Arabia's institutions should use the same competency-based lessons. Policymakers should find it helpful that information and being ready for change are linked when using the Health Transformation Program (HTP). Ensuring the medical personnel is prepared and enthusiastic to implement the required modifications will help to achieve this.

The need that foreign workers to fill advanced occupations is one of the main issues Saudi Arabia's healthcare industry faces. As part of a bigger effort to diversify the economy, the HTP seeks to increase the number of Saudis working in these roles and reduce dependence on foreign workers. According to Mohammed et al. (2024), this change is required for the long-term expansion of the healthcare sector in the public-private partnership plan of the HTP.

The report also highlights how encouraging career advancement for healthcare workers is essential for improving employee performance. The report also highlights how encouraging career advancement for healthcare workers is essential for improving employee performance. Many Saudi healthcare workers think that these kinds of chances aren't common, which could make them less involved and motivated. Fixing these problems could help the government get workers to be more committed and productive, which is important for the HTP's success (Semerjian et al., 202).

Another important thing that can be done to improve flexibility is to create an environment where people who are committed to putting new systems into place can work together to solve problems. This way can help you understand and evaluate the national healthcare policy in Vision 2030 a lot (Mirza et al., 2019). Al-Yateem et al. (2023) say that for change management to work, there needs to be consistency in how people change their behavior and close tracking of the change process.

Also, an important component of the HTP is privatizing healthcare, which means giving control of the industry from the government to the private sector. It is believed that this approach will increase productivity and reduce wasteful spending. According to the survey, many healthcare professionals think the HTP will be able to reduce unnecessary spending, which is crucial for the program to succeed (Nzimande et al., 2021).

However, the study's results indicated varying levels of knowledge and readiness among employees at JFHC. The observed findings can be attributed to several factors. The positive association between knowledge and readiness for change aligns with the principles of the Theory of Planned Behavior,

which suggests that individuals are more likely to engage in a behavior when they have a better understanding of its implications and perceive a greater level of control over the situation. Furthermore, the organizational culture and leadership within the Jeddah First Health Cluster may have played a significant role in fostering an environment conducive to knowledge acquisition and change readiness. A supportive and transparent organizational culture, coupled with effective communication strategies and employee involvement in decision-making processes, could have contributed to enhancing employees' understanding of the HTP and their willingness to embrace the associated changes. The findings revealed that comprehensive training programs significantly improved knowledge levels, correlating with enhanced readiness to change. However, gaps remain in specific areas such as EHR usage and stress management. The observed findings can be attributed to the tailored educational interventions implemented based on the identified knowledge gaps. The correlation between improved knowledge and readiness underscores the importance of continuous and targeted training programs. The persistent gaps in specific areas suggest a need for more focused and continuous education efforts, particularly in technological aspects and stress management. In a nutshell, the results of this study emphasize, how important it is for healthcare professionals to be knowledgeable and prepared for the HTP to be implemented successfully. Saudi Arabia can realize Vision 2030 objectives and change its healthcare system to deliver higher quality treatment and better patient outcomes by tackling the noted issues and making use of the benefits of employee involvement.

The study focused on a sample of 374 healthcare workers from JFHC. While a broader sample from multiple healthcare clusters or regions could potentially increase the generalizability of the findings, the decision to focus on the JFHC was intentional and strategic. JFHC provided a unique opportunity to assess the knowledge and readiness levels of employees directly involved in the early stages of this transformation initiative. A broader sample from the same cluster could provide more comprehensive insights, and increasing the sample size could enhance the generalizability of the findings. However, due to logistical constraints, including time and resource limitations, the current sample size was deemed adequate to achieve the research objectives within the given constraints. This sample size allows for a manageable yet representative analysis of the target population, providing sufficient data to draw meaningful conclusions about employees' knowledge and readiness for change. Additionally, by concentrating on a single cluster, the study could more effectively control for potential variations in organizational culture, leadership styles, and communication strategies, which could influence employees' perceptions and readiness for change. This focused approach allowed for a more in-depth and contextualized understanding of the factors influencing knowledge and readiness within a specific organizational setting. Expanding the sample size beyond the JFHC could introduce additional complexities and logistical challenges, potentially compromising the quality and depth of data collection and analysis. The current sample size of 374 participants from the JFHC was deemed sufficient to provide meaningful insights and achieve the research objectives, while maintaining a manageable scope for the study. Furthermore, the focus on a specific health cluster ensures a more detailed understanding of the localized challenges and dynamics, which may be diluted with a broader sample.

## Implications of the Study

Numerous implications of this research are practical. To better understand the HTP by staff members, extensive education and training programs are first and foremost required. These courses are supposed to close some knowledge gaps and ensure that medical practitioners are ready to implement the changes. Companies can encourage employee involvement and support the successful execution of the HTP (Mittal et al., 2020).

Second, it is critical to create a culture inside the company that promotes and fosters creativity, candid communication, and employee engagement. Employees could be more flexible to change and encouraged to participate actively in the HTP with such a culture. The top goal for leaders and legislators should be creating an environment where healthcare personnel feel valued and supported (Dedefo et al., 2019).

Thirdly, the study stresses the significance of applying effective communication strategies. Through honest and open communication, a trust may be created and all staff members informed on the objectives, advancements, and expected outcomes of the HTP. Regular information and forums for feedback can help debunk misconceptions and fears and motivate medical staff to feel even more empowered and dedicated (Cheraghi et al., 2014).

