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Change Management and Value-Based Healthcare Implementation: The Mediating Role of Employee Engagement in Healthcare of Saudi Arabia

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Abstract: The global transition toward Value-Based Healthcare (VBHC) has intensified the need to understand how healthcare organizations translate reform strategies into sustained clinical practice. While existing research has largely emphasized structural and policy dimensions of VBHC, limited attention has been given to the organizational and behavioral mechanisms supporting implementation. This study develops a conceptual framework explaining how change management practices influence VBHC implementation effectiveness through employee engagement within the context of Saudi Arabia's healthcare transformation. This paper adopts a conceptual research design grounded in Social Exchange Theory and the Job Demands-Resources model. By synthesizing literature from organizational change, employee engagement, and healthcare implementation research, the study proposes an integrated framework linking change management practices, employee engagement, and VBHC implementation effectiveness in the Madinah Health Cluster. The proposed framework conceptualizes employee engagement as a central mediating mechanism through which supportive change management practices translate organizational reform initiatives into sustained implementation behaviors. Change management functions both as a relational signal of organizational support and as a resource enabling healthcare professionals to manage transformation-related demands. The study advances healthcare management scholarship by integrating relational and motivational theories to explain VBHC implementation as a behavioral and organizational process rather than solely a structural reform. The framework highlights the importance of people-centered change strategies for achieving sustainable healthcare transformation under Saudi Arabia's Vision 2030. By offering a theory-driven model grounded in a non-Western healthcare context, this study provides a novel behavioral perspective on VBHC implementation and contributes to emerging research on cluster-based healthcare reform.

Keywords: Value-Based Healthcare (VBHC), Change Management, Employee Engagement, Social Exchange Theory, Job Demands–Resources Model, Saudi Arabia, Vision 2030.

INTRODUCTION

The global healthcare systems are undergoing reforms that can enhance patient outcomes at a manageable cost and build accountability [1]. Value-Based Healthcare (VBHC) has become one of the most recent movements in this global trend that changes organizational emphasis on volume and service intensity to the value generated on patients-which is usually measured in the form of outcomes obtained against the resources used [2]. VBHC implementation has a solid conceptual basis, but in practice, it is still difficult to implement due to the need to change clinical pathways, performance measurement, costing systems, multidisciplinary teamwork, and governance arrangements simultaneously. Such

requirements are particularly acute in the hospital, where the implementation should be based not only on the technical redesign but also on the willingness and long-term investment by the healthcare workforce [1, 3-5] .

The healthcare transformation issue has been gaining momentum in Saudi Arabia in line with national reform agendas to enhance quality, efficiency and patient-focused service provision [6]. The Saudi health system has put in place significant infrastructure, digital health, and organizational rearrangement, which provides the condition in which the VBHC principles can be institutionalized with new models of care and performance frameworks [6, 7]. Nevertheless, VBHC implementation in the context of big and intricate healthcare entities implies shifts that can interfere with the routine, professional sense, and the workflow. Accordingly, VBHC implementation can no longer be perceived as a simple adoption of a managerial innovation, but rather as a multi-level change in the form of a planned change management to overcome resistance, align the stakeholders, and develop new behaviours and performance expectations [8, 9].

The literature on change management has constantly been united by the fact that the quality of the leadership support, communication, participation mechanisms, training, and organizational readiness have influenced the outcome of the transformation [10-12]. The initiatives leading to change in healthcare environments-where practitioners are usually given high levels of autonomy and strong occupational norms- might fail because they do not focus on developing workforce sense of ownership and psychological commitment [13, 14]. Though the change management practices can enhance the condition of adoption, they cannot necessarily result in success of implementation unless the employees internalize the rationale of the change and make discretionary effort to make new practices effective. The survey of 176 physicians in healthcare organizations in the USA was used to conduct the analysis that showed that pre-change and change antecedents had significant effects on behavioral support of physicians toward Lean change, mediated through their commitment to organizational change [15]. It means that the human mechanisms which influence change management of the implementation outcomes in the healthcare transformation programs like VBHC should be determined. The appropriate mechanism in this respect is employee engagement, which is both theoretically meaningful and practically relevant. Engagement is a positive and sustained work-related condition of vigor, commitment, and absorption, which is linked with improved performance, initiative, and readiness to transcend formal job demands [16, 17]. Engaged employees will be more involved in improvement efforts, interdisciplinary cooperation, adherence to new procedures, and resilience to pressure in the context of transformation. On the other hand, low engagement can be characterized as passive resistance, no commitment compliance and superficial implementation, which cannot produce any measurable improvements. Thus, engagement can serve as a key channel in which change management intervention has an impact on the quality and scale of VBHC implementation [18, 19].

Despite the previous literature that has studied the barriers and facilitators to the implementation of VBHC and, separately, the determinants and outcomes of employee engagement in the healthcare sector, the existing literature is divided and the strands are not well interconnected, especially in the context of Saudi healthcare transformation [20, 21]. Available literature often focuses on leadership, preparedness, or culture as direct predictors of the success of the implementation, but fewer conceptual frameworks explain how change management practices can be translated into the workforce behaviors that can

support VBHC [22-24]. Further, due to the unique institutional environment of Saudi Arabia, which is characterized by high rates of reform, diversity in the labor force and changes in the governance structures, context-sensitive conceptual frameworks are required that elucidate the pathways to implementation and guide the leadership action [21, 25].

In line with this, this paper constructs a theoretical framework that introduces employee engagement as a moderator between change management and VBHC implementation in Saudi healthcare transformation. The framework hypothesizes that best practice change management (e.g. through open communication, involvement, training and supportive leadership) enhances employee engagement, which in turn enriches successful VBHC implementation by facilitating better adoptions, lasting behavior change and enhanced multidisciplinary teamwork. With a combination of knowledge related to change management and engagement theory implemented into the field of VBHC implementation, the study provides a systematic conceptualization of the processes that cause transformation outcomes.

This theoretical input will have both theoretical and practical value. Theoretically, it furthers the development of research relating to healthcare implementation by stating a mediating channel between organizational change practices and VBHC implementation through workforce engagement. In practical terms, it provides decision-makers and hospital leaders in Saudi Arabia with a workforce-based approach to planning and assessing VBHC initiatives and states that the success of implementing changes in the domain of the discussed issue hinges on the ability to develop engagement instead of using structural and procedural changes only. The rest of the paper is structured in the following way: the next section presents the theoretical and conceptual background of VBHC, change management, and employee engagement; the third section forms a conceptual framework and propositions to be used in the paper; and finally, the paper discusses the implications, limitations, and future research directions.

