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U.A.E. Diverse HealthCare Compass

Enlarging Pace of HealthCare in U.A.E.
The folds of 'Creative Destruction'1970 -- 2018 UAE HealthCare
Fostering U.A.E. Culture of HealthCare
Collaboration among
Practitioners, Academia & Government

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ABSTRACT

U.A.E Medical Councils and health authorities are now aggressively focusing on Indigenous developments' through International standard linkages and Collaborative research projects employed by Industry and academia to realize stages of 'Creative Destruction', quality in patient care; Innovative Industrial 'Schumpeterian Creative destruction' in the context of medical and Hospital activities; Medical and dental practices activities and other human health activities, surgical instruments' industry and overall economic impact, tourism linked with HealthCare Industry, management and advance transplants surgeries consume up 5 to10% GDP of the developed economies. The paper adopted mixed method and interviewed total of 291 doctors, faculty, employees and academicians to gather evidence of the prevailing Industry and academia research linkages. The paper explores supportive linkages and med collaboration for Benchmarking, quality, innovation and vertical integration among international and regional med-Industry and universities of UAE; and international research hubs with a view to affect standardization and improvements.

Key words: Indigenous development, Linkages, collaborative research, synergy, transplants, Creative destruction, Empirical methodology, Benchmarking, Vertical Integration, standardization.

INTRODUCTION

Brajer-Marczak, R. (2013) stated that Scholars have for years convincingly reasoned that leaders are not born - they are custom made and equipped with leadership traits when advancing in higher studies, HealthCare Organizations and MNCs' exposure and multiplex business organizational experiences which add to their vision and qualities that classify them diverse and conversant leaders. Przegląd, Organizacji & Bolden, R. (2011). Emphasized that the

people, who learn the tricks of the trade and epitomize leadership talent by application and discussion their futuristic vision, with stake holders, quickly adapt and keep improving through exposure and reflection.

Blaga, S. (2013) and Krammar, (2012). Emphasized that multiple workable channels and strategies that leaders' incorporate and apply to achieve the goals, serve as a source of essential insight for countless healthcare future leaders in Industry and academia. The present multiplying economic challenges and world ever more defined by unpredictability and ambiguity, the leader are in high demand and leadership is more urgent than ever (Bogdanienko, J. 2016). The valuable cadre of aspiring young people when exposed to higher studies, visionary commanders, scholars and techno- entrepreneurs' benchmark and create futuristic designs; through innovation, creativity and most of all create jobs for the needy. These cadres of visionary leaders corroborate balance in society and market through their visionary reflections and business activities empowering others and creating mega structures, through replicating blue ocean strategy and Creative Destruction for creating economic business hubs. (Blackledge and Knight, 2011; Brajer-Marczak, R. 2013).

The capability to create a vision and communicate that vision to others to share in making that vision a reality is somewhat a leadership quality. Leadership is transformations and adapted ability influences others through example and reflection, noted by Blaga, S. (2013) and Brajer-Marczak, R. (2013). The leader's example is one that generates the internal motivation in others to contribute to the growth and advancement through reflection and actions for achievement of the goals of the HealthCare organization. Conversely, organizational members are looking to the leadership of the organization for communication, collaboration, and the establishment of trust between the two HealthCare teams of Industry and Academia and Government (IAG). Building a strong internal social potential in a system of complex network relations leads to search for new directions that could strengthen the leadership potential. In this area, an interesting concept of amplification social potential is 'empowerment' through IAG for creating superior quality (Bogdanienko, J. 2016).

Aldis, W. (2008). The concerns over healthcare structure' management have enormously grown in the last few decades which led to various teamwork enterprises leading to effective productivity of healthcare units. In this context, teams of managers, administrators and clinicians have combined together to affect major changes in collaboration that may boost innovative strategies of healthcare. Thus, they oversee the plan to implement such frameworks coupled with the backdrop of innovation and creative destruction as *noted* by (Boudreau, J. and Ramstad, P. (2006) and Carroll, A. B. (2008).

(Bogdanienko, J. 2016). Consequently these professionals are taking responsibility to support such environment in healthcare setups the productivity is also improving in terms of quality of teamwork, treatment, solutions and trickling down issues being faced by IAG Blaga, S. (2013). The complex trends of healthcare industry are inevitable to study that may be linked with academia and other industrial practices to synchronize the IAG subdivisions as note by Horton, R. (2014), Battams, S & Matlin, S. (2013) .

(Carroll, A. B. (2008). There is a need to develop a thorough understanding which may support the implementation and bridge the gap between health care practitioners and academia through other management frameworks for commercial, social and CSR. A study reported that today patients receive one-half of the preventive care recommended by the medical practitioners followed by care for chronic conditions and acute conditions, while other received care which was not recommended and rather harmful for the patients.

(Blaga, S. (2013). There are so many other issues related to access to care and healthcare screening results which are particularly encountered by ethnic minorities in UAE. Here academia might provide consultancy and solutions based on sound management case studies and theoretical models.

Horton, R. (2014), Battams, S & Matlin, S. (2013) stated that notwithstanding the fact that these are considered as concerns in healthcare industry, patients are somewhat content with the quality of treatment and the general treatment which they receive. Blaga, S. (2013) The literature has also reported that healthcare quality comprises safety issues related to treatment facilities and technological facilities. As such, it goes to the credit of management of healthcare units that they have not been able to sufficiently optimize the resources available at their disposal to improve the healthcare overall infrastructure. Therefore, there is an imperative to plan and implement healthcare design frameworks which are challenging and best suited to fulfill the need of contemporary healthcare practices (Bogdanienko, J. 2016).

More of the problem is related to implementation of such design frameworks which require due involvement of professionals. Nevertheless the professionals have their own concerns in the terms of weak incentives and other professional barriers which they face during their careers as *noted* by (Blaga, S. (2013) and Bogdanienko, J. (2016). The paper intends to address the gaps which arise mostly in the form of communication and information between the professionals that primarily creates problems for effective design of frameworks. There is a need to acquire a solid theoretical framework using which may provide positive outcomes to both healthcare professionals in the industry.