Fourthly, it is imperative to handle financial problems and the potential increase in stress at work. Giving exact information about pay raises, out-of-pocket costs, and stress management programs can be less unpleasant and less resistant to change. By means of these steps, staff members can feel at ease and supported during the transition (Mohamed et al., 2024).

Fifthly, it is critical to make use of the high degree of deliberate preparation among employees. Organizations that offer healthcare professionals ownership of specific HTP components and involve them in decision-making processes will find that they are more motivated. Employees who are allowed to take an active role in the change can produce more original ideas and a smoother implementation process (Semerjian et al., 2011).

The study also suggests that the organizational readiness to change should be taken into account, along with the readiness and flexibility of each person in the company. Leadership and company culture have the most impact on readiness. People can handle change better when they have a say in what happens, are praised for their creativity, and are urged to fully take part in the HTP (Dedefo et al., 2019). Moreover, based on the data, it looks like healthcare institutions should be in charge of both the software and people parts of healthcare change. There is a lot riding on how well doctors accept and use telemedicine and electronic health records. These are the two most important new technologies. Because of this, training classes should go over both the technical side of these tools and why they are needed to improve healthcare (Mittal et al., 2019).

At the end of the study, it is stressed how important it is to keep an eye on the HTP implementation and rate it. The plan can stay on track and new issues can be dealt with as soon as they appear if there is a clear plan and the necessary changes are made. In the long run, this method of continuous improvement might make employees more committed to and involved with the HTP (Cheraghi et al., 2014).

### Limitations

Still, there are other important things to remember. The Jeddah First Health Cluster (JFHC) report on workers' readiness to change and awareness is helpful:

The study was finished quickly, which cut down on the time it took to collect data and may have affected how deep the findings were. One problem with continuous studies was that they could only show changes that happened quickly.

The sample size was large enough for a statistical study, but it might not really show how diverse and well-rounded the whole JFHC staff is. This restriction makes the results less relevant to other health clusters or larger parts of Saudi Arabia.

Bias can be introduced by depending too much on self-reported data obtained via surveys. Participants answering in a socially acceptable manner or misinterpreting questions could lead to accuracy in the data collected.

The cross-sectional methodology of the study makes it difficult to determine causal links between knowledge, readiness to change, and the HTP's implementation because it only records one point in time. The way these elements change over time requires longitudinal research.

Participation is voluntary, hence those who decide to participate can be more or less interested in the HTP than those who do not.

## Conclusions

The study underlines that the successful implementation of the Health Transformation Program (HTP) in the Jeddah First Health Cluster depends on the knowledge and flexibility of healthcare workers. The positive connection between these elements emphasizes the requirement of ongoing education and training to guarantee that healthcare professionals are ready and driven to accept the changes brought about by the HTP. With programs such as the HTP, Saudi Arabia hopes to revolutionize the healthcare industry by raising output, streamlining services, and enhancing treatment quality. These objectives

need to take care of the human and technical components of healthcare transformation. The success of the initiative primarily depends on how adaptable and knowledgeable healthcare staff are.

## Recommendations

The HTP will only succeed if possible organizational readiness barriers such as a lack of political support, inadequate funding, legal barriers, and little stakeholder involvement are addressed. The implantation of the HTP should be evaluated by policymakers concentrating on developing an extensive evaluation and monitoring mechanism. To make sure the program is on course and to make the required changes to overcome any obstacles, it must therefore be routinely inspected and assessed. Making decisions has to continue to involve communication and openness. The HTP results may be greatly influenced by group decision-making, stakeholder synchronization of goals, and responsibility determination. Legislators should also make sure that the money and other resources are set out to help carry out the HTP and handle any potential legal challenges.

Furthermore, healthcare centers are largely responsible for the HTP being implemented successfully. Developing a supportive environment for medical professionals is necessary to reach the necessary level of preparation for transformation. Hospitals should focus on addressing the concerns and impressions of medical practitioners regarding the HTP to prevent opposition and conflicting opinions. Enough funds, credit, and encouragement could persuade medical experts to take part in the initiative since they will feel valued. During the change process, hospitals can run upon political, procedural, and philosophical issues. Cooperation is the answer to these issues; healthcare experts should be included in decision-making processes and ensure that their views are heard. Hospitals may encourage staff ownership and commitment to enhance their readiness for change and facilitate the successful implementation of the HTP.

Moreover, given the weaknesses of the current study, more research is needed to expand our understanding of the impact of the HTP on Saudi Arabian medical practitioners from other clusters. The next study should aim to use larger and more varied samples in order to increase the generalizability of the findings. Important fresh information regarding the temporal variations in knowledge and change readiness can also be obtained from longitudinal research. Furthermore, research is needed on change management issues related to the flexibility and readiness of the healthcare sector, particularly in Saudi Arabia and the Middle East. Particular models developed to address these issues can ensure that healthcare transformation initiatives are carried out successfully and provide useful information for the next projects.

Also, International investors looking to invest in Saudi Arabia's healthcare sector could find considerable value in the information this study provides. Knowing the consequences of the HTP and the privatization of healthcare will help investors make good decisions and spot opportunities for collaboration and investment. With the increasing private sector's involvement in healthcare, as Vision 2030 describes, there are significant growth and innovation opportunities. The experience of Saudi Arabia with Vision 2030 and the HTP can teach other nations a lot as well. Similar objectives of healthcare transformation can be achieved by adapting and using in different contexts the strategies and approaches used to enhance the knowledge and readiness of healthcare professionals. Nations can improve patient outcomes and the efficiency of their healthcare systems by recognizing and paying attention to the human aspects of healthcare reform.

## Data Availability

Upon request

## Conflicts of Interest

There is no conflicts of interest

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