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The Impact of Total Quality Management Practices on Effectiveness of Private Health Care Institution in Kingdom of Saudi Arabia (Taif): Moderating Role of Leadership Skills

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Abstract

Over the last ten years, the Saudi Arabian healthcare industry has suffered, which has affected its overall output. Along with a host of other reasons and conditions, the Saudi healthcare sector's low efficacy is a result of a lack of continual development. The management of quality has grown in importance within healthcare organizations. The process of total quality management is intricate, particularly in the healthcare industry. It is critical to comprehend how to attain excellence within a healthcare organization's intricate structure and system. The purpose of this study is to offer a framework for putting total quality management into practice in order to improve the efficiency of Saudi Arabia's private healthcare systems. The following four total quality management techniques were applied: customer focus and continuous improvement, and full staff involvement. As a moderator, leadership skills were applied. This study used a quantitative methodology, gathering primary data from the sample through the use of a questionnaire. 346 staff members, physicians, and nurses who worked at Taif, Saudi Arabian healthcare facilities provided data for the study. Smart PLS and SPSS were used in the analysis. The results demonstrated that the quality methods of customer focus and continuous improvement, and full staff involvement significantly increase the efficacy of healthcare organizations.

Keywords: *Total quality management, Leadership Skills, Healthcare Institutions, Saudi Arabia*

1. Introduction

There is growing pressure from the competition for every organization. To remain competitive and stay up with the world's quick changes and progress, one must prioritize improving quality. It seems that total quality management—which is generally acknowledged as a contemporary management approach—is the only way to do this (Alnuaimi & Yaakub, 2020).

In the contemporary era of globalization, companies need to meet the needs of their clientele, maintain a competitive edge in market segments, and make efficient contributions to the domestic economy. Organizations must embrace and put into practice the total quality management philosophy in order to accomplish these goals. To achieve this as efficiently as possible, organizations need to compute, gather, analyze, assess, and report overall quality expenses (Zhang et al., 2019).

In order to achieve optimal integrity in the price-timing-quality magic triangle, organizations implementing overall quality must collaborate with multiple internal and external aspects. Consequently, the manner in which the organization's overall quality and philosophy are formed and implemented is determined by the caliber of collaboration and communication. The competitiveness of the company is increased by open communication and efficient teamwork at all levels. Collaboration of this kind produces workers that are relevant, driven, and flexible (Bajaj et al., 2018).

Efficacy and efficiency were synonymous terms up until the 20th century. In order to increase efficiency, the founders of the Classical School attempted to create universal principles (Aoun et al., 2018). Numerous writers have taken different tacks when it comes to organizational success due to their varying points of view. The significance of internal strength on an organization's effectiveness has been highlighted by certain writers, who contend that an organization can only be effective if all pertinent restrictions are satisfied and

organizational outputs either approach or surpass the objectives. Conversely, Aoun et al. (2018) saw organizational effectiveness as an outside measure of how well the organization satisfies the needs of diverse groups.

2. Literature Review

2.1 Leadership Skills of a Healthcare Institution

A healthcare organization's leadership abilities are derived from the collection of common habits, values, beliefs, attitudes, and customs among its constituents. A healthcare institution's personality, or manner of being and doing, is characterized by its leadership skills. It is a social tie that gives an organization coherence. It is the way that it engages with different stakeholders, including suppliers and customers, both inside and outside of its own environment (Shabir, S., & Sharma, R. (2019).

Each business and its employees have their own set of procedures and ways of behaving. Every healthcare facility has distinctive leadership qualities that help patients recognize them. The strategy, structures, and processes of a healthcare organization are shaped by the leadership qualities of the organization. Strong standards and values enable every employee in a healthcare organization to relate to it and act in a constructive manner. Employees that strengthen their leadership skills can also work more productively and improve the perception of the workplace. To put it another way, the organization's employer branding—the management of its reputation to draw in talent—is effective (NAUSHAD, M., 2021).

One might classify leadership talents as strong or weak. Strong organizational leadership skills are characterized by a firm commitment to attaining the organization's mission and business objectives among all members of the organization, which is reflected in their acceptance of the organization's values. Under bad management, workers have little freedom of action, and supervisors don't care about their staff members' professional growth. The organization's goals are not achieved because workers lack the drive to be innovative and proactive (Alzahrani, S. (2019).