Healthcare Policy Institutes need to intervene for improvements and bridge the gap between the academia and Industry picking the reported evidence and healthcare practices. (Blaga, S. (2013) and Bogdanienko, J. (2016) emphasized that in United States, the Services Administration's Bureau of Primary Health Care, which provides funding facilities to different sponsoring units in the country also provide policy guidelines and closes the gap by bringing practitioners of healthcare and management closer. (Blaga, S. (2013) and Bogdanienko, J. (2016) explained that the objective of such Institutes is to address the real issues faced by healthcare industry and reduce their problems giving quality to both healthcare and management. Moreover, healthcare units and their management expect to develop strong work teams which may develop records and at the same time engage employees in activities that optimize the infrastructure of healthcare management based on information systems, patients' complaints management system, and other feedback.

(Blaga, S. (2013) and Bogdanienko, J. (2016). Thus management role is quite unique in nature, indispensable that might enhance implementation framework for healthcare infrastructure and further describe ways that promote harmony between the academia and the healthcare units in the industry through management. It is further posited that there are some key factors such as technology and productivity of healthcare units in terms of employees' involvement, and other initiatives that help the two sectors create synergy for future sustenance as *noted* by Horton, R. (2014), Battams, S & Matlin, S. (2013) and Beattie, J., Cheek, J., Gibson, T. (1996).

U.A.E. NATIONAL HEALTHCARE RE-STRUCTURING 1971 – 2018

Seven distinguished states of the UAE: Abu Dhabi, Ajman, Dubai, Fujairah, Ras al-Khaimah, Sharjah, and Umm-al-Qaiwain signed a treaty in July 17, 1971, 'Trucial Sheikdoms', forming

the unity of the sheiks and an agreement to settle difference of opinions among sheiks and finally conjuring to the materialization of the United Arab Emirates. U.A.E. is member of, United Nations, World Trade Organization and Organization of the Islamic Conference, Arab League, and the Cooperation Council for the Arab States of the Gulf fulfills its obligations and responsibilities. Nevertheless, exceptional infrastructures have also justly made the country an International tourist attraction backed by modern healthcare facilities *noted* by Horton, R. (2014), Battams, S & Matlin, S. (2013) and United Arab Emirates is located in the Southeast of Arabian Isthmus in Southwest Asia on the Persian Gulf. Oman and Saudi Arabia are the bordering kingdoms of the U.A.E. The serene Indian Ocean surrounds and adds the sky blue ocean color to the fascinating land of UAE. Abu Dhabi is the capital and is the second largest city in the country. Business accomplishments, skyscrapers, and cluster of modern building, sports complexes and hotels also set pace and add charm to the tourism, modern culture and enlightened eminence. Cultural diversity and groups in the country include of the Emiratis, non-Emirati Arabs, Pakistani, Iranian, Indian, Chinese, and Thai. Arabic is the lingua franca and English is also widely spoken and used for documentation in the country. The political structure of the country is Federal Constitution Monarchy.

Horton, R. (2014), Battams, S & Matlin, S. (2013) and Beattie, J., Cheek, J., Gibson, T. (1996). U.A.E. has been gifted with abundant natural reserves which include Sea trade routes, fisheries and oil. The UAE invested these natural resources wisely for building of the vital infrastructures for tourism, shopping complexes, education, sports arenas and developing international standard medical facilities in collaboration with USA and Europe. The prevailing standards of education, healthcare and environmental practices are considered to be largely encouraging in the United Arab Emirates, consequential to augmented government expenditure during robust economic years of 1980. The official statistics mirror that, total expenditure on health care from 1996 to 2003 occurred to the tune of AED 1,601,384,360.05 [US$436 million]. WHO, statistics display that: in 2004 total spending on healthcare annexed 2.9 of GDP, and US$497 was projected per capita. Healthcare currently is free only for UAE citizens. The World Bank categorized Dubai and Abu Dhabi as being the 2nd and 3rd, respectively, popular medical and tourism destinations in the region.

Origins of health care in the UAE

The health care in the United Arab Emirates started during 1943, with Basic healthcare unit was established in Dubai. In 1951, under the patronage of Sheikh Saeed bin Rashid Al Maktoum, the Al Maktoum Hospital was built in phases comprised of 157-beded hospital. During 1960, American missionary Mr. Pat and Marian Kennedy established a clinic in Al Ain, officially known as the Oasis Hospital, for local people. During 1966, a small outpatient department opened in Abu Dhabi, followed Dr. Philip Horniblow to cultivate a national health service. This initiative was followed by ruler of Abu Dhabi, Sheikh Zayed, to organize a Central Hospital, in 1968, which encouraged the Private sector in the U.A.E led by Iranian Hospital, Dubai, the Gulf Medical University and the GMC Hospitals as the founder in the private medical education and healthcare sectors.

Critical Statistics Review Healthcare industry

The healthcare industry (quoted as medical industry or health-Care economy linked to GDP growth and tourism UAE) has manifold diversified and commercialized incorporating the Governmental investments up to 15% GDP of US and 10% of UAE Government; the base of MNCs is enlarging and multiplying, the companies and social Business as leverage strategy to measure the size of the market for subsequent business in the context of medical services provision, fabrication of surgical paraphernalia, and advance pharmaceuticals for visible

advantages to capture the targeted market *noted* by Horton, R. (2014), Battams, S & Matlin, S. (2013) and Beattie, J., Cheek, J., Gibson, T. (1996). .

For the purpose of Economic growth and population healthcare management, the industry is characteristically distributed into various disciplines. The United Nations International Standard Industrial Classification (ISIC) demarcates the healthcare industry as: a. Hospital activities; b. Medical and dental practice activities; c. and other human health activities'. "The Other human health activities' implicate events of, or under the management of, nurses, midwives, physiotherapists, scientific or diagnostic laboratories, pathology clinics, residential health facilities, or other allied health professions, e.g. in the field of optometry, hydrotherapy, medical massage, yoga therapy, music therapy, occupational therapy, speech therapy, chiropody, homeopathy, chiropractic, acupuncture, etc." (Beattie, J., Cheek, J., Gibson, T. 1996).

The latter listed industry groups comprise companies that produce biotechnology, medicines, and various scientific facilities. Nevertheless while defining the length and width of the healthcare industry the comprehensive definition is composed of health disciplines, i*nclusive* of "teaching and preparation of health professionals, instruction and management of health services provision of traditional and corresponding medicines, and administration of health insurance" (UN, ISIC).