THEORETICAL BACKGROUND

The paper relies on the social exchange theory (SET) and Job Demands Resources (JD-R) model to describe how change management practices relate to Value-Based Healthcare (VBHC) implementation via employee engagement. The shift to VBHC asks healthcare professionals to engage in outcome-focused practices, interdisciplinary teamwork, and continuous improvement behaviors and employee reactions to organizational change are the key parameters of the implementation success. Compared to the JD-R model that explains how workers maintain performance through engagement in adversarial transformation conditions, SET explains how change management is helpful in establishing organizational relationships between employees that promotes engagement. Combined, these views put employee engagement as the driver between changing management practices and the outcomes of VBHC implementation.

The Social Exchange Theory suggests that relationships in the workplace are also regulated by exchanges, which are reciprocal in nature with the employees reacting to any form of perceived organizational support and equitable treatment through positive attitudes and behaviors [26, 27]. When an organization is undergoing change, workers would assess changes within the company in terms of openness, involvement, and sincerity about their professional lives. Leadership commitment, clear communication, involvement in decision-

making, training provision, and recognition are some of the change management practices that demonstrate procedural justice and organizational support. In cases where employees interpret such cues favorably, they reciprocate by establishing a greater, and more intense, psychological attachment, and greater engagement [28-31]. Such reciprocity is essential in VBHC transformation since the implementation will rely on discretionary action, such as standard care pursuit, routinely documenting results, and professional boundary collaboration [32, 33]. SET thus illustrates the support provided by change management indirectly in increasing the implementation of VBHC by increasing employee engagement. Whereas SET describes the reasons why engagement is created, the Job Demands-Resources model describes how engagement works to the effectiveness of implementation. JD-R framework defines the motivation of employees in terms of a balance between job demands and job resources [34-37]. The implementation of VBHC also creates significant job requirements, such as growing documentation, outcome measurement methods, data-based decision-making, and technological adjustment, which can result in workload and role expansion [38, 39]. In the absence of proper support, such demands may destroy motivation and reduce the adoption of change. The JD-R theory states that employee engagement occurs when employees are motivated to manage demands in an effective manner which is facilitated by job resources, including leadership support, role clarity, training, feedback, and psychological safety [34, 40-43].

Change management practices are organizational resources that hedge change-related strain and maintain inspiration. These resources allow employees to be energetic, committed, and focused on the implementation of new practices by decreasing uncertainty and improving self-efficacy. When employees are engaged, they are more likely to continue with VBHC related behaviors, interdisciplinary collaboration, and ongoing quality improvement processes that are needed to support the provision of value-based care [44, 45]. JD-R model therefore provides an explanation of the engagement as motivational pathway where organizational resources are converted into implementation performance that is sustained.

The combination of SET and JD-R gives a detailed explanation of how change management affects VBHC implementation. SET elucidates the social-relational process in which supportive change practices create mutual interaction, whereas JD-R clarifies how the interaction between employees helps them to manage the increased demands, and continue performance in the long-term. The indication of organizational support with the provision of essential resources at the same time, change management is the key feature of the critical resources that make employee engagement the core mediating process that links organizational change efforts to the outcomes of VBHC implementation. This combined insight is especially pertinent to the quickly changing healthcare systems, where discretionary work and cross-functional cooperation over the long term is imperative to translate strategic VBHC reforms into regular clinical practice.

LITERATURE REVIEW

Value-Based Healthcare Implementation (VBHC)

Value-Based Healthcare (VBHC) is a patient-focused approach to healthcare delivery, which focuses on maximizing value through enhancing health outcomes that are meaningful to patients and cost-effectiveness and sustainability [2, 46]. More importantly, there is no

uniform global definition of VBHC, and the meaning of such terms tends to change depending on context and industry, thus affecting what is included in the definition of value, the results of such value are prioritized, and accountability is organized [46].

The most widely used conceptual bases is the Porters value equation, which values are taken as the results per dollar spent-which is often simplified as patient-relevant results/costs [8]. As a result of this formulation, it is possible to see a reversal of the volume-based models, in which quantity of service is rewarded to the outcomes-based models, in which quality and effectiveness are rewarded [47, 48]. Nonetheless, a critical scholarly commentary is that results and expenditures are challenging to measure and define through the complete cycles of care, and the decisions of indicators may reduce value to what can be readily measured as opposed to what is most significant- creating risk of reductionism and incentive distortions [46].

The concept of VBHC is also characterized by stakeholder and institutional approaches, patients are focused on enhanced outcomes and experiences with reduced costs [49], providers are focused on efficiency rates and job satisfaction [50], and professional perspectives introduce workforce burden and job satisfaction as the elements of value [51]. Institutional definitions (e.g., UN) provide primacy of patients, local ownership, innovation and minimization of costs [52], whereas strategic interpretations depict VBHC as system change structured around care cycles with strict outcome-and-cost measurement and the incorporation of patient reported outcomes [1, 53, 54].

In line with this, it is possible to critically define the VBHC as a reform paradigm the efficacy of which is determined by the extent of alignment between measurement, incentives, care redesign, and patient-centered practices that can generate demonstrative changes in patient-relevant outcomes without redistributing costs or burdens [55].

Although VBHC models differ by setting, the majority of models are similar in that they tend to measure outcomes and experience in a standardized, clinically meaningful manner; they tend to measure costs in care cycles as opposed to single services; they tend to redesign care delivery into integrated pathways that minimize variability and improve coordination; they tend to use data and IT infrastructure to support outcome monitoring, benchmarking, and continuous improvement; and they tend to align incentives and governance to maintain accountability to value [39, 56]. These pillars are often viewed as mutually reliant because an absence of development in one area (e.g., outcome measurement) can be held back in case another area (e.g., data interoperability or governance) is not well developed [48, 57].

Change Management in Healthcare

Change management is defined as the organized activities in which organizations design, execute and maintain transformation efforts. Modern research demonstrates that successful change management involves not structural redesign, but also the means of matching employee attitudes and behaviors to organizational values and culture [58-60]. Management of change poses a particularly difficult task in healthcare organizations because of professional hierarchies, regulatory limitations and patient safety as a top priority. In this regard, effective change implementation requires synchronous leadership, workforce preparedness, and behavioral adjustment with time [61, 62]. Recent studies thus consider

the effectiveness of change management using elements like readiness and acceptance of change, minimized resistance, and the attainment of the targeted implementation results [63-68].

In line with the literature on implementation and organizational change, the present study theorizes the concept of change management as the unidimensional construct and an integrated bundle of mutually reinforcing practices. Within the context of healthcare transformation, this construct indicates the degree of visible leadership commitment portrayed by organizations, strategic communication in support of sensemaking, and readiness and psychological preparedness, training and implementation support, meaningful frontline engagement, and a supportive culture that is supported by appropriate resources and incentives [69-71]. Combined with others, the practices influence the perception, drive, and ability of the employees to implement change, which enhances the faithfulness and permanency of VBHC implementation [38, 72].