It is necessary to convey leadership qualities to the many groups that make up the organization. Many companies discuss the stories of their founders and the motivations behind their success in realizing their goals. They develop a Leadership Skills paradigm wherein their employees' main ideal and source of motivation is achievement. They also acquire a sense of pride, allegiance, and affiliation with the organization. (G. S. and Alessa, 2021).

Now, organizations need to design their structures to be more flexible in response to the changes that their members' learning brings about. This calls for the creation of extremely productive teams with a wide scope for creativity. To reinforce the organization's principles and ideals, it is necessary to carry out initiatives that maintain leadership skills, such as giving out awards, providing financial and psychological incentives, holding seminars, or offering other training programs.

2.2 Total quality management

In order to set itself apart, the company needs to continuously deliver top-notch services that boost output and revenue. Because client loyalty depends on meeting their expectations, it is imperative to comprehend their perspectives and expectations. Service quality is correlated with quality and how it is managed. Because of this, service quality may be interpreted from a variety of angles rather than being a single idea. Agrawal (2019). (2019). The first is excellence in quality, which is what organizations aim for to get the finest outcomes. It is described as the best in every way. The second idea is quality as value, which holds that a number of characteristics, including excellence, durability, quality, and price, determine the best consumer good or service. According to Duevi et al. (2018), businesses should give top priority to internal efficiency, which refers to the expenses incurred in fulfilling client demands, and external effectiveness, which measures how well customers are satisfied. Respect to specifications is the third facet of quality. In this instance, by making sure that its products and services satisfy the set standards, the organization can increase productivity and achieve quality goals. The last and fourth thing to think about is quality as meeting customer expectations. To meet the expectations of the customer, it is imperative to comprehend his priorities.

As clients are the ones who assess the quality of the services, Cronin and Taylor contend that the only way to understand service quality is from their point of view. Conversely, the discrepancy between perceptions and expectations leads to uncertainty on what constitutes satisfaction. A service that fulfills the requirements and expectations of the client is considered high-quality (Eaton et al., 2017).

Because a satisfied customer is one whose expectations are met by the product or service, service quality is essential to gaining and keeping consumers. After using the service, the customer assesses its quality. Agrawal (2019) defines service quality as a customer's assessment of how well the actual and expected quantitative and qualitative components of a service align. We can therefore conclude that the customer's assessment of the quality of the service they received determines its quality. According to Wang et al. (2017b), it also refers to the value received in return for the amount paid.

Tangibility can be defined as the tangible elements of a service, such as the actual spaces, tools, and look of the personnel. Agrawal (2019) defines tangible as the physical attributes of buildings, machinery, people, and communication materials. Put differently, everything that makes up the layout of the space, the amenities, the way the employees look, and any equipment or marketing materials pertaining to the services offered by the company are all included in the tangibility dimension (Pulley and Collins, 2019).

Because it is the lens through which customers view all aspects of the company's offerings, including its buildings, marketing collateral, staff, and equipment, the

tangibility dimension is crucial. The probability that a product or service will carry out its intended function within a certain time frame and set of operational conditions is known as reliability. Reliability is also described as the likelihood that an organization will fulfill its promises to provide services (Yin et al., 2019).

Agrawal (2019) asserts that the accuracy with which the promised service performs is what determines the reliability dimension. This indicates that the client expects to be supplied in the manner that was promised, complete with all the features, and at the appointed time. Reliability is a metric quality criterion that tells us how much random error a measure has, according to Al Shraah et al. (2021). The precision with which the efficacy of the service is assessed error-free is known as reliability. Al-Dhaafri and Alosani (2020) define dependability as the probability that a product will function as intended for the duration of its intended use and under the specified conditions. This indicates that the patient has confidence in the healthcare facility, hence it is imperative that the business operates with excellence. Lastly, the reliability dimension asserts that consumers choose the riskiest possible buying experience (Agrawal et al., 2021). They hope to get the information they need or have their questions addressed. In addition, they hope that whatever was promised to them was fulfilled. Because of this, companies have to fulfill their commitments in order for clients to have faith in the goods or services they offer. Adaptability According to Quiram et al. (2019), the efficacy of employees is in their capacity or expertise to promptly address the needs of users and deliver exceptional service.

2.3 Total Quality Management in Healthcare

For a number of reasons, quality in healthcare is typically described as a relative concept. It depends on the context and the person using the word. Comparing quality to truth and beauty in nature, relativism adopts a different position since quality is a tough goal to compromise on (Martni et al., 2020).