HealthCare Authorities

WHO (2011) report that there are 9.2 million physicians, 19.4 million nurses and midwives, 1.9 million dentists and other dentistry personnel, 2.6 million pharmacists and other pharmaceutical personnel, and over 1.3 million community health workers worldwide, making the health care industry one of the largest segments of the workforce", during the period of 2011,

US budget for healthcare was estimated to the tune of 17.9% of the total GDP dedicated and composed of physicians, homes, diagnostic laboratories, pharmacies, medical device manufacturers and other components of the health care system, largest healthcare budget in the world. During the survey of 2001, of OECD states average healthcare budget was 8.4 percent with the United States 13.9 %, Switzerland (10.9%), and Germany (10.7%) being the top three. US health care budget was totaled $ 2.2 trillion during the period of 2006 - 2008. Health Affairs, (2007) reported that US$7,498 is spent on every woman, man and child in the United States, that makes it 20 percent of all spending and overheads were anticipated to increase to $12,782 by 2016. The United States, 85% of citizens has health safety, either through their manager or paid health Insurance.

Management and Research Collaboration

The obligation of responsive management job of healthcare entities have enormously grown in the last two decades; which have led to state of the art collaboration design leading to effective productivity of healthcare units. In this regard, teams of leaders, executives and clinicians have combined together to effectively create and designs med-range to advance innovation and creativity in healthcare. Thus, they oversee a plan to implement such frameworks coupled with the backdrop of innovation.

Consequently these professionals are taking responsibility to support such environment in healthcare structures; the productivity is also improving in terms of quality of fellowship, treatment, solutions and many other complex issues faced by the industry. Here the trends of healthcare industry are inevitable to study that may be linked with academia and other

industrial practices to synchronize the relations between the two vital sectors for advancement.

Horton, R. (2014), Battams, S & Matlin, S. (2013) and Beattie, J., Cheek, J., Gibson, T. (1996). Noted that in the healthcare industry there are emergent grey area in the system frame which need research indulgent, to support the management implementation to bridge health care practice and academia linkages for greater quality and productivity. Notwithstanding the fact that these are considered as challenges in healthcare industry, patients are somewhat content with the quality of treatment and the general treatment which they receive. The literature has also reported that healthcare quality comprises safety issues related to treatment facilities and technological facilities. As such, it goes to the credit of management of healthcare units that they have not been able to sufficiently optimize the resources available at their disposal to improve the healthcare overall infrastructure. Therefore, it is imperative to plan and implement healthcare design frameworks which are innovative and fulfill the need of contemporary healthcare practices.

Most of the problems are interrelated to employment of such design which require due engrossment of professionals. Nevertheless the professionals have their own concerns in terms of poor incentives and other professional barriers which they face during their careers. The present paper intends to address the gaps which arise mostly in the form of communication and information between the professionals that primarily creates problems for effective design of frameworks. There is a need to acquire a solid theoretical framework which may provide positive outcomes in greater coherence of the healthcare professionals and industry. It is further posited that there are some key factors such as technology and productivity of healthcare units in terms of employees' involvement, and other initiatives that help the two sectors create synergy for future sustenance.

U.A.E NATIONAL HEALTHCARE REVIEW 1971 – 2018

Seven distinguished states of the UAE: Abu Dhabi, Ajman, Dubai, Fujairah, Ras al-Khaimah, Sharjah, and Umm-al-Qaiwain signed a treaty in July 17, 1971, 'Trucial Sheikdoms', forming the unity of the sheiks and an agreement to settle difference of opinions among sheiks and finally conjuring to the materialization of the United Arab Emirates. UAE is member of, United Nations, World Trade Organization and Organization of the Islamic Conference, Arab League, and the Cooperation Council for the Arab States of the Gulf fulfills its obligations and responsibilities. Nevertheless, exceptional infrastructures have also justly made the country an International tourist attraction. United Arab Emirates is situated in the Southeast of Arabian Peninsula in Southwest Asia on the Persian Gulf. Oman and Saudi Arabia are the bordering kingdoms of the UAE.

The serene Indian Ocean surrounds and adds the sky blue ocean color to the fascinating land of UAE. Abu Dhabi is the capital and is the second largest city in the country. Business accomplishments, skyscrapers, and state of the art building, sports complexes and hotels also set pace and add charm to the tourism, modern culture and enlightened eminence. Cultural diversity and groups in the country comprise of the Emiratis, non-Emirati Arabs, Pakistani, Iranian, Indian, Chinese, and Thai. Arabic is the lingua franca and English is also widely spoken and used for teaching, documentation in the country. The political structure of the country is Federal Constitution Monarchy.

UAE has been gifted with abundant natural reserves which include Sea food, trade routes, fisheries and oil. The UAE invested these natural resources wisely for building of the vital

infrastructures for tourism, shopping complexes, education, sports arenas and developing international standard medical facilities in collaboration with USA and Europe. Standards of education and health care are considered to be generally high in the United Arab Emirates, resulting from increased government spending during resilient economic years of 1980. UAE government statistics reflect that, total disbursement on health care from 1996 to 2003 were AED 1,601,384,360.05 [US$436 million]. World Health Organization, statistics show that: in 2004 total spending on health care instituted 2.9 percent of GDP and US$497 was estimated per capita. Healthcare currently is free only for UAE citizens. The World Bank categorized Dubai and Abu Dhabi as being the 2nd and 3rd, respectively, popular medical and tourism destinations in the region.

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Challenges - U.A.E Health Care System

UAE healthcare structure benchmarks in the Gulf countries as leading state of the art healthcare utilities practicing international standards and qualified human resource (Ballinger, C. 2011). Schumpeter, (1942) emphasized that change is the essence of Creative Destruction, growth and progress of organizations who practice periodic change of technology and products development with innovation and superior marketable quality. Since 1980 UAE had incorporated the 'Creative Destruction, overhauling the old infrastructures, devising modern healthcare facilities, technology and professional physicians' induction (Schumpeter, 1942). The modernization of healthcare facilities all over the UAE has been able to address the common health problems of the population. Because of the health facilities the life expectancy has improved form 58.38 during 1967 and in 2012 it was verified 76.57 (World Bank Indicators, 2013).