Employee Engagement in Healthcare

Employee engagement has become a key concept in organizational behavior literature, which demonstrates that employees are psychologically invested in the roles of their work. The modern literature has thought engagement to be a positive and continuing state of work which is vigorous, dedicated and involved [73-75]. Recent improvements note the importance of engagement as a motivational and a relationship resource that can increase adaptive performance, resilience, and discretionary effort [76]. Engagement is used as a buffer psychological process to prevent stress and burnout in areas of high demand like in the healthcare industry [77]. Within the social exchange theory, engagement demonstrates the nature of a relationship of mutual exchange between the employees and their organization. Employees will return to the competence of leadership, justice, and encouragement with greater psychological commitment and initiative behavior [70, 78, 79]. Notably, employee engagement is different to job satisfaction or organizational commitment. Although satisfaction is evaluative judgment and commitment is attachment, engagement consists of active commitment of cognitive, emotional and behavioral energies into work roles [61, 62].

The research paper defines employee engagement as a positive work-related psychological condition that is typified by cognitive engagement, emotional commitments and behavioral investment of the employees in the activities of the organization, especially in situations of change.

THE RELATIONSHIP BETWEEN CONSTRUCTS

This section is a synthesis of the literature that supports the intended relationships between change management, employee engagement, and VBHC implementation and explains how each construct is conceptualized to the existing framework. In line with the research in implementation and organizational behavior, the model presupposes that the effectiveness of VBHC implementation can be based on (i) organizational change practices that determine the readiness and capability and (ii) the psychological states of the workforce that will convert the strategy into frontline behaviors [62, 80, 81].

Change Management and VBHC Implementation

The implementation of VBHC demands the organizations to simultaneously redesign care delivery and measurement systems, which means that clinical pathways, data capture routines (such as PROMs/PREMs), costing logic, and governance mechanisms are introduced [1, 46, 51]. This multi-domain change is quite consistent with the literature of change management that underlines the idea that complex change is successful after the organizations can offer direction, prepare, communicate, develop capabilities, and create participation and reinforcement mechanisms [69, 82].

In the implementation perspective, change management would have the following impacts on VBHC: controlling the implementation climate, decreasing ambiguity, and facilitating coordination among the professional groups. It is supported by leadership devotion and clear governance that ensures prioritization of the VBHC activities amid competing demands [81, 83]. The process of communication and sensemaking helps to understand the common ground of value goals and measurement requirements, which is necessary to standardize pathways and have consistent documentation. The competence in new tasks (e.g., outcome measurement, pathway redesign, digital reporting) is developed through training and continued support, and the participation mechanisms enhance feasibility through the involvement of frontline knowledge and greater ownership [84]. The implementation can be maintained, and the chances of superficial compliance can be minimized by reinforcement via recognition and performance routines [85].

- **P1:** Change management is positively associated with VBHC implementation effectiveness.

Change Management and Employee Engagement

The experiences of the employees in the treatment by the organization in the event of change determine the level of employee engagement. Greater engagement has been attributed to change management practices that signify fairness, support, and competence-building as they ease the uncertainty and bolster the feeling of meaning and efficacy in employees [29]. In the context of transformation, clarity in communication minimizes ambiguity and fosters trust, leadership commitment generates confidence that the organization will ensure the safety of employees and patients and participation contributes to a sense of autonomy and ownership. The implementation and training enhance competence perceptions-significant predictor of enduring motivation in challenging circumstances [86, 87].

Specifically focused work in healthcare often underlines engagement as being vulnerable to workload strains, psychological safety, and perceived organizational support-factors, which get more salient during change when demands are high [88]. Poorly controlled change (e.g. poor participation, incomplete messaging, poor support) can result in a drop in engagement, which raises the chances of resistance, withdrawal and low levels of compliance [86]. On the other hand, successful change management offers a highly resourceful environment in which employees can stay energized and devoted even during the adjustment to the new ways of doing things like VBHC measurement and pathway redesign [62, 88].

- **P2:** Change management is positively associated with employee engagement.

Employee Engagement and VBHC Implementation

The implementation of VBHC relies on workforce behaviors which extend beyond the fundamental compliance: regular outcomes reporting, engagement in pathway redesign, compliance with standardized care processes, organizational cross functional coordination, and ongoing improvement on the basis of measurement feedback [1, 46]. Engagement is also applicable due to its predictive ability of proactive behavior, persistence, and discretionary forms of effort-behaviors that are needed to support implementation when constraints and competing priorities are involved [17, 59, 60, 89, 90].

Engaged staff in healthcare service delivery is generally better placed to exhibit patient-centered behavior, effectively communicate, interprofessional collaboration, and quality and safety initiatives [79, 91, 92]. Within the context of VBHC, such behavioral patterns become better pathway fidelity, greater measurement discipline and a better quality of data capture that ensues based on making VBHC operational and not symbolic [46, 93]. Engagement can also contribute to the learning orientation, improving involvement into improvement cycles and responsiveness to the performance feedback. On the opposite, with the low engagement, organizations can have a skewed uptake of outcome measures, partial documentation, few pathway ownership, and drift-reducing VBHC effectiveness implementation [85, 94].

- **P3:** Employee engagement is positively associated with VBHC implementation effectiveness.

Employee Engagement as a Mediator: Mechanism and Boundary Logic

Although the change management can directly enhance the implementation circumstances (e.g. training, coordination structures), the framework suggests that a significant part of its impact is that employee engagement transforms organizational intentions into frontline behaviors. The conceptual rationale coincides with SET and JD-R: provision of supporting change processes results into engagement due to reciprocity and resource adequacy and engagement consequently leads to discretionary behaviors to adopt VBHC, maintain it, and/or persist in it [26, 27, 35, 89, 95].

In VBHC, mediation is particularly conceivable since implementation activities tend to stretch beyond conventional clinical practices, such as systematic documentation of outcomes, multidisciplinary route regulation, and continuous enhancement, run by data. These activities demand ability as well as inspiration, perseverance, and readiness to teamwork-essential expressions of engagement. Therefore, the practices of change management (communication, participation, support) determine the state of engagement that helps employees to retain VBHC behaviors during pressure and through time [62, 96, 97].

- **P4:** Employee engagement mediates the relationship between change management and VBHC implementation effectiveness.