The aforementioned leads us to the conclusion that quality is highly subjective since it also expresses the values of the user. Because of this, a number of quality concepts found in specialized literature surpass the standards set by healthcare organizations' review processes. One of the most conventional classifications is provided by (Khoja et al., 2017), which has five options: a) Quality as an exception is a widely accepted viewpoint. That suggests that it is special. Three choices are presented by this concept:

Quality is seen as a class apart, possessing an air of exclusivity and nobility. Excellence-level quality, or the achievement of an extremely high standard that is feasible but limited to very particular conditions. Quality is defined by adherence to essential standards. There are two ways to describe quality: consistency and perfection. It is established by deciding in line with the specification, which in this instance is predetermined and measurable. This concept permits hospitals to have various sets of specifications for various kinds of facilities. Two tenets form the foundation of this idea: everything is done correctly and there are no defects. Here, the concept of excellence is defined in terms of pre-established criteria. That suggests that it is special. Three choices are presented by this concept:

It is established by making a decision in line with the specification, which in this instance is predetermined and measurable. This concept permits hospitals to have various sets of specifications for various kinds of facilities. Two tenets form the foundation of this idea: everything is done correctly and there are no defects. Here, the concept of excellence is defined in terms of pre-established criteria. According to Zachrisson et al. (2020), the specification is not a standard and is not meant to be compared to one.

Conversely, it has been shown that non-universal healthcare standards are achievable. I believe that the zero-defect approach is closely related to the idea of quality leadership abilities, which holds all employees equally accountable for the outcome of the project. Similar to the idea of total quality, doing suggests that there are no mistakes made throughout the process and that quality is everyone's responsibility. The relationship between a product or service's ability to fulfill a goal or purpose and how well it satisfies the needs of the customer—usually in accordance with their specifications—is known as quality. There are several issues with using the notion of quality in the context of healthcare. Here are a few instances: What is the customer's name? Funding agencies or patients? Who foots the bill for their kids' medical care—parents or employers? Who then are the patients? Which is more crucial, the products or the customers? This definition states that a quality institution needs to be efficient and successful in accomplishing the objectives it has set for itself, as well as have a clearly defined mission or purpose. However, how can it determine if its mission is a success? Experts claim that this is not the first time it has happened. Regardless of how precisely specified and monitored the needed quality is, the aim of self-regulation is to guarantee that there are mechanisms, protocols, and processes in place to guarantee its effective supply (Kharub, M., Mor, R. S., & Sharma, R. (2018).

Quality as a source of added value This idea has been applied to healthcare since the mid-1980s in a number of nations, where it is associated with cost and demands efficacy and efficiency from the industry. Another way to define quality in this context would be the degree of excellence at a reasonable cost and the management of variability at a reasonable cost. This technique is based on the accountability principle, which holds funding agencies and recipients accountable.

2.4 Continuous Improvement

Moving forward does not begin with assessing what has been done adequately. The objective of total quality management is not perfection. Because reaching the finish line entails achieving perfection. But in QM, the enemy of good is always better, so perfection is not the goal—improvement is the constant. Even in an organization that runs smoothly, there could be a lot of room for improvement. Because quality and efficiency

continuously improve as a result of scientific and technological advancements. This sets the stage for the organization to feel forced to reimagine itself and challenge every aspect of production in an effort to get better. If not, the organization would not only lose the chance to exist but also the ability to compete with its competitors in a continually changing environment (Endeshaw, 2021). Because of this, every organization needs to preserve the practices and strategies for ongoing self-improvement within its own industry. Within this framework, QM advocates for ongoing development as a prerequisite to an organization's sustainability. The comprehension of continuous development facilitates the organization's ongoing expansion, augmentation of prospects, elevation of workers' living standards, attainment of effective and efficient inter-unit coordination, vitality in its operations, and establishment of a more positive management-employee relationship (Z. M. M. 2020).

The concept of continual improvement offered by employee participation is called kaizen, which is the fundamental idea of total quality management applied within an organization. Significant and drastic adjustments are required for the institution to apply this insight. But this is just a minor, continuous mending process. While every individual within the organization bears accountability for ongoing enhancement, the managers' role is particularly crucial in this regard. Management's responsibilities in continuous improvement include setting goals and policies, planning how policies are distributed and carried out through interdepartmental activities, assigning resources, acting in operational activities with the idea of continuous improvement, developing and creating standards, educating staff members about continuous improvement through training programs, and helping staff members acquire problem-solving techniques. is always the duty of upper-level management Z. M. M. 2020).