The U.A.E. skilled human resource seriously lacks the adequate participation of local doctor; as Emarits' student are gradually realizing the importance of medicines and only 8-10 percent of doctors are Emirati (Al Hassani, 2012; Ballinger, C. 2011). The primary healthcare specialists and 85% clinicians are collection of immigrant doctors and nursing staff (Anderson, T.L., Dixon, K.H., Lewallen, L.P., Jarrett-Pulliam, C. 2011). The IT, Medical technology and sophisticated machines are commonly operated by the foreign technicians and doctors; however the local Emirati doctors are now gearing up for acceptance of the challenges, nevertheless this aspect needs dedicated research to address the Emirates culture. The UAE population is also victim of various heart diseases because of the fatty diet and lack of proper physical activities and regular exercises. The UAE medical authorities are aware of the problem and focusing to address the problems with joint efforts with the assistance of schools and colleges.

The U.A.E. medical authorities have collaborated with the best medical hospitals and academia for the furthering the research to achieve the highest standards. The research and exploration

partnerships include Children's National Medical Center, Cleveland Clinic Abu Dhabi, GE Healthcare, and recent addition of Johns Hopkins. The constructive aspects of the U.S. and the U.A.E joint venture cannot be overemphasized as these new organizations have generated employments stimulating the economies of both the partners hospital and nursing disciplines (Anderson, T.L., Dixon, K.H., Lewallen, L.P., Jarrett-Pulliam, C. 2011).

U.A.E. healthcare market – Projected Growth 12.7% by 2020

The projected forecast of UAE healthcare market is expected to grow 12.7 % by 2020 (Alpen Capital). Outpatient and inpatient markets are projected to reach Dh44.4bn and Dh27.5bn, respectively, by 2020, achieving an annual average growth of 12.7 per cent, marginally higher than the GCC growth average. The outpatient and inpatient markets are projected to reach $12.1 billion (Dh44.4 billion) and $7.5 billion (Dh27.5 billion), respectively, in 2020. U.A.E. Economists forecast of the increase of number of hospital beds by 3% annually to the tune of 13,800 beds by year 2020 (Alpen Capital & GCC, 2016). UAE Government is making all out efforts to improve healthcare structure, qualified specialists, and upgrading allied facilities comprehensively to match international standards. Alpen Capital,(2013) projected that GCC healthcare market to grow at a 12.1 % and healthcare spending to grow to $71.3 billion in 2020 which will amply replicate the model of Creative Destruction by incorporating the advanced technology and expertise to bench mark the international standards.

Healthcare Systems in Totality

UAE now operates 40 public Hospitals, compared with only 7 in 1970. The Ministry of Health is undertaking a multimillion-dollar program to expand health facilities and hospitals, medical centers, and a trauma center in the seven emirates. A state-of-the-art general hospital has opened in Abu Dhabi with a projected bed capacity of 143, a trauma unit, and the first home health care program in the UAE. To attract wealthy UAE nationals and expatriates who traditionally have travelled abroad for serious medical care, Dubai is further developed Dubai Healthcare City, a hospital free zone that will offer international-standard advanced private healthcare and provides an academic medical training center; which was accomplished during 2010. Approximately 12 million people visit Dubai every year for healthcare services.

Emirate of Abu Dhabi

The Government executed a master plan to provide comprehensive health Insurance cover to all residents of Abu Dhabi during 2006, sharing the costs amongst the firm and the workers. During 2007, the Healthcare organization was also rearranged into: **Health Authority** – Abu Dhabi; empowered to monitor healthcare industry and formulating health policy in consultation with Government. **SEHA --** was authorized to managing government-owned healthcare services in Abu Dhabi composed of " 57 Primary Health Care Centers, 13 Hospitals, 3 Maternal and Child Health Centers, 3 Specialized Dental Centers, one center for Autism, and 5 Specialized Facilities like rehab, blood bank and herbal center".

Emirate of Dubai

Dubai Health Authority (**DHA**): was assigned the responsibility of Public and Private healthcare services in the Emirate of Dubai. Dubai Healthcare City (**DHC**): was empowered to cater for the private healthcare facilities in consultation with Dubai Healthcare City. Ministry of Health (**MOH**): to be responsible for private healthcare facilities in the Emirates of Sharjah, Ajman and the rest of the north Emirates, and to manage public facilities in Dubai such as Al Baraha Hospital and Al Amal Psychiatric Hospital. A comprehensive survey commenced in 2012 by DHA surveyed all healthcare services in Dubai to organize Dubai Clinical Services Capacity Plan 2020 (**DCSCP**). U.A.E.'s healthcare sector has multiplied manifold collaborating with Harvard, John Hopkins and MD Anderson.

U.A.E. Growing Healthcare Sector

Since 1971, the U.A.E. has advanced manifolds in the field of healthcare facilities and progressively gained world-class recognition which has changed the outlook and contemporary economic growth of UAE in Global healthcare and tourism perspective. The Emirates 'population is commonly hit by diabetes and obesity conditions caused by inactive lifestyles and fast food intake. The UAE Government has set the vision of 2030 to grow in healthcare structures and medical expertise investing in technology and acquiring trained doctors from abroad with a view to provide 360 degree quality healthcare facilities to its citizens and foreign nationals. In the Gulf countries UAE is investing strategic investment with foreign collaboration to advance the vision. During 2013 U.A.E. healthcare budget was estimated $16.8bn. The UAE has emerged as economic, tourism and healthcare hub and attracts large number of visitors from all over the world. The US Global brands in healthcare management, medical devises, surgical Instruments are in constant demand in UAE.

Research Objective:

To assess the role technology and higher level of research linkages play amongst industry and academia in raising greater workplace productivity.

Research Question:

Does research linkages of industry and Academia, technology are related to hospitals quality and greater productivity?

LITERATURE REVIEW

Collaboration can be described as the pooling of knowledge, capacity, resources, and interests. Through sharing tasks, a product is produced that can promote professional development of all members involved (Beattie et al. 1996; Pittman et al. 1991). The process of collaborative research has been described as the "The six C's of collaboration" (Lancaster, 1985) and includes the contribution, communication, commitment, compatibility, consensus and credit being identified by both parties. Successful collaboration between hospitals and academia is founded upon these processes. In addition the disclosure of self-interest should be openly discussed, and in this way trust is established and the collaboration can develop to meet the needs of each party (Anderson et al. 2011). The table 1.1 shows contrast in industry and academia, which need to be addressed.