CONCEPTUAL FRAMEWORK

Although the implementation of Value-Based Healthcare (VBHC) is receiving increased focus, the current literature has largely focused on the areas of structural redesign,

performance measurement, and policy-level reforms, without further elaborating on the behavioral processes by which organizational change initiatives are converted to enduring frontline practice [32, 33]. The results of implementation in healthcare transformation do not rely solely on official change frameworks but also on the psychological reaction by employees that facilitates strategic reforms to be translated into working realities [22, 80, 81]. Filling this gap, the current study forms a conceptual framework of how change management practices can determine the effectiveness of VBHC implementation by engaging employees through responses to the social exchange theory (SET) of relational and motivational perspectives, and the Job Demands-Resources (JD-R) model.

Change management is placed in the middle of the framework as the key antecedent of VBHC implementation effectiveness in the organization. Change management has been developed as a multidimensional organizational ability that includes leadership dedication, communication of the strategy, involvement, practice of training, and reinforcement [69, 82]. The modern change literature proposes that the successful transformation is based on the capacity of organizations to minimize uncertainty, coordinate professional actors, and organize complex operational changes [86]. In VBHC transformation, these practices are necessary to incorporate outcome measurement systems, redesign clinical pathways, and maintain interdisciplinary cooperation to deliver valuable care [33].

The direct connection between change management and implementation of VBHC is a manifestation of the structural impact of organizational practices on implementation processes. Healthcare organizations that adopt the use of VBHC have to maintain the continuity of the services and at the same time adopt new measurement and governance routines. Implementation research suggests that planned change management promotes preparation, implementation, faithfulness, and sustainability through building common ground and coordinated action among professional organizations [14, 84, 98]. Based on this, change management is supposed to directly assist in the implementation efficacy of VBHC. Nonetheless, the framework goes beyond a structural description of the phenomenon by suggesting employee engagement as a principal mediating variable. Organizational change has impacts on outcomes that are both formal and informal and through motivational and relational reactions of employees to change [29, 99]. The supportive change practices help create engagement through boosting inclusion and competence growth and psychological security, which reinforce the sense of purpose and ownership by employees in the face of change [100-103]. Professionally autonomous and emotionally taxing healthcare settings impose a critical role of engagement in terms of maintaining discretionary effort and adaptive behavior [104, 105].

Based on the Social Exchange Theory, the concept of employee engagement as a mutual reaction to the perceived organizational support is implicated in the practices of change management [26, 27]. Whenever the medical practitioners are subjected to clear communication, leadership determination, and support in implementation, they generate a response [28] by being more involved, flexible, and collaborative in change efforts. Engagement therefore becomes the interaction channel upon which organizational change initiatives become behavioral commitment towards VBHC implementation.

To further support this view, the Job Demands-Resources model describes how engagement supports performance in the context of transformation-related pressure. Implementation of VBHC also creates increased job requirements such as increased documentation, data-based decision-making, and adjustment to technology. According to

the JD-R model, organizational resources are supposed to cushion these demands and create engagement through increased competence, autonomy and psychological safety [34, 35, 40]. The role of change management practices as such resources also allows employees to remain focused, committed, and persistent during the implementation. The engaged employees, in turn, have higher chances of engaging in interdisciplinary practice, following standardized routes, and being involved in continuous improvement efforts that are required in delivering VBHC [1, 21, 24].

The framework thus takes a mediating form that focuses on process-based concept of healthcare change. The model puts a strong emphasis on workforce dynamics as the means by which strategic reform infiltrates the daily clinical practice, instead of conceptualizing implementation as a managerial outcome [22, 80]. The framework goes a step further to offer a behavioral explanation between organizational change management and effectiveness of VBHC implementation by establishing employee engagement as an intermediate process.

Placing this framework into the context of modern VBHC change is an understandable observation of the healthcare reform complexity of institutional pressure, professional interdependence and accelerated digitalization [32, 106]. The suggested model combines both the structural organization potentials and the relational and motivational processes to elaborate both the systemic and the human accounts of implementation success. Figure 1 represents the conceptual framework that indicates change management as a precursor of both direct and indirect implementation effectiveness of VBHC through employee engagement.

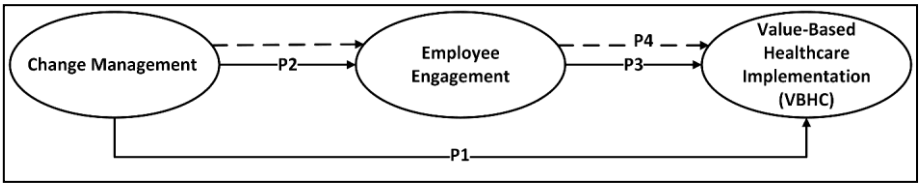

Figure 1: Conceptual Framework

THEORETICAL AND PRACTICAL IMPLICATIONS

This research paper will help not only enhance the theoretical advancement but also provide insight into practical knowledge of healthcare transformation by combining change management practices, employee engagement, and the effectiveness of the implementation of Value-Based Healthcare (VBHC) in the framework of the Saudi Arabian healthcare system in the form of the Madinah Health Cluster. Using the view of organizational change and the roadmap alongside the Social Exchange Theory (SET) and Job Demands-Resources (JD-R) model, the proposed framework offers the comprehensive description of how the organizational reforms yield the lasting outcome of the implementation through workforce engagement.

Theoretical Implications

To begin with, the work contributes to the literature of organizational change and healthcare implementation by the conceptualization of change management as the strategic ability of an institution as opposed to the process or structure. In the past, change

management has been largely studied with respect to change management planning and implementation processes; this paper has shown that its success or failure is determined by the psychological processes that influence the reaction of the employees in the course of change. The study makes a more refined behavioral explanation by making employee engagement an intervening factor between organizational change practices and the effectiveness of VBHC implementation.

Second, the inclusion of the Social Exchange Theory expands the VBHC research and brings a relational approach to healthcare reform implementation. The VBHC literature has focused on system redesign and performance measurement with much focus but has not seen the mirroring organizational relationship that affect employee behavior. These results indicate that positive change management behaviors are indicative of organizational commitment and equity, who can in turn achieve their fair share of healthcare professionals by increasing their engagement and involvement in reform efforts. This application scaled SET to huge healthcare transformation settings.

Third, the inclusion of the Job Demands-Resources model gives a motivational interpretation between organizational resources and implementation performance. VBHC implementation brings with it higher job requirements in the areas of outcome measurement, digital integration, and interdisciplinary teamwork. The framework illustrates the role of changing management practices in the organization as organizational resources that cushion these demands and maintain employee engagement hence the JD-R theory to organizational implementation effectiveness.

Fourth, it addresses the need to integrate various theories in organizational change research studies by incorporating relational and motivational approaches in one explanatory model. The model represents a more in-depth picture of the healthcare transformation processes by connecting the exchange-based processes of SET with the resource-based motivational processes of JD-R, providing a better insight into the linkage between the macro-level organizational reform and the micro-level employee behaviour.