Under this responsibility, managers are required to commit a minimum of 50% of their working hours to development initiatives. Professional management requires time spent developing management skills. The instrument for ongoing educational progress, of course. The training that individuals receive on the job must be institutionalized by organizations. Taking into account that the typical career lasts 3.5 years, it is evident how important in-service training is. Managers and staff members must be eager to engage in training activities in order to continuously enhance their own abilities and backgrounds (Heijink et al., 2021).

2.5 Customer Focus

The foundation of total quality management is exactly, promptly, efficiently, in high quality, and at a reasonable cost fulfilling customer requests. From the producers' perspective in the 1960s and early 1970s, their products were purchased. Therefore, in order to maximize their profit, the producers organized their production.

Manufacturers considered it a luxury to comprehend that spending time and money on quality and acquiring additional costs is worthwhile (Agrifoglio et al., 2021).

In the current competitive landscape, businesses must make goods that appeal to their customers rather than just what they want. For the past 20 years, the triangle of low cost, quick production, and quick service has been used to measure competition. Naturally, the issue of manufacturing the sellable is raised by this circumstance. The products or services that can be sold evoke a certain quality, and at some point, the buyer decides what that quality is. Manufacturers with a greater chance of competing are those who can discern the known and undiscovered desires of their clients (Agrifoglio et al., 2021).

Manufacturers of goods and services who consider the socio-cultural (cultural structure, social standing in the family and society) and psychological (personality, perception, belief, motivational, and innovative traits) components of the human being are already one step ahead of their competitors. Producers now feel that they must be nearer to their customers as a result. With this knowledge, the R&D departments of the organizations continuously carry out research and use a variety of instruments and techniques to ascertain the needs and expectations of the customers. Producer institutions and organizations work hard to establish a work climate that promotes customer satisfaction by regularly sharing these findings with employees of production healthcare institutions (Agrifoglio et al., 2021).

2.5 Organizational Effectiveness in Classic Management Theory

When the factory production system first appeared in the nineteenth and twentieth centuries, classical management theory formed, and management presented many difficulties for both people management and production. Al-Shboul and associates, 2018. Al-Shboul et al. (2017) state that traditional management theories were created to forecast and regulate behavior in terms of organizational effectiveness.

Regulations pertaining to raw materials, vehicles, production units, hiring and selecting people, operation programming, and handling irate workers have all become more prevalent. As issues emerged, managers came up with workable solutions, which led to the development of three subfields: Bureaucratic Organizations, Scientific Management, and Management Principles. With Altuntas et al. (2021).

According to Amankwah and colleagues (2019), the key features of classical management theories are as follows: Chain of Command: Three levels of management are identified by classical management theories: upper, medium, and lower (first). Senior management is made up of the university's deans, the chairman, the general manager, the board of directors, and others. This managerial level is responsible for formulating long-term strategic plans that assist organizations in accomplishing their goals. Between the top and lowest management levels is a level of management known as mid-level. Coordinating auditor operations and creating plans and procedures that align with senior management's strategic plans are among their duties. Department heads, assistant

managers, assistant auditors, and managers (financial, office, production, and so on) fall under this category. At this level of management, plans and policies are carried out, and day-to-day operations are overseen.

Business division is the second characteristic of classical management theory that sets it apart. Employees can easily accomplish numerous basic tasks by breaking down complex jobs into smaller ones.

One-way communication: Traditional management theories acknowledge the existence of one-way communication. At the top, decisions are taken and then communicated down. There are no recommendations in the lower area.

Autocratic Leadership: The autocratic management style is another aspect of classical management philosophy. The autocratic manner was the norm in those days because the church had a strong influence on governance. This implies that decision-making and all other management tasks are exclusively carried out by managers. It is the idea that productivity rises when workers are treated like machines. Employees were under close observation (Ahmed and Idris, 2021).

Predicted behavior: In traditional management ideas, employees' actions are calculated like a machine. A worker is kept on staff if they adhere to the standard/foresight; if not, they are replaced (Ahmed and Idris, 2021).