The positive outcomes of collaboration between academia and hospital settings have been described as significant advancements as shown in Table 1.1 and 1.4 (Boswell and Cannon, 2005; Campbell and Taylor, 2000; McCoughen and O'Brein, 2006). These outcomes include the integration of education, practice and research (Downie et al. 2005). Moreover, collaboration provides a means to bridge the practice-theory gap whereby best practice outcomes are realized. The advantages of collaborative research include the development of trust between parties through mutual benefit to promote research and quality health effects The development of trust across the divide is a fundamental issue as hospitals and academia work together to achieve the joint objectives of the research.

The widening gap in research and study can embrace a uncertainty amid academia and Industry (Gaskill et al. 2003). Gaskill et al. (2003) pronounced the challenges of evolving trust among hospital staff, and the investigation representative of universities. The Industry and academia may lack collaboration essence for the research, which may widen the gap for fragile research continuation (Gaskill et al. 2003). There is recognized rigidity among scholars who sponsor researcher and industry merger (Downie et al. 2005; Gererish and Clayton, 2004;

Wallin et al. 2003). Scholars also admit that material complications may weaken productive cooperation (Gaskill et al. 2003; McCoughen and O'Brein, 2006). The research linkages and practical application by Industry may provide new findings for further research and advancing the knowledge and benefit for the larger community (Gererish and Clayton, 2004).

U.A.E HealthCare trendsetter Space Station - Unique indoor working environments

The international and Arab world investments and ventures find refuge in UAE and from almost every corner of the world, making UAE diverse and multicultural space station as shown Table 1.4 (Al-Shaikh 2001). The workforce diversity brings with it diverse working ethics, cultural backgrounds, working behavior and varying essence of attitudes (Fusch & Fusch, 2015). UAE and the other Arab gulf countries share religious, cultural and economic relationship employees' diversity and deep routed business terms. UAE diversity in economic growth, healthcare, tourism and international collaboration benchmarks for other Arab gulf countries.

Zellars et al. (2001) described that combined productivity was connected with job preference within hospital staff. Khurshid et al. (2005) reported a relationship between dissatisfaction and turnover among nurses. Other literature showed that job satisfaction has an effect on turnover and retention, absenteeism and performance (Hellman 1997; Strachota et al. 2003). Schermerhorn et al. (2003: 164) integrated motivation, performance and satisfaction into one model. While performance and satisfaction appear to be separate in this model, they are interrelated. A higher job satisfaction level would result in higher work performance (Sch Belal, Barhem, Hassan, Younies., and Mustafa 2010).

RESEARCH METHODOLOGY

This study investigates factors influencing health care practices and research and planning in the U.A.E. Data were collected by a questionnaire consisting of 8 questions to measure the intended healthcare practices sand research planning and linkages variables were scrutinized using a 7-point Likert-type scale (ranging from 'strongly disagree' to 'strongly agree), that is, the respondents were asked to respond to each of the statements by indicating whether they agreed or disagreed with the proposed statement of the questions. ,

Sampling Frame

The data were collected through a questionnaire which was distributed randomly in the public and private hospitals of the UAE. A set of questionnaires were distributed to professionals of a total of 141 participants form Public and private hospitals; and total of 150 participants from 6 universities were covered in the research data collection process. The questionnaires were distributed and collected by email in the emirates to an appropriate random sample mainly practicing doctors and academia. A total of 291 participants took part in the qualitative data collection interviews.

To test the hypotheses of the study, least square regression analysis was used. In order to examine the hypotheses of the study, regression was run healthcare planning (Academia) variables as independent and as healthcare performance (Clinicians) as dependent variable.

To test the hypotheses of the study, least square regression analysis was used. In order to examine the hypotheses of the study, correlation was run for healthcare planning variables as independent and as healthcare performance as dependent variable. Furthermore, regression analysis was performed. The results of both tests are interpreted as under.

The correlation among the two variables namely healthcare planning and healthcare performance was assessed the results of which are reported in the correlation matrix. All the variables in the study are found to be negatively correlated with each other. However, as shown in the table, the mean of healthcare planning variable (hp) is found to be 3.80 likewise the mean value of healthcare performance (hcpl) is 3.68, respectively.

The correlation values show that healthcare planning and healthcare performance variables are strongly negatively correlated but significant at the significance level of 0.01.

Table 1.1: Correlation

Correlations

		hp	hcpl
Pearson Correlation	hp	1.000	-.319
	hcpl	-.319	1.000
Sig. (1-tailed)	hp	.	.000
	hcpl	.000	.
N	hp	291	291
	hcpl	291	291

The following table represents regression analysis which implies that healthcare planning the independent variable has 10.2 percent impact on healthcare performance. Therefore, the present value of 10.2 percent is relatively weak in terms of its impact on organization's performance. The same is recommended for the study that either the data for the study may be enhanced or further strategies should be pursued for healthcare planning to have positive and considerable impact on healthcare performance.

Table 1.2: Model Summary

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.319[a]	.102	.099	.43086

a. Predictors: (Constant), hcpl

The following table shows descriptive stats of the data which implies mean average of 3.80 and 3.68 respectively for the two variables i.e. Healthcare Planning which is independent variable in this case and Healthcare Performance which is dependent variable. For the two variables standard deviation values are .394 deviate from the mean values.

1.2: Descriptive state shows the sample size 291 and std Deviation .45389.

Descriptive Statistics

	Mean	Std. Deviation	N
Hp	3.8050	.45389	291
hcpl	3.6873	.39435	291

HEALTHCARE MEDICAL TECHNOLOGY (CREATIVE DESTRUCTION)

Davis, Haltiwanger and Schuh (1996) and Topol, Eric (2011). Stated that the 'Creative Destruction' of HealthCare and (Medical Technology, [Medtech^] 2011) has traversed long way to present position, with the endless efforts and collaboration of Industry and academia in the shape of 'Digital Revolution' grouping the old vintage technology and gradually replacing with the digital handy and accurate technology inserted into your Gadgets, even android cell phone can be your digital doctor resting in your pocket and healthcare mini Lab and data bank.