Lastly, the research adds contextual information when it considers VBHC implementation in the Saudi cluster-based healthcare system, which is a poorly researched topic in the healthcare management literature. The study contributes to the body of knowledge on healthcare transformation outside the Western institutional setting by setting the analysis in a context of the Madinah Health Cluster and Vision 2030 reforms.

Practical Implications

Practically, the findings reveal that the effectiveness of the implementation of the VBHC in the Madinah Health Cluster necessitates the healthcare organizations to shift their structural change approaches to people-based change management approaches. The policymakers and healthcare leaders are supposed to focus on comprehensive change management practices, which focus on open communication, involvement of the employees, training, and consistent organizational support of the reform implementation process.

Second, the research highlights that employee engagement is to be considered as a strategic implementation tool and not a peripheral human resource issue. The healthcare administrators ought to promote participation by including them in the decision-making process, communicating reform goals, offering career growth prospects, and reward system

according to value-based performance targets. These initiatives can enhance the motivation of healthcare professionals to implement the new clinical pathways and maintain the practices of outcome measurements.

Third, healthcare reform strategies should support and not separate change management and engagement initiatives. To have sustainable change there must be a coordination of organizational structures and work force motivation. The leaders are thus advised to develop implementation programs that are capable of meeting operational redesign and psychological preparation issues among the employees.

Lastly, in the larger context of healthcare transformation in the Vision 2030 program, the results indicate that the success of reforms does not solely hinge on investment in infrastructure or redesigning policies but also developing engaged healthcare practitioners who would be able to facilitate further improvement. Enhancing the support structures and engagement processes within organizations can promote the sustainability of VBHC in the long term and the transfer of strategic reform to daily clinical practice throughout the Madinah Health Cluster.

FUTURE STUDY

This study can be further developed in a number of ways in the future. To start with, the longitudinal designs may be used to see how employee engagement and VBHC implementation can change throughout various phases of healthcare change and thus make more powerful causal inferences. Second, future research can focus on other mediating or moderating variables, including organizational culture, psychological safety, leadership styles, and digital readiness, to enhance the understanding of the boundary conditions affecting the implementation outcomes. Third, conducting comparative research in other Saudi health clusters or research systems in other countries would improve the generalizability and demonstrate institutional impacts on VBHC adoption. Lastly, qualitative or mixed-method methods would shed more light into the experiences of healthcare professionals regarding changes in reform processes and contribute to the comprehension of behavioral factors that underlie the implementation of sustainable value-based healthcare.

CONCLUSION

The paper has analyzed the impacts of change management practices on the effectiveness of value-based healthcare implementation (VBHC) by engaging employees in the Madinah Health Cluster in Saudi Arabia. With the infiltration of healthcare systems into value-based models, it has become essential to determine how strategic reform can be translated into a lasting clinical practice. The results have illuminated the fact that the effective implementation of VBHC requires not only structural and policy change but also the involvement of the workforce that facilitates the acquisition and maintenance of new practices among healthcare professionals.

This research combines the Social Exchange Theory and the Job Demands-Resources model to offer a detailed account on how the organizational support and resources promote employee engagement that advances to the achievement of successful implementation goals. As relationships- Change management practices, which include effective

communication, engagement, and capacity building, serve as both a message of organizational support and can be used to assist employees in managing demands that come with transformation. Employee engagement hence comes out as a focal process that links organizational change initiatives to the performance of lasting implementation.

The paper is relevant to the literature on healthcare management as it provides a behavioral-based view of the VBHC implementation and supplements the current studies on structural reform strategies. In the framework of the healthcare transformation of the Vision 2030 of Saudi Arabia, the results highlight the importance of linking the strategies of organizational change with the motivation and involvement of employees. The Madinah Health Cluster shows that the change in healthcare needs to be focused on the systemic redesign and the human factors to maintain the change over time. In practice, the work highlights the role of incorporating change management and engagement plans into the healthcare reform efforts. Policy makers and medical leaders ought to focus on facilitating organizational conditions that enable healthcare providers to be personally involved in transformation processes. The engagement increase is not only better implementation, but it also leads to the long-term sustainability of delivering value-based care.

In conclusion, achieving VBHC implementation is not solely a technical or structural challenge but fundamentally an organizational and behavioral process. By demonstrating the mediating role of employee engagement, this study advances understanding of how healthcare organizations can successfully translate reform ambitions into routine clinical practice, contributing to more sustainable and value-oriented healthcare systems.

REFERENCES

1. Khalil, H., et al., Implementing value-based healthcare: a scoping review of key elements, outcomes, and challenges for sustainable healthcare systems. Frontiers in Public Health, 2025. Volume 13 - 2025.
2. Kehyayan, V., Y.M. Yasin, and A. Al-Hamad, Toward a Clearer Understanding of Value-Based Healthcare: A Concept Analysis. Journal of Nursing Management, 2025. 2025(1): p. 8186530.
3. Pestka, D.L., et al., Community pharmacists' perceptions of acceptability, appropriateness, and feasibility of a value-based care model for comprehensive medication management. Journal of Managed Care & Specialty Pharmacy, 2021. 27(7): p. 865-872.
4. Adler-Milstein, J., et al., Association of Primary Care Engagement in Value-Based Reform Programs With Health Services Outcomes: Participation and Synergies. JAMA Health Forum, 2022. 3(2): p. e220005-e220005.
5. Nguyen, T.M., et al., Is value-based healthcare a strategy to achieve universal health coverage that includes oral health? An Australian case study. J Public Health Policy, 2023. 44(2): p. 310-324.
6. Aljerian, N.A., et al., Exploring a Systems-Based Model of Care for Effective Healthcare Transformation: A Narrative Review in Implementation Science of Saudi Arabia's Vision 2030 Experience. Healthcare (Basel), 2025. 13(19).
7. Hamad, A., et al., Driving the future of value-based healthcare in the Gulf Cooperation Council: a roadmap for achieving sustainable access to specialty pharmaceuticals. Frontiers in Public Health, 2025. Volume 13 - 2025.

8. Leusder, M., et al., Cost measurement in value-based healthcare: a systematic review. BMJ Open, 2022. 12(12): p. e066568.

9. Gunawan, E., M. Nadjib, and S. Soraya, KEY SUCCESS IN THE TRANSFORMATION FROM VOLUME-BASED TO VALUE-BASED HEALTHCARE: A SCOPING REVIEW. Journal of Social Science (2720-9938), 2022. 3(5).