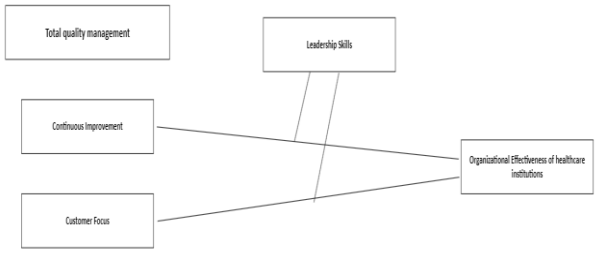

Figure 1 Research Framework

3. Research Methods

The issue statement, research objectives, and research questions were generated in the current study. A number of studies have been examined in order to identify the most appropriate methodology. The quantitative research approach was employed in this study. Data from the research sample was gathered via questionnaires. In the Kingdom of Saudi Arabia (Taif), there are 3465 physicians and nurses in total, according to the Ministry of Investment study (HLS, 2022). Based on the ideal sample size table developed by Krejcie and Morgan (1970) and Raosoft, the study's sample size was 346. All staff members, physicians, and nurses employed by the private healthcare facility in the Kingdom of Saudi Arabia (Taif) served as the study's sample. SPSS and SmartPLS were used to evaluate the data that was gathered.

4. Result Findings and Discussion

The initial section of the tool gathered data on the respondents' background profiles, including their Gender, Sector, Experience, Organization Age, and System. table below lists the attributes of each demographic profile.

Table 1 Descriptive statistics

Construct	Options	Frequency	Percent
Gender	Male	230	66.50
	Female	116	33.50
Sector	Services sector	209	60.50
	Industrial sector	137	39.50
Experience	Less than 5 years	141	40.70
	5 – 9 years	159	46.00
	10- 15 years	34	9.90
	More than 15 years	12	3.40
Organization Age	Less than 5 years	46	13.30
	5 – 9 years	103	29.70
	10- 15 years	151	43.70
	More than 15 years	46	13.30
System	A combination of manual and computer processed	56	16.30
	Completely computerized	290	83.70
	Total	346	100.00

4.1 Assessment of Measurement Model

Using Smart PLS 3.3, the research model for this study is examined. This study looked at "the measurement model (validity and reliability of the measures) and the structural model (testing the hypothesized relationships)," following the two-stage analytical processes proposed by Anderson and Gerbing (1988). A bootstrapping procedure (1000 resamples) was applied to test the significance of the path coefficients and the loadings (Anderson & Gerbing, 1988). All of the research model's constructs in this study are multi-item constructs that are conceived of being reflective rather than formative. Finding measures with great internal consistency, undimensionality, and intercorrelation is the aim of the reflective construct. The criteria for accessing the measurement model are covered in the ensuing subsections.

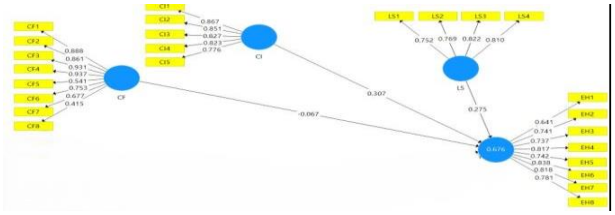

Table: Convergent Validity (first run)

Construct	Item	Factor Loading	Cronbach's Alpha	CR	AVE
Continuous Improvement (CI)	CI1	.867	.886	.917	.687
	CI2	.851			
	CI3	.827			
	CI4	.823			
	CI5	.776			
Customer Focus (CF)	CF1	0.888	.917	.918	.596
	CF2	0.861			
	CF3	0.931			
	CF4	0.937			
	CF5	0.541			
	CF6	0.753			
	CF7	0.677			
	CF8	0.415			
Leadership Skills (LS)	LS1	.752	.798	.868	.622
	LS2	.769			
	LS3	.822			
	LS4	.810			
Organizational Effectiveness (EH)	EH1	.641	.899	.919	.588
	EH2	.741			
	EH3	.737			
	EH4	.817			
	EH5	.742			
	EH6	.838			
	EH7	.818			
	EH8	.781			

(*) EI6, and PM4 were deleted due to low factor loading
EI6 (factor loading 0.059) and
PM4 (factor loading 0.020)

The extent to which individual indicators reflect the constructs in comparison to indicators measuring other constructs" is known as "convergent validity" (Urbach & Ahlemann, 2010). Measurement of the Average Variance Extracted (AVE) is required to obtain "Convergent Validity." A minimum of 50% of the variance of the assigned indicators should be explained by the value of AVE, which must be greater than 0.5 (Chin, 2010; Hair et al., 2017). The AVE value is computed and displays the AVE values of each construct using the PLS Algorithm in SmartPLS 3.3. The lowest reported AVE value for Total Employee Involvement (EI) was 0.551, followed by Organizational Effectiveness (EH) (0.588), Customer Focus (CF) (0.596), Leadership Skills (LS) (0.622), and Continuous Improvement (CI) (0.687). As a result, a second run with modification was needed for all constructs, none of which had AVE values higher than 0.5 for each group of data.