These Medtech^ can give you accurate BP, heart rate, sugar levels, calories you consume and warning of cancer cells floating in your blood and possible indications of heart attack when anxiety and fatigue, cholesterol and fats levels are increasing the prescribed limits. The best thing is you can maintain your health data and whats-app to your doctor, save it in the cloud and when required down load. The authoritative Dr. Eric Topol cardiologist and known managing researcher and Guru' claimed that 'digitizing social animals for health is leading contribution of decades, Medtech~ joint work from collaboration of Industry and academia.

Theses Gadgets are small in size, light weight but accurate and power pack when you attach these Medtech^ for health security of digitized persons and greatly facilitate the doctors cadre to understand patient form the Medtech~ track millage records maintained over weeks, months and yearly. These Medtech^ amply suggest the diet proportions and consumption levels of sugar and proteins. These tiny unimpressive Medtech^ by demanding consumers and consultants are game-changing technology. This Creative Destruction led to Medtech~ which have amply reduced and replaced the physician in abroad day light (Eric, T. 2011). Dr. Topol has to his credit survey of 40,000 heart patients' data analysis who suffered heart attack, for trials and grouping Medtech^ technology and aligning these findings to prevent heart attacks in digitize persons.

This medical healthcare science discovery and Medteck^ has introduced new heath perspective altogether in a different way and invented new curriculum for medical practitioners of 2030, by examining the structure of their DNA, physiologic metrics, vital signs, anatomy; this Medtech^ revolution has set new curriculum and course in the med field digitizing humans for better health monitoring perspective.

Topal, (2015) and Porter and Kramer (2011). Emphasized that organizations, innovative products and Medtech^ gadgetry products grow on quality and what these services offer to their intended clients over a period of time. The manifesto of Medtech^ revolution, its scope and implementation, to transform and digitize human beings, digitized backed results achieved over a decades will require the larger frames to monitor; how the social animals respond with mixed feelings to this hand held Medtech^ revolution. The doctors and patients community is watching closely, where would the graph of digitized persons health leads to contemporary med researchers.

Topal, (2015) and Porter and Kramer (2011). Emphasized that the Gadgets may indicate the warning signs and ask to respond the digitize persons; but it depends on the person how to respond and stop eating fast food, fizzy drinks, weight control and physical exercises. *As these disruptive innovative machines are accurate and quick to pick up the vital signs of your body but may not be able to change the sedentary, dietary and cultural habits which require further study based on the sequences of mandatory periodic responses of the digitized persons.* Nevertheless the ability to digitize human beings is a great success and breakthrough in the Medtech^ for the better health monitoring security guard in your cell phone recording your DNA sequence and genomics changes daily as noted by Ballinger, C. (2011), Porter and Kramer (2011) and Topal (2015).

Ballinger, C. (2011) stated that radical changes in Medtech^ are 'disruptive innovation and 'Creative Destruction' setting in for revolutionary changes, patients' awareness and empowerment, which offer new dynamics in the healthcare diagnostic fields. The survey of 10,000 physicians concluded that they are reluctant to these automations and disruptive innovative devices on patients for self-monitoring and future diagnostics culture. The medical community is not yet in favor of the radical change where the patient will be empowered with

personal 24/7 days a week, physician resting in his pocket (Downie et al. 2005; Gererish and Clayton, 2004; Wallin et al. 2003).

(Blackledge, P. and Knight, K. (2011). This breakthrough is very meaning full and exciting to consumers and management Gurus'. But the medical community as a whole is not ready for the change as it hinders with the old practices and methodology. The digitized persons and patients will appreciate accessible information of personal health matters with dedicated physicians, opening new chapter in healthcare research collaborations for induction of new technology (Downie et al. 2005; Gererish and Clayton, 2004; Wallin et al. 2003) .

ARAB POLITICAL CHANGE MATRIX -- FORCES OF CREATIVE DESTRUCTION

Porter and Kramer (2011) stated that capitalistic economies are privately organized and run, produce progressive outcomes as compared to centralized Governments owned organizations. U.A.E. Gulf states are the face of Capitalistic economy of Arab world; Schumpeter bluntly theorized that Capitalism will perish, if leaders adopt short term measure and incorporate obsolete technology to energize the technological Entrepreneurship (Mehmood, T S., 2018; Schumpeter 1942). What Schumpeter meant in the context of Capitalism was that it will survive and thrive only on innovation, creativity and new sustainable technology. The Arab political changes are reshaping fast in the economic outlook as well as the socio-political practices in the Middle East. (Eccles, Ioannou and Serafeim, 2011; Mehmood, S.T., 2018; Schumpeter 1942; Khan 2018). The Harvard graduate Austro American economist Joseph Schumpeter once deplored: "Economic evolution, in entrepreneurial society, refers to "meso revolution" which attracts the forces of investments, change and market growth on the face of new idea and sustainable new technology. This happened in UAE healthcare space station making it multi brands franchises investments crafting 'meso revolution' (Blackledge, P. and Knight, K. (2011).

Change Matrix. Eccles, Ioannou and Serafeim, (2011), Schumpeter (1942) and Khan (2018) convincingly stated that the world is witnessing turmoil and change in the Arab world. The political changes swept across large parts of the Middle East. The element of Change comes in a form that Schumpeter called "Creative Destruction" as it happened in World War I & World War II. The bitter and meaningful question surrounds Arab world that what will be the new post-revolutionary reality for the Arab World. Blackledge, P. and Knight, K. (2011) stated that the end of the times dictates that sooner or later the power of oil addicted economies & machines will shift to clean and sustainable sources of Energy; this will again prime to another 'meso' revolution and yet another Creative Destruction for the Oil producing and consuming economies and how would these economies shift form petro dollars and respond to mega change. What happened at the grass-root level that aired the political turmoil; what are the contemporary undercurrents that will reshape Arab world political, HealthCare and economic choices. What Projected consequences of Creative Destruction in near and far future on the territory of political transformation, business and maturing HealthCare Industry. The interpretations and prospects that may materialize the concerns are buried in the vast deserts and resources of the Arab world and global agenda. The Arab world is still dependent on foreign research, knowledge, technology and yet in bootstrapping phase for space age competitive markets *noted* by Blackledge, P. and Knight, K. (2011).