10. Faupel, S. and S. Süß, The Effect of Transformational Leadership on Employees During Organizational Change – An Empirical Analysis. Journal of Change Management, 2019. 19(3): p. 145-166.

11. Napier, G.S., D.J. Amborski, and V. Pesek, Preparing for transformational change: a framework for assessing organisational change readiness. International Journal of Human Resources Development and Management, 2017. 17(1-2): p. 129-142.

12. Mwamba, J., Effective Leadership in Change Management: Ensuring Success in Organizational Transformation. Journal of Policy Options, 2023. 6(1): p. 28-38.

13. Cheraghi, R., et al., Reasons for resistance to change in nursing: an integrative review. BMC Nurs, 2023. 22(1): p. 310.

14. Nilsen, P., et al., Characteristics of successful changes in health care organizations: an interview study with physicians, registered nurses and assistant nurses. BMC Health Services Research, 2020. 20(1): p. 147.

15. Fournier, P.-L., D. Chênevert, and M.-H. Jobin, The antecedents of physicians' behavioral support for lean in healthcare: The mediating role of commitment to organizational change. International Journal of Production Economics, 2021. 232: p. 107961.

16. CHRISTIAN, M.S., A.S. GARZA, and J.E. SLAUGHTER, WORK ENGAGEMENT: A QUANTITATIVE REVIEW AND TEST OF ITS RELATIONS WITH TASK AND CONTEXTUAL PERFORMANCE. Personnel Psychology, 2011. 64(1): p. 89-136.

17. Schaufeli, W.B., et al., The Measurement of Engagement and Burnout: A Two Sample Confirmatory Factor Analytic Approach. Journal of Happiness Studies, 2002. 3(1): p. 71-92.

18. Ybema, S. and M. Horvers, Resistance Through Compliance: The Strategic and Subversive Potential of Frontstage and Backstage Resistance. Organization Studies, 2017. 38(9): p. 1233-1251.

19. Zulkarnain, Z., et al., Commitment, employee engagement and readiness to change among oil palm plantation officers. SA Journal of Human Resource Management, 2024. 22(1): p. 2471.

20. Janes, G., et al., The Association Between Health Care Staff Engagement and Patient Safety Outcomes: A Systematic Review and Meta-Analysis. Journal of Patient Safety, 2021. 17(3): p. 207-216.

21. Hariri, B.A., F.M. Albagmi, and A.A. Aljaffary, Navigating the Transition to Value-Based Healthcare in Saudi Arabia: A Qualitative Study of Policy-Maker Perspectives. Value in Health Regional Issues, 2026. 52: p. 101544.

22. Helfrich, C.D., et al., Readiness to Change Over Time: Change Commitment and Change Efficacy in a Workplace Health-Promotion Trial. Front Public Health, 2018. 6: p. 110.

23. Sedykh, M., A Step-By-Step Plan for Value-Based Healthcare Implementation: Implementing and Improving. 2025, Universidade NOVA de Lisboa (Portugal).

24. de Mattia, E., et al., Moving from Principles to Practice: A Scoping Review of Value-Based Healthcare (VBHC) Implementation Strategies. Healthcare, 2024. 12(23): p. 2457.

25. Abdalla, R., M. Pavlova, and W. Groot, Barriers Hindering the Measurement of Outcomes for Value-based Healthcare in Saudi Arabia and Recommendations for Improvement. Journal of Health Management. 0(0): p. 09720634251399487.
26. Cropanzano, R. and M.S. Mitchell, Social Exchange Theory: An Interdisciplinary Review. Journal of Management, 2005. 31(6): p. 874-900.
27. Blau, P.M., Justice in social exchange. Sociological inquiry, 1964. 34(2).
28. Eisenberger, R., L. Rhoades Shanock, and X. Wen, Perceived Organizational Support: Why Caring About Employees Counts. Annual Review of Organizational Psychology and Organizational Behavior, 2020. 7(Volume 7, 2020): p. 101-124.
29. Saks, A.M., Antecedents and consequences of employee engagement. Journal of Managerial Psychology, 2006. 21(7): p. 600-619.
30. Jandab, A., et al., The influence of it capability on it-based innovation: the mediating role of organizational learning capability. Sci. Int.(Lahore), 2020. 32(4): p. 357-365.
31. Jandab, A., et al., IT-Based Innovation and New Product Development Performance in Yemen: The Moderating Role of Intellectual Property. International Journal of Business Society, 2019. 3(11): p. 1-8.
32. Nilsson, A., M. Bergquist, and W.P. Schultz, Spillover effects in environmental behaviors, across time and context: a review and research agenda. Environmental Education Research, 2017. 23(4): p. 573-589.
33. Porter, M.E. and T.H. Lee, The strategy that will fix health care. Harv Bus Rev, 2013. 91(10): p. 50-70.
34. Bakker, A. and E. Demerouti, Job demands-resources model. Revista de Psicologia del Trabajo y de las Organizaciones, 2013. 29(3): p. 107-115.
35. Demerouti, E., et al., The job demands-resources model of burnout. Journal of Applied psychology, 2001. 86(3): p. 499.
36. Alghamdi, M.A.A., et al., Antecedents and consequences of employee well-being: Empirical study on Saudi Aramco. Advances in Social Sciences Research Journal, 2021. 8(9): p. 22.
37. Alghamdi, M.A.A., et al., Employee Well Being and knowledge sharing behavior among employees of Saudi Aramco. Advances in Social Sciences Research Journal, 2021. 8(8): p. 261-284.
38. de Mattia, E., et al., Development of a Tool to Assess the Implementation and Perception of the Value-Based Healthcare Model: Our Results. Healthcare, 2025. 13(22): p. 2849.
39. van Hoorn, E.S., et al., Value-Based Integrated Care: A Systematic Literature Review. Int J Health Policy Manag, 2024. 13: p. 8038.
40. Schaufeli, W.B., Applying the Job Demands-Resources model: A 'how to' guide to measuring and tackling work engagement and burnout. Organizational Dynamics, 2017. 46(2): p. 120-132.
41. Al-Zubaidi, R., et al., Market Orientation and SMEs Performance: Unraveling the Mediating Effects of Innovation Capability Amidst Environmental Uncertainty, in Tech Fusion in Business and Society : Harnessing Big Data, IoT, and Sustainability in Business: Volume 2, R.K. Hamdan, Editor. 2025, Springer Nature Switzerland: Cham. p. 859-872.
42. Al-Zubaidi, R., et al., Sustainable Development Through Effective Project Management: The Petromasila in Yemen. Advances in Social Sciences Research Journal, 2023. 10(3): p. 269-290.