For every set of data, every construct recorded an AVE value greater than 0.5 in the second run (shown in Table. Organizational Effectiveness (EH) (0.588) has the lowest reported AVE value, followed by Continuous Improvement (CI) (0.687), Customer Focus (CF) (0.596), and Leadership Skills (LS) (0.622). Together, these values account for more than 75.6% of the variance. These findings indicate that the measuring model's convergent validity was sufficient.

Table: Convergent Validity (Second run)

Construct	Item	Factor Loading	Cronbach's Alpha	CR	AVE
Continuous Improvement (CI)	CI1	0.867	.886	.917	.687
	CI2	0.851			
	CI3	0.827			
	CI4	0.823			
	CI5	0.776			
Customer Focus (CF)	CF1	0.888	.917	.918	.596
	CF2	0.861			
	CF3	0.931			
	CF4	0.937			
	CF5	0.542			
	CF6	0.753			
	CF7	0.677			
	CF8	0.415			
Leadership Skills (LS)	LS1	0.752	.798	.868	.622
	LS2	0.769			
	LS3	0.822			
	LS4	0.81			
Organizational Effectiveness (EH)	EH1	0.641	.899	.919	.588
	EH2	0.741			
	EH3	0.737			
	EH4	0.817			
	EH5	0.742			
	EH6	0.838			
	EH7	0.818			
	EH8	0.781			

5. Summary of Hypotheses Testing

The path coefficient and the t-value assessments are used to evaluate the study's hypotheses, drawing from the structural model's prior evaluation. As can be observed in Table 4.17, supported hypotheses have coefficient values (β) ranging from.070 to.252 for direct hypotheses and from.064 to.138 for moderating hypotheses, indicating that they are significant at least at the 0.05 level. A summary of all the theories examined in this investigation is provided in Table

Hypothesis testing results summary

Code	Description	Decision	Std. Beta	P values
Direct Effect on Organizational Effectiveness (EH)				
H1	"There is a positive significant relationship between continuous improvement and the effectiveness of private healthcare institutions in the Kingdom of Saudi Arabia (Taif)"	Supported	.252	.000
H2	"There is a positive significant relationship between customer focus and the effectiveness of private healthcare institutions in the Kingdom of Saudi Arabia (Taif)"	Rejected	.070	.056
Moderating Effect of Leadership Skills (LS)				
H3	"Leadership Skills moderates the relationship between continuous improvement and the effectiveness of private healthcare institutions in the Kingdom of Saudi Arabia (Taif)"	Rejected (No moderation)	.064	.152
H4	"Leadership Skills moderates the relationship between customer focus and the effectiveness of private healthcare institutions in the Kingdom of Saudi Arabia (Taif)"	Supported (Full moderation)	.088	.008

6. Conclusion

The research examined every piece of information gathered from the questionnaire surveys in this chapter. The research verified the data screening prior to data analysis. The researcher also verified that the data were linear and that the distribution of the data was normal. The researcher next carried out a descriptive study on the respondents' demographic information. Additionally, the researcher used Smart PLS to carry out the structural model analysis and measurement model analysis. Lastly, the study examined Leadership Skills' moderating influence.

6.1 Implication

The current study has potential applications for Saudi Arabian private healthcare establishments. The current study's primary goals were to identify the variables that influence Saudi Arabia's healthcare institutions' efficacy. According to this study, continuous improvement has a major impact on how successful healthcare facilities are. Because of this, the results will help to emphasize even more how important it is for healthcare institutions to continuously enhance their effectiveness. The management of these institutions should take this into account as part of their practical strategy for enhancing performance and effectiveness. Furthermore, in the Kingdom of Saudi Arabia, a healthcare organization's efficiency is significantly impacted by its customer-focused approach. However, it appears that the healthcare professionals who answered this survey are depending more on their own knowledge to deliver the greatest services and goods than on the opinions of their patients. Therefore, rather than concentrating on client feedback, management should consider staff experience to increase effectiveness. Furthermore, having a more engaged staff is helpful to the success of the organization, according to these findings. Consequently, involving staff members in service planning and decision-making may increase the effectiveness of Saudi Arabia's healthcare facilities.