(Eccles, Ioannou and Serafeim, 2011; Schumpeter 1942; Khan 2018). The process of Creative Destruction and change which is unfolding in the Arab world is not an easy mold and calls for political and business Gurus' coherent Industrial and academic collaboration for smooth transition for next decades strategic plans unfolding within U.A.E. culture and needs medtech~

meso' revolution. Nevertheless keeping in view the economic and social post-crisis re-forms and implementation processes calls for long-term strategy. Arab world HealthCare and tourism corporate sectors are of main importance as a leading dynamic for the combined growth of the economy. Mehmood, T. S., (2018) and Schumpeter, (1942), expressed that the strategic function to economic growth is innovation and entrepreneurship creating new businesses and jobs for larger cadres of Youth. The Arab world has to adopt fast to prime the stages of the creative destruction. The classical Schumpeterian theory (1942) argues that entrepreneurial capitalism revolutionizes the economic structure from within, constantly ending the obsolete handles; persistently crafting contemporary advancing handles of operation. The new world Entrepreneurship order has been devised by Grameen model, stating and demonstrating the Capitalism for poor's' and complexity of the Social Business (Eccles, Ioannou and Serafeim, 2011; Schumpeter 1942; Khan 2018).

CONCLUSION

Nevertheless the U.A.E. 'local health, International standards and industry Academia Linkages (IAL) in a perspective are distinct from global health viewpoints, it is not necessarily in contradiction to social work and commercialization. A local health framework, focused on exploiting the interrelated health and industrial benefits from proximity, throws into relief the relevance in relation to Governments spending and future healthCare programs within the U.A.E. positionality as shown by FiG 1 & 4, culture and practices. It challenges global health actors to recognize and manage their own (large) industrial impact, and to do so in recognition of the legitimate agency of UAE policy makers in seeking medium term strengthening of their local health–industrial linkages and associated scientific and industrial capabilities in the interests of sustainably stronger local health systems and a stronger industrial base.

From UAE perspectives, the huge rise in medicines procurement from abroad, arising from global health initiatives, has opened opportunities to link industrial development into strengthening their own health systems in the medium term as shown in FiG 1 and FiG 4. This article has sought to outline a 'local health' perspective, based in UAE evidence, on some of the key opportunities to align industrial and health objectives to the cumulative benefit of both sectors. The growth of financial size based on long term performance is significant for the 21st century medtech^ Infrastructures. Clearly the sustainability of any institute depends on the commercial and social settings in the communities in which it functions. However, the Harvard Business School, London Business School survey referred to in a research paper' Eccles, Ioannou and Serafeim (2011), determined that this may not be a "zero-sum game". The study shows that at least over a reasonable timeframe "high sustainability" organizations can outperform their rivals in terms of financial events and size, as well as in terms of the ecological concerns more customarily related with the theory of self-sufficiency.

Based on the findings of this research, further research is now being undertaken regarding the role of human resource management functions and professionals with regard to organizational sustainability. The above discussion and statistical investigation amply substantiate the hypothesis of the intended study that the clinicians , academics (vital HR) and Governments have to engage as a team with the larger concept of quality, sustainability and environments in order to contribute to the world of medtech^ platform.

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www.sustainablebusinessonline.com/news/news.asp?id=332