43. Al-Zubaidi, R., et al., The Effect of Self-efficacy on Sustainable Development: The PetroMasila in Yemen. Advances in Social Sciences Research Journal, 2022. 9(12): p. 35-49.
44. Tummers, L., et al., The Effects of Work Alienation and Policy Alienation on Behavior of Public Employees. Administration & Society, 2015. 47(5): p. 596-617.
45. Harrison, R., et al., Where Do Models for Change Management, Improvement and Implementation Meet? A Systematic Review of the Applications of Change Management Models in Healthcare. J Healthc Leadersh, 2021. 13: p. 85-108.
46. van Staalduinen, D.J., et al., The implementation of value-based healthcare: a scoping review. BMC Health Services Research, 2022. 22(1): p. 270.
47. Wise, S., et al., Paying for value: options for value-based payment reform in Australia. Australian Health Review, 2021. 46(2): p. 129-133.
48. Abicalaffe, C. and J. Schafer, Opportunities and Challenges of Value-Based Health Care: How Brazil Can Learn from U.S. Experience. Journal of Managed Care & Specialty Pharmacy, 2020. 26(9): p. 1172-1175.
49. Teshale, S.M., et al., Early Effects of Home Health Value-Based Purchasing on Quality Star Ratings. Medical Care Research and Review, 2021. 78(6): p. 747-757.
50. Ning, M.S., et al., Developing an intraoperative 3T MRI-guided brachytherapy program within a diagnostic imaging suite: Methods, process workflow, and value-based analysis. Brachytherapy, 2020. 19(4): p. 427-437.
51. Cossio-Gil, Y., et al., The Roadmap for Implementing Value-Based Healthcare in European University Hospitals—Consensus Report and Recommendations. Value in Health, 2022. 25(7): p. 1148-1156.
52. Assembly, U.G., Transforming our world: the 2030 Agenda for Sustainable Development. 2015.
53. Varela-Rodríguez, C., et al., Value-Based Healthcare Project Implementation in a Hierarchical Tertiary Hospital: Lessons Learned. Frontiers in Public Health, 2022. Volume 9 - 2021.
54. Nilsson, K., et al., Experiences from implementing value-based healthcare at a Swedish University Hospital – a longitudinal interview study. BMC Health Services Research, 2017. 17(1): p. 169.
55. Lusk, J.M. and K. Fater, A Concept Analysis of Patient-Centered Care. Nursing Forum, 2013. 48(2): p. 89-98.
56. Porter, M.E., What Is Value in Health Care? New England Journal of Medicine, 2010. 363(26): p. 2477-2481.
57. Teisberg, E., S. Wallace, and S. O'Hara, Defining and Implementing Value-Based Health Care: A Strategic Framework. Acad Med, 2020. 95(5): p. 682-685.
58. Errida, A. and B. Lotfi, The determinants of organizational change management success: Literature review and case study. International Journal of Engineering Business Management, 2021. 13: p. 18479790211016273.
59. Al-Zubaidi, R., et al., Promoting Sustainability in Yemeni Construction SMEs: Self-Efficacy Mediates Planning and Risk Management, in Entrepreneurship Innovation and Education for Performance Improvement, S.A. Salman and A. Bhaumik, Editors. 2024, IGI Global: Hershey, PA, USA. p. 72-113.

60. Al-Sharif, A.M., et al., The role of innovation capability in the relationship between entrepreneurial leadership and innovation performance in the SMEs service industry. Advances in Social Sciences Research Journal, 2023. 10(1): p. 264-278.

61. Specchia, M.L., et al., Leadership Styles and Nurses' Job Satisfaction. Results of a Systematic Review. International Journal of Environmental Research and Public Health, 2021. 18(4): p. 1552.

62. Aljohani, R.S. and A. Abdulsamad, Employee Engagement as a Mediator Between Leadership Competence and Change Management: A Conceptual Framework for Saudi Healthcare Transformation. Advances in Social Sciences Research Journal, 2026. 13(02): p. 160-176.

63. Spanos, S., et al., Healthcare leaders navigating complexity: a scoping review of key trends in future roles and competencies. BMC Med Educ, 2024. 24(1): p. 720.

64. Oskarsson, I.M.L. and E. Vik, Suggesting a holistic framework for understanding healthcare services leadership competence – a critical interpretive synthesis. Leadership in Health Services, 2024. 37(5): p. 99-129.

65. Ali, H.M., et al., Developing a healthcare transformational leadership competency framework for disaster resilience and risk management. International Journal of Disaster Risk Reduction, 2024. 113: p. 104898.

66. Calipjo, M.G.G., et al., Examining the Influence of Leadership Competencies on Employees' Work Engagement: Management. Divine Word International Journal of Management and Humanities, 2023. 2(2): p. 565742.

67. Yusoff, T., et al., SMEs Sustainable Growth Model: The Role of Entrepreneurial Intention, Organizational Culture, and Networking Capabilities, in Integrating Big Data and IoT for Enhanced Decision-Making Systems in Business: Volume 2, R.K. Hamdan, Editor. 2026, Springer Nature Switzerland: Cham. p. 239-250.

68. Raqee, A., et al., Influence of Risk Reduction and Hedging on Project Management: Internal Control Mediator in Iraqi SMEs Construction, in Tech Fusion in Business and Society : Harnessing Big Data, IoT, and Sustainability in Business: Volume 2, R.K. Hamdan, Editor. 2025, Springer Nature Switzerland: Cham. p. 873-899.

69. Appelbaum, S.H., et al., Back to the future: revisiting Kotter's 1996 change model. Journal of Management Development, 2012. 31(8): p. 764-782.

70. Owajege, G.A. and A.A. Ali Saif, The Effect of Inventory Control on The Performance of Small and Medium-Sized Enterprises in Douala. International Journal on Recent Trends in Business and Tourism (IJRTBT), 2025. 9(4): p. 34-45.

71. Lip, T.K., et al., Entrepreneurial Knowledge and Sustainable SMEs Performance: The Mediation Role of Strategic Opportunity Recognition. Advances in Social Sciences Research Journal, 2025. 12(04): p. 24-42.

72. Zipfel, N., et al., The implementation of change model adds value to value-based healthcare: a qualitative study. BMC Health Services Research, 2019. 19(1): p. 643.

73. Divya, S. and B.P. Christopher, Exploring leadership in change management: a bibliometric and systematic review for enterprise development. International Journal of Management and Enterprise Development, 2025. 24(3): p. 298-342.

74. Abdulsamad, A., et al., Entrepreneurial Orientation and Innovation Capabilities as Drivers of Sustainable Innovation Performance: A Conceptual Framework for SMEs, in Tech Fusion in Business and Society : Harnessing Big Data, IoT, and Sustainability in Business: Volume 2, R.K. Hamdan, Editor. 2025, Springer Nature Switzerland: Cham. p. 845-858.