Furthermore, the executives of these healthcare facilities choose to focus on other issues rather than implementing the continuous improvement plan, which would increase the effectiveness of their organizations. Additionally, capable Saudi Arabian healthcare executives are willing to encourage their employees to put patients' interests ahead of their own. This emphasizes how important it is to have a capable leader in charge. The performance of businesses is also significantly and favorably impacted by total employee engagement. However, staff participation no longer plays a role in the prosperity of Saudi Arabia's healthcare institutions when capable executives are in charge. Moreover, process management has had a significant impact on the general effectiveness of Saudi Arabia's healthcare facilities, and this is still the case even when the leaders' leadership qualities are taken into consideration.

5.3Theoretical Implication

The goal of this study was to identify the variables that affect Saudi Arabian private healthcare institutions' efficacy. With respect to three research questions, three research objectives, and eight research hypotheses, it was discovered that one direct hypothesis, H2, was rejected using the mean of research quantitative methods (a survey questionnaire as a research instrument). This means that, while customer focus showed an insignificant effect on the effectiveness of healthcare institutions in Saudi Arabia, continuous improvement, total employee involvement, and process management showed agreement with a large body of literature as well. The results of this study can be effectively utilized by researchers in the fields of management and behavioral studies by including these variables in their models when discussing the factors influencing organizational effectiveness and by concentrating more on investigating customer focus and how it may have a greater impact on organizational effectiveness.

Furthermore, it has been demonstrated that the effectiveness of Saudi Arabian healthcare institutions is positively correlated with both customer focus and process management, with the latter two being significantly moderated by leadership skills. The association between Total Employee Involvement and Continuous Improvement and the Effectiveness of Saudi Arabia's Private Healthcare Institutions, however, was not moderated by Leadership Skills. These findings have the potential to add a great deal to the body of literature by emphasizing the role that leadership abilities play in healthcare settings and how they can boost Saudi Arabia's healthcare institutions' effectiveness.

The conceptual foundation for this study was produced by theoretically integrating a number of ideas with the current investigation. Five theories were examined by the researcher: Total quality management Theory, Organizational Effectiveness in Classic Management Theory, Leadership Skills Theory, and others.

The researcher has included Leadership Skills as a Moderating influence on the association between the variables in order to improve the study's outcomes. The study's target population consists of Saudi Arabian private healthcare institution staff. Furthermore, in terms of methodological implications, the researcher employed SPSS for descriptive analysis and Smart PLS, a cutting-edge tool for quantitative research methodology, to analyze the measurement and structural model.

5.4 Recommendation

1- There are many potentials for this study, many of which may be discussed here to ensure that other researchers are aware of them. Here are a few of them:

2- This study benefited from collaborating with Saudi Arabian private healthcare institution personnel. However, it would be more advantageous for future research to conduct the same study with different types of subjects, such as patients.

3- Researching with a bigger sample size could yield new possibilities for the analysis and outcomes.

4-The moderating variable in this study was leadership skills. Future research on the moderating influence of top management support and other potential moderating relationships between variables and the effectiveness of Saudi Arabian private healthcare institutions will add to the study's framework.

5-The researcher examined a number of factors in the current study, primarily from the domains of behavioral studies and total quality management, that have an impact on the effectiveness of private healthcare institutions in Saudi Arabia. Another facet of the effectiveness of private healthcare institutions in Saudi Arabia would be highlighted by conducting a study focused on the private healthcare sector and taking organizational performance characteristics into consideration.

6- A future study about the impact of the eight total quality management practices would bring more in-depth results about this aspect, particularly; Leadership Commitment, Human Resource Focus, and Communication. Although the current study considered the effect of four variables of the total quality management practices generally, many previously published literature studied the total quality management practices.

5.5 Future Research Direction

This study investigates the determinants that influence consumers in Oman towards adopting e-Services. Optimism and inventiveness, two of the four indicators, are crucial in boosting e-Service adoption. However, the inability to foresee consumer willingness to use e-Services makes discomfort and insecurity insignificant. Other demographic criteria, such as age, education level, occupation, city of residence, or tribe, could be utilised to determine any difference that may arise, as there was no discernible difference between male and female customers' adoption of e-Services. Other factors could moderate the relationship between the independent and dependent variables.

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