Table 1.4: b Arab World Income & Population Distribution

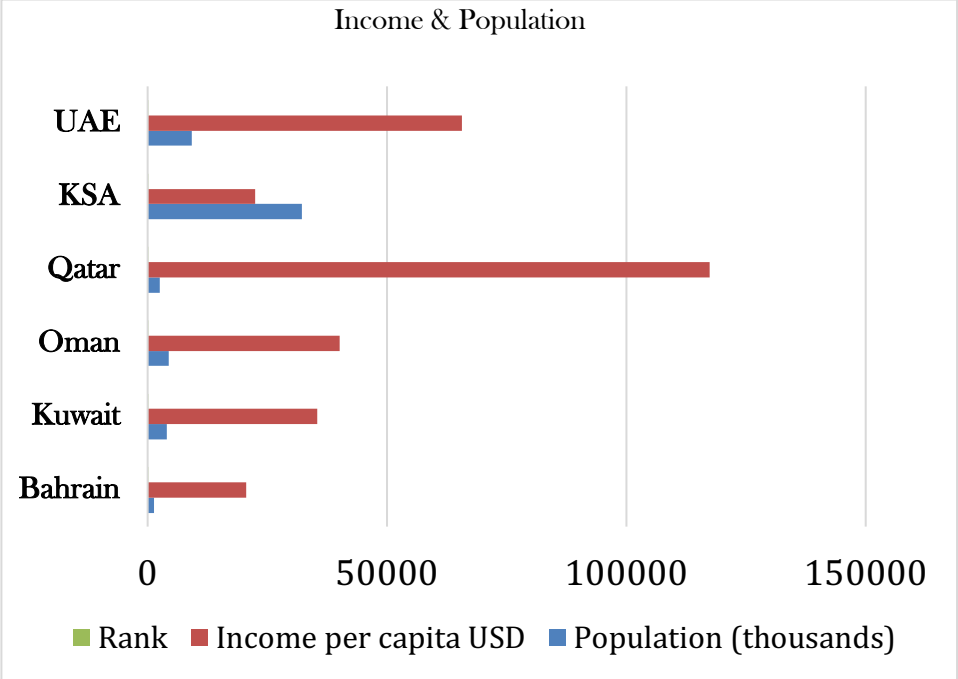

FiG 1.1: Total Number of Hospitals in the UAE

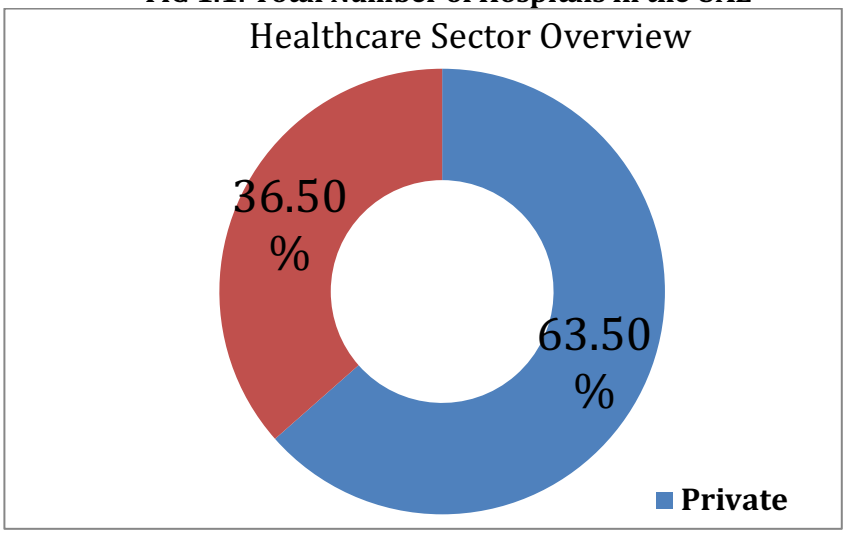

FiG 1.2: Health Spending Across the World

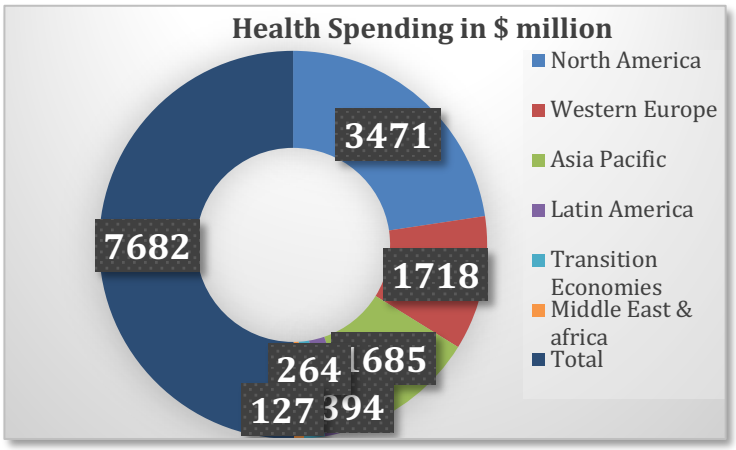

FiG 1.3: U.A.E. public spendings

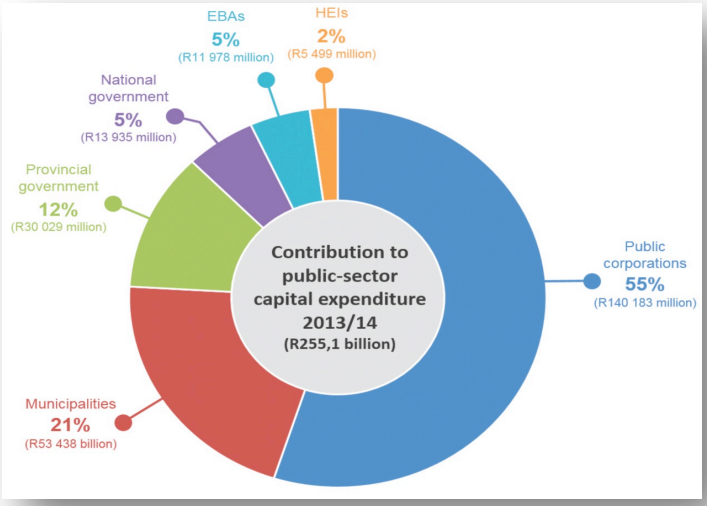

FIG 1.2:U.A.E.government statistics reflect that, total disbursement on health care from 2013/14 were (R255.1Billion)World Health Organization, statistics show that: in 2004 total spending on health care instituted 2.9 percent of gross domestic product (GDP), and US$497 was estimated per capita. Healthcare currently is free only for UAE citizens. The World Bank categorized Dubai and Abu Dhabi as being the 2nd and 3rd, respectively, popular medical and tourism destinations in the region.

FIG 1.4: Income per Capita & Population Arab Countries

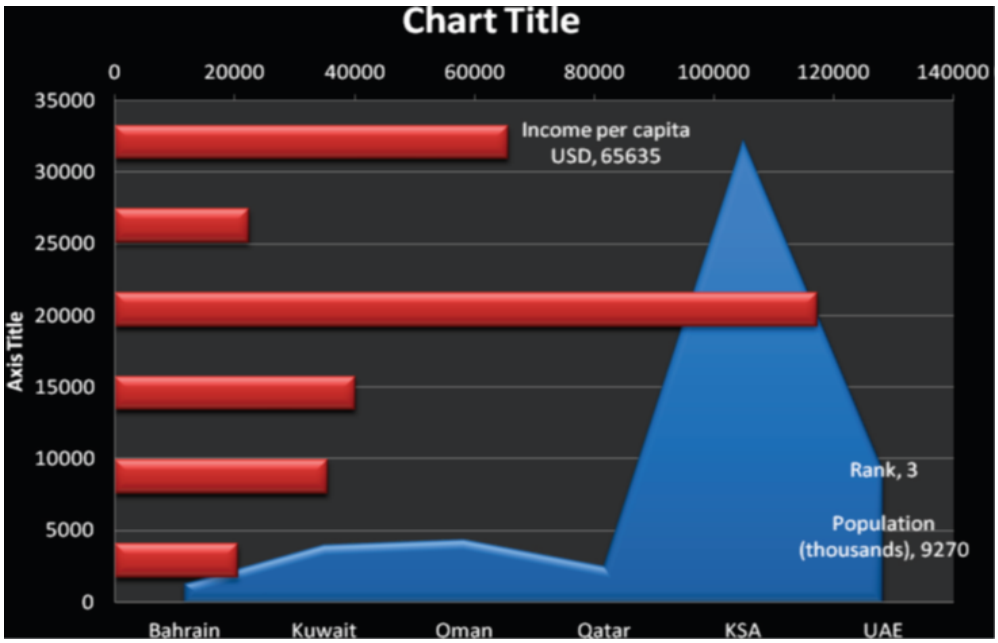

FIG 1.5: Creative Destruction & Digital HealthCare Suggested Apps & Digitization for Patients monitoring & Healthy culture development