75. Milhem, M., et al., The Impact of Organizational Justice and Organizational Values on Reducing Work Stress Among Security Personnel at Gulf International Bank, in Integrating Artificial Intelligence, Security for Environmental and Business Sustainability : Volume 1, A. Hamdan, Editor. 2025, Springer Nature Switzerland: Cham. p. 645-660.

76. Saleem, A., P.S. Dare, and G. Sang, Leadership styles and the process of organizational change during the pandemic. Frontiers in Psychology, 2022. Volume 13 - 2022.

77. García-Sierra, R., F. Martínez-Zaragoza, and J. Fernández-Castro, Leadership to improve nurse engagement and empowerment: evidences to improve the training of nurses. BMJ leader, 2022: p. leader-2021-000537.

78. Cropanzano, R., et al., Social Exchange Theory: A Critical Review with Theoretical Remedies. Academy of Management Annals, 2017. 11(1): p. 479-516.

79. Al-Refaei, A.A.-A., et al., A Conceptual Framework for the Impact of Entrepreneurial Leadership on Innovation Work Behavior and Sustainable Innovation Performance, in Entrepreneurship Innovation and Education for Performance Improvement, S.A. Salman and A. Bhaumik, Editors. 2024, IGI Global: Hershey, PA, USA. p. 577-598.

80. Shea, C.M., et al., Organizational readiness for implementing change: a psychometric assessment of a new measure. Implement Sci, 2014. 9: p. 7.

81. Caci, L., et al., Organizational readiness for change: A systematic review of the healthcare literature. Implementation Research and Practice, 2025. 6: p. 26334895251334536.

82. Armenakis, A.A. and A.G. Bedeian, Organizational Change: A Review of Theory and Research in the 1990s. Journal of Management, 1999. 25(3): p. 293-315.

83. Rafferty, A. and N. Jimmieson, Team change climate: A group-level analysis of the relationships among change information and change participation, role stressors, and well-being. European Journal of Work and Organizational Psychology, 2010. 19.

84. Damschroder, L.J., et al., Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implementation Science, 2009. 4(1): p. 50.

85. Aarons, G.A., M. Hurlburt, and S.M. Horwitz, Advancing a Conceptual Model of Evidence-Based Practice Implementation in Public Service Sectors. Administration and Policy in Mental Health and Mental Health Services Research, 2011. 38(1): p. 4-23.

86. Oreg, S., M. Vakola, and A. Armenakis, Change Recipients' Reactions to Organizational Change:A 60-Year Review of Quantitative Studies. The Journal of Applied Behavioral Science, 2011. 47(4): p. 461-524.

87. Deci, E.L. and R.M. Ryan, Self-determination theory: A macrotheory of human motivation, development, and health. Canadian Psychology / Psychologie canadienne, 2008. 49(3): p. 182-185.

88. Bakker, A.B. and E. Demerouti, The Job Demands-Resources model: state of the art. Journal of Managerial Psychology, 2007. 22(3): p. 309-328.

89. Bakker, A.B. and E. Demerouti, Towards a model of work engagement. Career Development International, 2008. 13(3): p. 209-223.

90. Al-Sharif, A., et al., Effects of Innovation Capability and Environmental Dynamism on the Relationship between Entrepreneurial Leadership and Innovation Performance in the SMEs Service Industry. International Journal of Academic Research in Business and Social Sciences, 2023. 13(10).

91. Abdulsamad, A., et al., The Impact of Market Orientation Components on Organizational Performance of SMEs. The single-industry approach" Food and Beverage Sector. Advances in Social Sciences Research Journal, 2021. 8(5): p. 504-516.

92. Abdulsamad, A., et al., The Importance of Entrepreneurial Orientation's Dimensions in Influencing the Organizational Performance of Food and Beverage SMEs. Advances in Social Sciences Research Journal, 2020. 7(12): p. 81-99.

93. Carroll, C., et al., A conceptual framework for implementation fidelity. Implementation Science, 2007. 2(1): p. 40.

94. Salanova, M., S. Agut, and J.M. Peiró, Linking Organizational Resources and Work Engagement to Employee Performance and Customer Loyalty: The Mediation of Service Climate. Journal of Applied Psychology, 2005. 90(6): p. 1217-1227.

95. Abdulhadi, A.R., et al., The Impact of Internal Control on Project Management in Construction Site Among Small and Medium Enterprises in Iraq. Advances in Social Sciences Research Journal, 2023. 10(3): p. 247-268.

96. Abdulhadi, A.R., et al., The Impact of Risk Management on the Dimensions of Project Management Among Small and Medium Enterprises in Iraq. Advances in Social Sciences Research Journal, 2022. 9(11): p. 469-481.

97. Abd Al-Aziz, A.-r., et al., Building Tourist Loyalty through Service Quality: Mediating Role of Tourist Satisfaction Insights from Emerging Tourism Market. Journal of Business and Social Review in Emerging Economies, 2025. 11(4).

98. Spruijt-Metz, D., et al., Building new computational models to support health behavior change and maintenance: new opportunities in behavioral research. Translational Behavioral Medicine, 2015. 5(3): p. 335-346.

99. Kahn, W.A., Psychological Conditions of Personal Engagement and Disengagement at Work. Academy of Management Journal, 1990. 33(4): p. 692-724.

100. Breevaart, K. and A.B. Bakker, Daily job demands and employee work engagement: The role of daily transformational leadership behavior. Journal of Occupational Health Psychology, 2018. 23(3): p. 338-349.

101. Breevaart, K., et al., Daily transactional and transformational leadership and daily employee engagement. Journal of Occupational and Organizational Psychology, 2014. 87(1): p. 138-157.

102. Albrecht, S.L., et al., Employee engagement, human resource management practices and competitive advantage: An integrated approach. Journal of Organizational Effectiveness: People and Performance, 2015. 2(1): p. 7-35.

103. Albrecht, S.L. and A. Marty, Personality, self-efficacy and job resources and their associations with employee engagement, affective commitment and turnover intentions. The International Journal of Human Resource Management, 2020. 31(5): p. 657-681.

104. Pederson, L. and J.M. Slowiak, Job Autonomy and Innovation in Healthcare and Human Services: Pathways Through Appraisal, Engagement, and Burnout. Healthcare (Basel), 2026. 14(4).

105. Karagkounis, C., et al., The Impact of Self-Efficacy and Work Engagement on Healthcare Professionals' Proactive Behavior. Health, 2020. 12: p. 305-316.

106. Porter, M.E. and E.O. Teisberg, Redefining health care: creating value-based competition on results. 2006: Harvard business press.